

MEDICATION ADMINISTRATION RECORD

Name: (b)(6)-4 Unit: _____ Month: _____

Medication /Dose /Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
PZA 500mg 4 pills each day																																		
Rifampin 300mg 2 P.O. daily																																		
INH 300mg one each day																																		
Ethambutol 400mg 3 pills each day																																		

FOR OFFICIAL USE ONLY

MEDICAL RECORD

RECORD OF MEDICAL CARE

TREATING ORGANIZATION (Sign each entry)

DATE

Ten... ..

HAS Tuberculosis

Recommended Compressants D/c to Medical City

he has 4 days of Medication

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give patient's name, medical ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
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