DS-TB and Hr-TB treatment card

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| Patient’s name and surname:…………………………………………………………………………………………………………………………….. : ............ Registration N°: ..................................................  Sex: M F Date of birth: ........../........../.......... Weight (kg): .........................  Addressa/phone number: ......................................................................................................................................................................................................................................  Name/phone number of a person to contact if necessary: ...................................................................................................................................................................................  Facility: ...................................................................................................................................................................................... Date of treatment start: ........../........../..........  Name of prescriber: ..............................................................................................................................................................................................................................................  Treatment regimen: ...............................................................................................................................................................................................................................................  Nb of tab per day: .................................................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a If homeless, indicate usual locations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |