

# When to take your medication?

I will take my medication after I eat:

- Breakfast     Lunch     Dinner

Mark a check in the box the day you take your medication and **bring this to your next appointment.**

I will take my medicine on:

	M	TU	W	TH	F	SA	SU
Ex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miss a day? You have 2 days to take your missed dose.



**Call your doctor if you miss more than 1 day.**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 IGRA Date: \_\_\_\_\_  
 Result: \_\_\_\_\_  
 TST Date: \_\_\_\_\_  
 Result: \_\_\_\_\_  
 CXR Date: \_\_\_\_\_  
 Result: \_\_\_\_\_

**My next clinic visit is:**

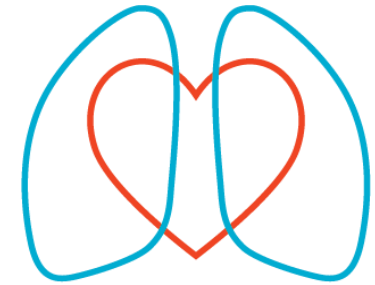
Date	Day	Time

**Bring this document with you to every clinic visit**

**For questions, call:**  
 [(    ) -    -    ]

Congratulations!  
 You completed treatment on:

Staff signature: \_\_\_\_\_



**TB free**  
**CALIFORNIA**

**Taking your 12 doses of medication to end TB**



## What is this medicine for?

**You have latent tuberculosis infection (LTBI)**

Although you probably don't feel sick, taking medication now can protect you and your family from serious illness in the future.

## Before starting medication?

Review ALL of your current medications with your doctor.



This includes birth control pills, warfarin (Coumadin), diabetes medications, over the counter medications, and supplements.

## How do I take my medicine?

Take ALL 10 pills at one time each week (but one at a time) for 12 weeks

\_\_ Rifapentine pills (red)



\_\_ Isoniazid pills (white)



\_\_ Vitamin B6



**It is important that you complete ALL 12 weeks of medications.**

## What can I expect while taking medications?

Serious side effects are rare. However, some people may need monthly visits and lab draws while on treatment.



Medications and call the clinic if you:

- ✓ Nausea, vomiting, diarrhea, abdominal pain, or stomach cramps
- ✓ Fever
- ✓ Rash or itching
- ✓ Yellow eyes or skin
- ✓ Less appetite or no appetite for food
- ✓ Severe tiredness or weakness
- ✓ Pain, tingling or numbness in your hands, feet or joints
- ✓ Feeling faint, dizzy or lightheaded
- ✓ Dark colored urine (note: red/orange urine is normal).



Avoid drinking alcohol until you complete treatment.