

**Tuberculosis (TB) Medication Request Form**

Complete all requested information, to help ensure a correct order.

Facility Name:

Phone:

Address (include City and State / No P.O. Box please):

Ordering Physician:

DEA #:

Date Requested:

Please fax requisitions to:

**206-205-8044**

Please Do Not Email Form

Name/ MG Medicine	# of Pills/Bottle	# of Bottles Requested
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Comments:

Questions about this process (ordering meds)

Contact: TB Nurse Consultant by email, [TBServices@doh.wa.gov](mailto:TBServices@doh.wa.gov), or by phone, 360-236-3443

Questions that need to be resolved outside of fax communication Contact: Central Warehouse at 206-205-8314 or email questions to [Scott.Clawson@kingcounty.gov](mailto:Scott.Clawson@kingcounty.gov)

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).