

Last Name	First Name		Salutation	Changed	<input checked="" type="checkbox"/> Save	<input type="button" value="X"/>								
Address 1			Phone Numbers (0)	F2	Ins	Del								
Address 2			Description	Phone										
City					Birthdate									
Postal	Country	Canada			Age									
Email					Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female								
Quick Code					Language									
<input style="width: 20px; height: 20px; margin-right: 10px;" type="button" value="+"/> Family Doctor <input style="margin-right: 10px;" type="button" value="F2"/> <input style="margin-right: 10px;" type="button" value="Clear"/>														
<input style="width: 20px; height: 20px; margin-right: 10px;" type="button" value="+"/> Height <input style="margin-right: 10px;" type="button" value="+"/>														
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<input style="width: 100px; margin-left: 10px;" type="button" value="Load"/> <input style="width: 100px; margin-left: 10px;" type="button" value="Delete"/>														
<b>Comments (0)</b>														
Topic	Comment													
Program:														
Student ID:														
<b>Plans (0)</b>														
<table border="1"> <thead> <tr> <th>SubPlan Code</th> <th>Group ID</th> <th>Client ID</th> <th>Expiry</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							SubPlan Code	Group ID	Client ID	Expiry				
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Central Point Pharmacy  
10382 105 St NW  
Edmonton, AB  
Phone: 780-250-2616  
Fax: 780-250-2617



Date (DD/Mon/YYYY): \_\_\_\_\_

Patient Name: \_\_\_\_\_ PHN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Tuberculosis Testing (TST)</b>  Tubersol - Purified Protein Derivative (Mantoux) DIN: 00317268 0.1mL Intradermal Injection	Date of TST: _____  Date of Reading: _____  Lot: Exp:  Location:    Left    Right	Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative  _____ mm induration  Need for follow up Chest X-Ray    Y    N
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Sincerely,

Pharmacist: \_\_\_\_\_

Signature: \_\_\_\_\_

License Number: RPh \_\_\_\_\_



**CENTRALPOINT  
PHARMACY**

**Central Point Pharmacy**  
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CentralPointRx@gmail.com  
<https://www.centralpointpharmacy.com/>

**To whom it may concern,**

**Re:**

**PHN:**

Patient was seen at pharmacy on [REDACTED] for TB Skin Testing (TST) for screening purposes for school/work. Test was performed as 5T.U. PPD (0.1mL) Tubersol injection intradermally. Lot: [REDACTED] Exp: [REDACTED]

**Patient is asymptomatic with not recent exposure to TB. Has history of BCG vaccination and was born in TB endemic country.**

**The reading was mm and is considered to be positive (see page 2 for results report)**

**Could you please refer patient for Chest X-ray to rule out TB infection.**

**Any questions please let me know**

Kind Regards,

RPh