

Last Name

First Name

Salutation

Changed

Save

C

Address 1

Address 2

City

Postal

Email

Quick Code

Country

Canada

Prov

AB

Send

Phone Numbers (0)

F2

Ins

Del

Description

Phone

Birthdate

Age

Gender

Language

Height

Weight

Male

Female

PHN

Load

Dele

Comments (0)

F2

Ins

Del

Topic

Comment

Program:

Student ID:

Plans (0)

F2

SubPlan Code

Group ID

Client ID

Expiry

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: _____

Tuberculosis Testing (TST) 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
--	--	--

Sincerely,

Pharmacist: _____

Signature: _____

License Number: RPh _____



Central Point Pharmacy
10382 105 St NW, Edmonton, AB T5J 1E6
P: 780-250-2616 | F: 780-250-2617
CentralPointRx@gmail.com
<https://www.centralpointpharmacy.com/>

To whom it may concern,

Re:

PHN:

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

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