Name: Last: _____, First: _____ DRUG O'GRAM

Year: _____

DRUG	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Smear (- / +)																
Culture (- / +)																
Sensitivities (√ = done)																
RIFATER	X--X = drug															
RIFAMATE	S = sensitive															
ISONIAZID	R = resistant															
RIFAMPIN																
PYRAZINAMIDE																
ETHAMBUTOL																
STREPTOMYCIN																
KANAMYCIN																
CYCLOSERINE																
ETHIONAMIDE																
PAS																
OFLOXACIN																
CIPROFLOXACIN																
CAPREOMYCIN																
RIFABUTIN																
AMIKACIN																
OTHER _____																
OTHER _____																

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