

Chest X-ray Date ___ / ___ / ___

Upper Right Lobe

- Cavity
- Fibrosis
- Lung infiltrate
- Pneumothorax
- Pleural effusion
- Miliary
- Lymphadenopathy
- Other _____

Upper Left Lobe

- Cavity
- Fibrosis
- Lung infiltrate
- Pneumothorax
- Pleural effusion
- Miliary
- Lymphadenopathy
- Other _____

Middle Right Lobe

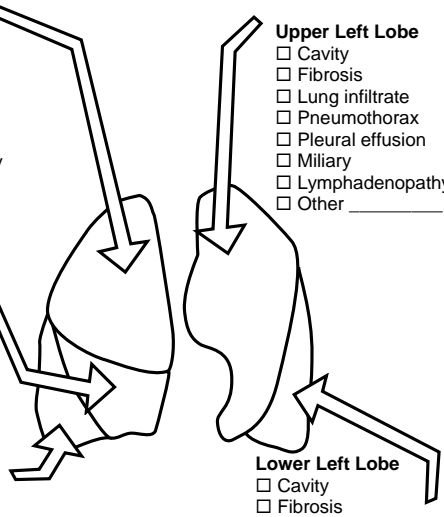
- Cavity
- Fibrosis
- Lung infiltrate
- Pneumothorax
- Pleural effusion
- Miliary
- Lymphadenopathy
- Other _____

Lower Left Lobe

- Cavity
- Fibrosis
- Lung infiltrate
- Pneumothorax
- Pleural effusion
- Miliary
- Lymphadenopathy
- Other _____

Lower Right Lobe

- Cavity
- Fibrosis
- Lung infiltrate
- Pneumothorax
- Pleural effusion
- Miliary
- Lymphadenopathy
- Other _____



Lab Results (blood tests, sputum smear/culture, DST etc.)

Plan

Drug	AM (mg)	PM (mg)	Drug	AM (mg)	PM (mg)
<input type="checkbox"/> Ethambutol					
<input type="checkbox"/> Pyrazinamide					
<input type="checkbox"/> Kanamycin					
<input type="checkbox"/> Capreomycin					
<input type="checkbox"/> Ofloxacin					
<input type="checkbox"/> Levofloxacin					
<input type="checkbox"/> Moxifloxacin					
<input type="checkbox"/> Ethionamide					
<input type="checkbox"/> Cycloserine					
<input type="checkbox"/> PAS					
<input type="checkbox"/> Pyridoxine					
<input type="checkbox"/> AZT/3TC					
<input type="checkbox"/> EFZ					
<input type="checkbox"/> d4T					
<input type="checkbox"/> 3TC					
<input type="checkbox"/> NVP					
<input type="checkbox"/> Prochlorperazine					

Clinician's name (block letters) _____ Date ___ / ___ / ___ (dd/mm/yy)