Centre de Santé et Services Sociaux Inuulitsivik
Inuulitsivik Health & Social Services Centre
Puvirnituq, Québec J0M 1P0
T 819 988-2957 / F 819 988-2796

UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
DATE DE NAISSANCE ET NUMÉRO DOSSIER

EMBOSS HERE THE CARD OF IHC OR UTHC,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH AND FILE NUMBER

TB Program
Medical prescription

TB PROPHYLAXIS
RIFAMPICIN - CHILD < 5 years
WINDOW PERIOD or Post positive TST post WINDOW/PERIOD

Allergies: ☐ Nil or Specify: _____

Rx

CHILD (under 5 years old)

Date of the prescription: _____ /_____ /_____
YYYY-MM-DD

Weight: ____kg

Rifampicin self-administered DAILY - window/period or up to 120 doses/4 months

☐ WINDOW/PERIOD*

Rifampicin 15 mg/kg (10 to 20 mg/kg) (max.: 600 mg), i.e.:

TO BE FILLED IN BY PHARMACY :
_____ *mg PO DAILY*

* Doses self-administered daily over 8 weeks or for the entire period up to the TST POST WINDOW/PERIOD. D/C prophylaxis Rifampicin if TST POST WINDOW/PERIOD is negative.

OR

☐ PERIOD POST POSITIVE TST POST WINDOW/ PERIOD **

Rifampicin 15 mg/kg (10 to 20 mg/kg) (max.: 600 mg), i.e.:

TO BE FILLED IN BY PHARMACY :
_____ *mg PO DAILY*

** After excluding active TB, complete treatment, including the window/period: 120 doses self-administered daily, over 4 months (17 weeks).

Signature of the physician: _____

Printed: _____ License #: _____

I hereby attest that the present prescription, sent by fax or e-mail, shall be considered valid and the only original. The pharmacy mentioned below is the sole addressee. The prescription may not be reused or duplicated.

Check the village of origin and the pharmacy concerned:

Inuulitsivik Health Centre		**Ungava Tulattavik Health Centre**	
☐ *Salluit* 819 255-9090 ☐ *Ivujivik* 819 922-9090 ☐ *Akulivik* 819 496-9090 ☐ *Inukjuaq* 819 254-9090 ☐ *Umiujaq* 819 331-9090 ☐ *Kuujjuaraapik* 819 929-9090	☐ **VOYER PHARMACY, MONTRÉAL** Tel.: 1 877 426-0406 Fax: 1 877 426-0546 pharmacie.voyer.csi@ssss.gouv.qc.ca	☐ *Kangiqsualujjuaq* 819 337-9090 ☐ *Kuujjuaq* 819 964-2905 ☐ *Aupaluk* 819 491-9090 ☐ *Kangirsuk* 819 935-9090 ☐ *Quaqtaq* 819 492-9090 ☐ *Kangiqsujuaq* 819 338-9090 ☐ *Tasiujaq* 819 633-9090	☐ **TULATTAVIK PHARMACY, KUUJJUAQ** Tel.: 819 964-2905 # 201/277 Fax: 819 964-0035 pharmacy.kuujjuaq@ssss.gouv.qc.ca
☐ *Puvirnituq* 819 988-9090	☐ **INUULITSIVIK PHARMACY, PUVIRNITUQ** Tel.: 819 988-2957 #263 Fax: 819 988-2551 pharmacie.pov@ssss.gouv.qc.ca		