

Strategic National Stockpile – Patient Tracking Sheet – Antiviral

Facility Name: _____

Provider ID _____

Date Given				
Patient Name (Last, First)				
Responsible Party Last Name (For children under 18 years of age)				
Street Address				
City			State	
County			Zip	
Date of Birth				
Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Medication Given	<input type="checkbox"/>	Oseltamivir	<input type="checkbox"/>	Zanamivir
Antiviral Code				
Rx Lot #				
Compounded for Oral Suspension	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

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Rx Lot #				
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