





INFORMATION ABOUT YOUR NTM MEDICINES

Name of NTM medicine	Dose and when to take your NTM medicines				Administration Instructions	Additional Information
	Morning 	Lunch 	Teatime 	Night 		
Drug 1						
Drug 2						
Drug 3						
Drug 4						

Completed by : _____ Designation : _____ Date : _____

Medication Information for : _____

Hospital number : _____ DOB : _____