Ministry of Health

MDT REGISTER
Anti Leprosy Campaign - Sri Lanka
Monthly Utilization of MDT

Leprosy Elimination Programme

Month/Year: ..... Institution: ..... Phone: .....

Address: .....

No.	Patient Reg. No.	Sex		Type				Dose given											
		M	F	MBA	MBC	PBA	PBC	1	2	3	4	5	6*	7	8	9	10	11	12**
Total utilization during the month																			

*Last dose to PB Patients ** Last dose to MB Patients

(Fill only on the last page if more than one form is filled)

Type of MDT	Starting Balance	Stock received	Utilization	Ending Balance
MB - A				
MB - C				
PB - A				
PB - C				
TOTAL				

Maintained by: .....

Name: ..... Signature: .....

Date: .....

Additional MDT Requested: YES ☐ NO ☐

Tel: 0112682146 Fax: 011 2696444

- ***Green copy*** - to be retained at the treatment centre
- ***Blue copy*** - to be sent to the Regional Epidemiologist monthly

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