

Request for Videophone

Name of Requestor: _____

County: _____

Patient requested for: _____

Date: _____

In order to use the videophone, the patient must meet the following criteria:

- Has "land line" for their telephone (cell phones don't work).
- Has been on "standard" DOT for 2 months and demonstrated 90% compliance during that time.
- Has a stable residence with good lighting and an appropriate place for the videophone equipment.
- Able to communicate effectively over the videophone.
- Understands the need for TB treatment.
- Knows his/her TB medications and how they should be taken.
- Can accurately identify each pill.
- Distance of travel, time of day for DOT and/or other factors make videophone DOT the best option.

If above criteria are met, FAX this request to Heidi Behm, TB Control (971) 673-0178 or email to Heidi.Behm@state.or.us.

We will email you within 48 hours of your request to let you know if/when the phone will be shipped. Please call (971) 673-0169 with any questions you may have.