

STI Medication Order Form

MEDICATIONS ARE TO BE USED FOR STI TREATMENT ONLY

Instruction

FAX COMPLETED FORM TO:

Vaccine Fax Line: 519-823-4903

Allow five business days to be filled. Return expired medication to Public Health.

Contact Information

Date Ordered: _____
(MM/DD/YYYY)

Ordering Physician: _____

Contact Person: _____ Phone: _____

Medication

Medication	Doses Requested	Date Filled	Lot #	Expiry Date	Filled by
Azithromycin 250 mg tab 1st line for Chlamydia 1st line for Gonorrhea with Ceftriaxone					
Ceftriaxone 0.25 g vial 1st line for Gonorrhea with Azithromycin					
Doxycycline 100 mg capsule 1st line for Chlamydia					
Bicillin 2.4 million units IM Treatment of Syphilis					

