

STI Medication Order Form

MEDICATIONS ARE TO BE USED FOR STI TREATMENT ONLY

Instructions

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					
Ceftriaxone 0.25 g x 2 vials Lidocaine 1% sent with order**					
Doxycycline 100 mg capsule					
Bicillin 1.2million units x 2 syringes					

** dilute Ceftriaxone with .9ml of lidocaine per .25mg vial- administer in ventrogluteal site with a 22 gauge needle