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| SUPPLY TO: Postal Code: _____ YYYY MM DD Telephone No.: (____) _____ Date Ordered: _____ | MAIL WHITE and YELLOW COPIES OF COMPLETED FORM TO THE FOLLOWING ADDRESS: Vaccine and Pharmacy Services B.C. Centre for Disease Control 655 West 12 th Avenue, Rm 1100 Vancouver, BC V5Z 4R4 Phone 604-707-2580 Fax 604-707-2583 Retain <i>PINK COPY</i> FOR YOUR RECORDS YELLOW COPY WILL BE RETURNED WITH YOUR ORDER |
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IMPORTANT: ALLOW 14 DAYS FOR DELIVERY

PHARMACY USE ONLY

MEDICATIONS ARE PROVIDED FREE OF CHARGE WITH THE UNDERSTANDING THEY WILL BE USED FOR THE TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS ONLY.

| PRODUCT LIST | UNIT SIZE | NUMBER OF UNITS REQUESTED FOR 60 DAYS | NUMBER OF UNITS SUPPLIED | EXPLANATION CODE (See code definitions below) |
|--|--|---------------------------------------|--------------------------|--|
| PENICILLIN "G" BENZATHINE <small>For injection containing 1.2 million unit in each 2 mL syringe. Supplied as needed to treat cases and contacts for Syphilis. DO NOT STOCK THIS ITEM. Refrigerate. Note: This product will be shipped separately under cold chain conditions soon as possible.</small> | 2 mL syringe | | | |
| CEFIXIME <small>Cefixime Tablets 400 mg <i>TREATMENT OF CHOICE FOR GONORRHEA CASES AND THEIR SEXUAL CONTACTS</i></small> | 1 tablet | | | |
| | <small>Cefixime Tablets 400 mg <i>FOR TREATMENT OF PELVIC INFLAMMATORY DISEASE AND EPIDIDYMITIS ONLY</i></small> | 2 tablets | | |
| ERYTHROMYCIN <small>Erythromycin Base Tablets 250 mg</small> | 56 tablets | | | |
| DOXYCYCLINE <small>Doxycycline Capsules 100 mg <i>TREATMENT OF CHOICE FOR CHLAMYDIA CASES AND THEIR SEXUAL CONTACTS</i></small> | 14 capsules | | | |
| | <small>Doxycycline Capsules 100 mg <i>FOR TREATMENT OF PELVIC INFLAMMATORY DISEASE AND EPIDIDYMITIS ONLY</i></small> | 20 capsules | | |
| METRONIDAZOLE <small>Metronidazole Tablets 250 mg <i>TO BE USED EXCLUSIVELY FOR INDIGENT PATIENTS</i></small> | 8 tablets | | | |
| | <small>Metronidazole Tablets 250 mg <i>TO BE USED EXCLUSIVELY FOR INDIGENT PATIENTS</i></small> | 28 tablets | | |
| AZITHROMYCIN <small>Azithromycin Tablets 250 mg</small> | 4 tablets | | | |
| AMOXICILLIN <small>Amoxicillin Capsules 500 mg <i>TO BE USED FOR PREGNANT AND NURSING MOTHERS FOR THE TREATMENT OF CHLAMYDIA ONLY</i></small> | 21 capsules | | | |
| OTHER: (Please specify) | | | | |

I, the undersigned physician, confirm the release of medications requested, and agree these medications will be used for Sexually Transmitted Infection treatment only as indicated in the STI Treatment Guidelines. Forms without a physician's signature will be returned to sender.

Medical Health Officers must sign for Public Health Units or Departments.

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| PHYSICIAN'S ORIGINAL SIGNATURE (No Stamped Signatures) | PHYSICIAN'S NAMES (Please print) | CPSID NUMBER |
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NUMBER CODES: - PHARMACY USE ONLY (NUMBERS INDICATE CHANGES MADE TO YOUR ORDER BY THE PHARMACY)

CODE DEFINITIONS

1 = in short supply – please reorder
 2 = item out of stock – please reorder
 3 = reduced quantity supplied because of short dating – please reorder

4 = item unavailable (enclosure if applicable)
 5 = store under refrigeration 2°C to 8°C
 6 = not a stock item
 7 = 2 months supplied

8 = _____

9 = _____

Download additional copies of the STI Drug Order Form at <http://www.bccdc.ca/resources/guide-forms/default.htm#Forms>