BC CENTRE FOR DISEASE CONTROL
STI Medications

STI DRUG ORDER REQUEST

SUPPLY TO:

Address:

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 12th Avenue, Rm 1100
Vancouver, BC V5Z 4R4
Phone 604-707-2580
Fax 604-707-2583

Retain ***PINK COPY*** FOR YOUR RECORDS
YELLOW COPY WILL BE RETURNED WITH YOUR ORDER

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)
AMOXICILLIN	Amoxicillin Capsules 500 mg *TO BE USED FOR PREGNANT & NURSING MOTHERS FOR THE TREATMENT OF CHLAMYDIA ONLY*	21 capsules			
AZITHROMYCIN	Azithromycin Tablets 250 mg	4 tablets			
	Azithromycin Tablets 250 mg	8 tablets			
CEFIXIME	Cefixime Tablets 400 mg *PREFERRED TREATMENT FOR GONORRHEA CASES & THEIR SEXUAL CONTACTS AND FOR TREATMENT OF PELVIC INFLAMMATORY DISEASE AND EPIDIDYMITIS ONLY*	2 tablets			
CEFTRIAXONE	Ceftriaxone 250 mg *PREFERRED TREATMENT FOR GONORRHEA CASES & THEIR SEXUAL CONTACTS FOR USE IN SPECIFIC POPULATIONS*	250 mg vial			
DOXYCYCLINE	Doxycycline Capsules 100 mg *PREFERRED TREATMENT FOR CHLAMYDIA CASES & THEIR SEXUAL CONTACTS*	14 capsules			
	Doxycycline Capsules 100 mg *FOR TREATMENT OF PELVIC INFLAMMATORY DISEASE & EPIDIDYMITIS*	20 capsules			
ERYTHROMYCIN	Erythromycin Base Tablets 250 mg	56 tablets			
METRONIDAZOLE	Metronidazole Tablets 250 mg	8 tablets			
	Metronidazole Tablets 250 mg	28 tablets			
PENICILLIN "G" BENZATHINE	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 upon request and separately under cold chain conditions. .	2 mL syringe			
OTHER: (Please specify)					

I, the undersigned physician/nurse practitioner/pharmacist, 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.

PRACTITIONER'S SIGNATURE (No Stamped Signatures)	PRACTITIONER'S NAMES (Please print)	COLLEGE REGISTRATION NUMBER

NUMBER CODES: - PHARMACY USE ONLY (CODES 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 = please see enclosed document(s)
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