

# MEDICATION ORDER FORM



**BC Centre for Disease Control**  
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

<b>SUPPLY TO (MAILING ADDRESS):</b>  <b>PHONE NUMBER:</b>  <b>CONTACT NAME:</b>  <hr/> <b>SPECIAL INSTRUCTIONS:</b>	<b>MAIL OR FAX COMPLETED FORMS TO:</b>  <b>VACCINE AND PHARMACY SERVICES          BC CENTRE FOR DISEASE CONTROL          655 WEST 12<sup>TH</sup> AVENUE SUITE 1100          VANCOUVER BC V5Z 4R4</b>  <b>PHONE: 604-707-2580          FAX: 604-707-2583</b>
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**DRUG SELECTIONS FOR MENINGOCOCCAL PROPHYLAXIS**  
*(POST-EXPOSURE PROPHYLAXIS TREATMENT UNITS ARE RESTRICTED TO PUBLIC HEALTH UNITS ONLY)*

PRODUCT SELECTION – MENINGITIS		UNIT SIZE	NUMBER OF UNITS REQUESTED	<i>(For Pharmacy Use Only)</i>	
				Number of Units Supplied	Computer Code
<b>RIFAMPIN</b>	Rifampin Capsules 300 mg	8 capsules			
<b>CIPROFLOXACIN</b>	Ciprofloxacin Tablets 500 mg	1 tablet			
<b>CEFTRIAXONE</b>	Ceftriaxone Injection 250 mg	1 vial			
<b>LIDOCAINE</b>	Lidocaine HCl 1% (single use, diluent for Ceftriaxone)	1 ampoule			

<b>Number Codes:</b> 1 = in short supply – please reorder 2 = out of stock – please reorder 3 = quantity reduced because of short or unacceptable dating – please reorder	4 = not supplied because no alternative dating requested – please reorder 5 = item discontinued 6 = item not available at this time (manufacturing problems) 7 = not a stock item
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<b>PHYSICIAN'S AUTHORIZING SIGNATURE and PRINT NAME:</b>	<b>MSP / CPSID:</b>	<b>DATE:</b>