

MEDICATION ORDER FORM



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

SUPPLY TO (MAILING ADDRESS): PHONE NUMBER: CONTACT NAME: <hr/> SPECIAL INSTRUCTIONS:	MAIL OR FAX COMPLETED FORMS TO: VACCINE AND PHARMACY SERVICES BC CENTRE FOR DISEASE CONTROL 655 WEST 12TH AVENUE SUITE 1100 VANCOUVER BC V5Z 4R4 PHONE: 604-707-2580 FAX: 604-707-2583
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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
RIFAMPIN	Rifampin Capsules 300 mg	8 capsules			
CIPROFLOXACIN	Ciprofloxacin Tablets 500 mg	1 tablet			
CEFTRIAXONE	Ceftriaxone Injection 250 mg	1 vial			
LIDOCAINE	Lidocaine HCl 1% (single use, diluent for Ceftriaxone)	1 ampoule			

Number Codes: 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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PHYSICIAN'S AUTHORIZING SIGNATURE and PRINT NAME:	MSP / CPSID:	DATE: