

SUPPLY TO: Address: Postal Code: Opening Hours (include closure periods): Telephone No.: () _____ Date Ordered: _____ _____ _____ <div style="text-align: center; font-size: small;">YYYY MMM DD</div>	<input type="checkbox"/> MAIL ORIGINAL WHITE and YELLOW COPIES OF COMPLETED FORM TO: <div style="text-align: center;"> BCCDC Pharmacy BC Centre for Disease Control 655 West 12th Avenue, Room 1100 Vancouver, BC V5Z 4R4 Phone: 604-707-2580 </div> <div style="text-align: center; font-size: small;"> Retain PINK COPY FOR YOUR RECORDS YELLOW COPY WILL BE RETURNED WITH YOUR ORDER </div> <input type="checkbox"/> If urgent, fax original to 604-707-2583 Please do not mail in this form if faxed.
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IMPORTANT: ALLOW 14 DAYS FOR DELIVERY**PHARMACY USE ONLY****PRODUCT LIST**

		SUPPLIED AS	NUMBER OF UNITS REQUESTED FOR 60 DAYS	NUMBER OF UNITS SUPPLIED	EXPLANATION CODE (see code definitions below)
AMOXICILLIN	Amoxicillin Capsules 500 mg <i>Treatment of chlamydia in pregnancy and nursing individuals</i>	21 capsules			
AZITHROMYCIN	Azithromycin Tablets 250 mg	4 tablets			
	Azithromycin Tablets 250 mg	8 tablets			
CEFIXIME	Cefixime Tablets 400 mg NEW: <i>Non-preferred for uncomplicated gonorrhea (see revised Provincial Guidelines 2025)</i>	2 tablets			
CEFTRIAXONE	Ceftriaxone Injection for 500 mg intramuscular dose NEW: <i>Preferred treatment for uncomplicated gonorrhea cases and their sexual contacts</i>	1 gram single-use vial			
DOXYCYCLINE	Doxycycline Capsules 100 mg <i>Preferred treatment for chlamydia cases and their sexual contacts</i>	14 capsules			
	Doxycycline Capsules 100 mg <i>Treatment of pelvic inflammatory disease and epididymitis</i>	20 capsules			
METRONIDAZOLE	Metronidazole Tablets 250 mg	8 tablets			
	Metronidazole Tablets 250 mg	28 tablets			
PENICILLIN "G" BENZATHINE	2 mL penicillin G benzathine 1.2 million unit syringe <i>Do not stock this item unless authorized</i>	two x 2 mL syringes	<i>Dose(s)</i>		
OTHER: (Please specify)	<i>(specify drug and treatment protocol)</i>				

I, the undersigned physician / nurse practitioner / pharmacist / midwife, **confirm the release of medications requested, and agree these medications are for use ONLY for Sexually Transmitted Infection treatments as indicated in the STI Treatment Guidelines.** Forms without the above practitioner's signature will be returned to sender.

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

PRACTITIONER'S SIGNATURE (Originals only - NO stamped or electronic 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 - short dating – please reorder

4 = see enclosed document(s)
 5 = not a stock item
 6 = 2 months supplied

7 = _____

8 = _____

Download additional copies of the STI Drug Order Form at

<http://www.bccdc.ca/health-professionals/professional-resources/Pharmacy>