## **BC CENTRE FOR DISEASE CONTROL**

## STI DRUG ORDER REQUEST

| SUPPLY TO:   |   | ſ  | MAIL ORIGINAL WHITE and YELLOW COPIES OF<br>COMPLETED FORM TO:   |                                |  |  |
|--|---|--|--|--------------------------------|--|--|
| Address:   |   |  | BCCDC Pharmacy<br>BC Centre for Disease Control<br>655 West 12 <sup>th</sup> Avenue, Room 1100<br>Vancouver, BC V5Z 4R4<br>Phone: 604-707-2580 |                                |  |  |
| Postal Code:   |   | Retain PINK COPY FOR YOUR RECORDS            |  |                                |  |  |
| Opening Hours (include closure periods):   |   | YELLOW COPY WILL BE RETURNED WITH YOUR ORDER |  |                                |  |  |
| Telephone No.:   )   Date Ordered:   I   I </td <td colspan="4">If urgent, fax original to 604-707-2583<br/>Please do not mail in this form if faxed.</td> |   |  | If urgent, fax original to 604-707-2583<br>Please do not mail in this form if faxed.   |                                |  |  |
| IMPORTANT: ALLOW 14 DAYS FOR DELIVERY  |   |  |  |                                | PHARMACY USE ONLY                                      |  |
| PRODUCT LIST   |   | SUPPLIED<br>AS                               | NUMBER OF<br>UNITS<br>REQUESTED<br>FOR 60 DAYS   | NUMBER<br>OF UNITS<br>SUPPLIED | EXPLANATION<br>CODE<br>(see code<br>definitions below) |  |
| AMOXICILLIN  | Amoxicillin Capsules 500 mg<br>Treatment of chlamydia in pregnancy and nursing individua  | ials   | 21<br>capsules   |                                |  |  |
| AZITHROMYCIN   | Azithromycin Tablets 250 mg   |  | <b>4</b><br>tablets  |                                |  |  |
|  | Azithromycin Tablets 250 mg   |  | 8<br>tablets   |                                |  |  |
| CEFIXIME   | <b>Cefixime Tablets 400 mg</b><br>Preferred treatment for gonorrhea cases and their sexual contacts, and<br>treatment for pelvic inflammatory disease and epididymitis only |  | 2<br>tablets   |                                |  |  |
| CEFTRIAXONE  | <b>Ceftriaxone Injection 250 mg</b><br>Preferred treatment for gonorrhea cases and their sexual contacts<br>in specific populations   |  | <b>250 mg</b><br>vial  |                                |  |  |
| DOXYCYCLINE  | <b>Doxycycline Capsules 100 mg</b><br>Preferred treatment for chlamydia cases and their sexual contacts   |  | 14<br>capsules   |                                |  |  |
|  | Doxycycline Capsules 100 mg<br>Treatment of pelvic inflammatory disease and epididymitis  |  | 20<br>capsules   |                                |  |  |
| METRONIDAZOLE  | Metronidazole Tablets 250 mg  |  | 8<br>tablets   |                                |  |  |
|  | Metronidazole Tablets 250 mg  |  | 28<br>tablets  |                                |  |  |
| PENICILLIN "G"<br>BENZATHINE   | 2 mL penicillin G benzathine 1.2 million unit syringe<br>Do not stock this item unless authorized   |  | <b>two x 2 mL</b><br>syringes  | Dose(s)                        |  |  |
| OTHER:<br>(Please specify)   | (specify drug and treatment protocol)   |  |  |                                |  |  |
| I, the undersigned physician / nurse practitioner / pharmacist / midwife, confirm the release of medications requested,<br>and agree these medications are for use ONLY for Sexually Transmitted Infection treatments as indicated in the<br>STI Treatment Guidelines. Forms without the above practitioner's signature will be returned to sender.<br>Medical Health Officers must sign for Public Health Units or Departments.   |   |  |  |                                |  |  |
| PRACTITIONER'S SIGNATURE (Originals only - NO stamped or electronic signatures) PRACTITIONEI   |   |  | R'S NAMES (please print) COLLEGE REGISTRATION<br>NUMBER  |                                |  |  |
| NUMBER CODES: - PHARMACY USE ONLY (CODES INDICATE CHANGES MADE TO YOUR ORDER BY THE PHARMACY)  |   |  |  |                                |  |  |
| CODE DEFINITIONS   1 = in short supply - please reorder 4 = see enclosed document(s)   7 =   |   |  |  |                                |  |  |
| 2 = item out of stock – p<br>3 = reduced quantity su   | upplied 6 = 2 months supplied   | 8 =  |  | Order Form                     | 4  |  |
| because of short dating – please Download additional copies of the STI Drug Order Form at   reorder http://www.bccdc.ca/health- professionals/professional-resources/Pharmacy  |   |  |  |                                |  |  |