

STI Medication Distribution Order Form

FAX COMPLETED FORM TO #905-940-4541 OR EMAIL TO OnDutyPHN@york.ca

Date of Request: _____ Clinic/HCP Name: _____

Address: _____

Contact Person: _____ Phone Number: _____ Fax Number: _____

1. Type of Order:

- Stock Clinic Order Would like to become a Stock Clinic One-time Order
Criteria: ≥ 1 STI per month Client name: _____
DOB: _____
Diagnosis: _____
York Region resident:
 Yes No

2. Medication Requested; please complete entire chart for every order:

Medication	# of Doses Requested	# of Doses on Hand	Expiry Date of Doses on Hand	# of Doses Wasted
<input type="checkbox"/> Azithromycin 1g				
<input type="checkbox"/> Ceftriaxone 250 mg				
<input type="checkbox"/> 1% Lidocaine solution				
<input type="checkbox"/> Sterile water				

Please allow 10 business days to process stock orders above

<input type="checkbox"/> Penicillin G Benzathine 2.4 million IU			Medication will be delivered same-day using cold-chain	
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3. Resources Requested: Health Connection Flyer STI Treatment Reference Poster PrEP Info (Optional) Hepatitis B Quick Reference Guide (for HCP) STI booklet Other: _____

4. Select Pick-up Location:

- 4261 Highway #7, Markham 50 High Tech Road, Richmond Hill 9060 Jane Street, Vaughan
 24262 Woodbine Ave, Keswick 17150 Yonge St, Newmarket

5. Verification of Medication Usage:

- Medications received are utilized for STI clients and contacts only
**** (this must be checked for your order to be processed) ****

ADDITIONAL NOTES: _____

For Public Health Use Only:

Form completed by: _____ Date: _____
Form forwarded to: _____ Date: _____

Public Health

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www.york.ca/sexualhealth
STI MED ORDER FORM

