

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

Criteria: ≥ 1 STI per month

One-time Order

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 500 mg				
<input type="checkbox"/> 1% Lidocaine solution				

Please allow 10 business days to process stock orders above

<input type="checkbox"/> Penicillin G Benzathine 2.4 million IU		<i>Medication will be delivered same-day using cold-chain</i>
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Special Request ONLY - Due to current packaging, Doxycycline will only be available for higher volume clinics to mitigate wastage

Medication	# of Bottles Requested	# of Tablets on Hand	Expiry Date of Tablets on Hand	# of Tablets Wasted
<input type="checkbox"/> Doxycycline 100mg x 100 tablets (1 bottle)				

3. Resources Requested: Health Connection postcard 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 9060 Jane Street, Vaughan 50 High Tech Road, Richmond Hill

24262 Woodbine Ave, Keswick 17150 Yonge St, Newmarket

5. Verification of Medication Usage:

Medications received are utilized for STI clients and contacts only and are **prescribed by a licenced health care provider** **(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

4261 Highway 7 East, Suites B6-9, Unionville ON L3R 9W6

1-877-464-9675 ext. 74214 • TTY: Dial 711 • Fax 905-940-4541

www.york.ca/sexualhealth

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