

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		Medication will be delivered same-day using cold-chain		
--	--	--	--	--

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

8439832-v3-SBBI - STI Medication Order Form - November 2025

 York Region