

STI Medication Order Form – External Agency



Date:	Physician / Nurse Practitioner / Agency:		
Contact person (print name):	Address:		
Telephone:	Fax:	Email:	

Treatment of Sexually Transmitted Infections

For treatment of Chlamydia (including LGV), Gonorrhea, and Syphilis please refer to [Sexually transmitted and blood-borne infections: Guides for health professionals](#)

For any questions regarding STI treatment, call 705.522.9200, ext. 482

STI	First Line Treatment
Chlamydia (non-pregnant / lactating adults)	100 mg Doxycycline PO BID X 7 days OR 1 g Azithromycin PO (single 1 dose)
LGV	100 mg Doxycycline PO BID X 21 days
Gonorrhea	Ceftriaxone 500 mg IM as a single dose (monotherapy) for uncomplicated gonococcal infection. For patients for whom chlamydia infection has not been ruled out with a negative test, concurrent treatment for chlamydia should also be offered.
Syphilis	2.4 million units Benzathine Penicillin G I.M. (1-3 doses, depending on staging)

Order

Please select	Medication	Format	Quantity requested	(Office use only) Quantity filled, lot #, expiry	PHN signature
<input type="checkbox"/>	Doxycycline	100 mg tablet			
<input type="checkbox"/>	Ceftriaxone	500mg/vial			
<input type="checkbox"/>	Azithromycin	250 mg tablet			
<input type="checkbox"/>	Lidocaine 1% solution	2 ml vial			
<input type="checkbox"/>	Benzathine Penicillin G 1.2 million units per 2 ml syringe. *Needs to be refrigerated at all times to maintain its cold chain (2 to 8°C). Cooler and ice packs are required for transport.	Pre-filled 2 ml syringe (1 dose = 2 syringes)			

Tracking – previously administered/dispensed (required to place new order)

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Patient Name (print)	Patient DOB (MM/DD/YYYY)	Infection			Reason for treatment			Medication administered							
		Chlamydia	Gonorrhea	Syphilis	Lab confirmed	Contact of case	Clinical dx	Doxycycline 100 mg PO	Ceftriaxone 500 mg IM	Azithromycin 1 gm PO	Penicillin G 2.4 million units IM				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please return completed form by fax to 705.677.9611. We will contact your office to let you know when your order is ready for pickup. If you have questions, please call the sexual health Public Health Nurse at 705.522.9200, ext. 482.