

STI Medication Order Form (PLEASE PRINT)



Date (yyyy/mm/dd) _____/_____/_____ Physician Office/Clinic _____

Address _____ City/Town _____

Province _____ Postal Code _____/_____ Telephone _____

See "STI Treatment Guidelines Quick Reference" for dosages, indications, contraindications and precautions.

Please Indicate Number of Units required

Units	Drug	Dosage Forms and Quantity	Indication
Chancroid			
_____	Ceftriaxone	250 mg x 1 vial	First line treatment for adults and adolescents
_____	Erythromycin base	250 mg x 56 tablets	Alternative treatment for cephalosporin or penicillin allergy.
_____	Azithromycin	250 mg x 4 capsules	
Chlamydia			
_____	Azithromycin	250 mg x 4 capsules	First line treatment in children > 9 years of age and adults
_____	Azithromycin (Peds < 45 kg)	12-15 mg/kg x 1 dose – <i>Contact Tache Pharmacy to order as required</i>	Children between 1 month and 9 years of age
_____	Doxycycline	100 mg x 14 capsules	Alternative treatment in children > 9 years of age and adults
_____	Erythromycin base	250 mg x 56 tablets	Pregnant and lactating women
_____	Erythromycin (Peds)	40 mg/kg/day x 56 doses – <i>Contact Tache Pharmacy to order as required</i>	Ophthalmia neonatorum and uncomplicated urethral, endocervical and rectal infection in infants aged 1 week to 1 month. Dose refers to base formulation however equivalent dosages of other formulations may be substituted.
_____	Amoxicillin	500 mg x 21 tablets	Pregnant and lactating women allergic to erythromycin or azithromycin
Gonorrhea			
_____	Cefixime	400 mg x 1 tablet	First line treatment
_____	Azithromycin	250 mg x 8 capsules	Alternative treatment
_____	Ciprofloxacin	500 mg x 1 tablet	Alternative treatment for cephalosporin or penicillin allergy
LGV			
_____	Doxycycline	100 mg x 42 capsules	First line treatment
_____	Erythromycin base	250 mg x 168 capsules	Alternative treatment
_____	Azithromycin	250 mg x 12 capsules	Alternative treatment
PID			
_____	Ceftriaxone	250 mg x 1 vial	Recommended treatment for acute PID (in combination with doxycycline and metronidazole)
_____	Doxycycline	100 mg x 28 capsules	Recommended treatment for acute PID (in combination with ceftriaxone and metronidazole)
_____	Metronidazole	500 mg x 28 tablets	Recommended treatment for acute PID (in combination with doxycycline and ceftriaxone). Metronidazole is included to provide optimal anaerobic coverage
Syphilis			
_____	Benzathine Penicillin G† (Bicillin)	1.2 MU x 2 syringes	First line for primary, secondary, and early latent stages of infection and epidemiologic treatment of sexual contacts
_____	Benzathine Penicillin G† (Bicillin)	1.2 MU x 6 syringes	First line for late latent infection, infection of unknown duration and tertiary syphilis NOT involving the CNS
_____	Doxycycline	100 mg x 28 capsules	Alternative treatment for penicillin allergic adults and adolescents staged with primary, secondary or early latent infection
_____	Doxycycline	100 mg x 56 capsules	Alternative treatment for penicillin allergic adults and adolescents staged with late latent infection, infection of unknown duration or tertiary syphilis NOT involving the CNS
_____	Azithromycin	250 mg x 8 capsules	See below

Azithromycin alone should not be routinely used as a treatment option for early or incubating syphilis as azithromycin resistance has been reported and is increasing. In exceptional circumstances, azithromycin should be reserved for suspect syphilis cases (at the time that serology is performed) only if Bicillin (Benzathine Penicillin G) is not readily available, with the understanding that the patient will require Bicillin if their serology confirms that they have syphilis.

†**Cannot be stockpiled except at approved depot sites.** Must be ordered as required case by case.

ALL INFORMATION REQUIRED BELOW**

In Province P.H.I.N. _____ Out of Province Patient Initials _____ Date of Birth _____/_____/_____
 Case Contact M F (yyyy/mm/dd)

** Reporting information required by Public Health Agency of Canada under the requirements of the Special Access Program.

Physician's Signature: _____ Printed Name: _____

Fax order to: Tache Pharmacy – Fax: (204) 231-1739 • Phone: (204) 233-3469 • Inquiries (not orders) sent to tache@mts.net