



Fax completed form to 705-748-3865 (for special orders please call 705-748-2021)

Physician/NP Office:						
Order Date:						
Pick up Date: Please allow a <u>minimum</u> of 2 business days to prepare your order.						
Requested By:						
# of bottles/vials/packages in stock	Item	# of bottles/vials/packages requested	# of bottles/vials/packages provided	Lot #	Expiry Date	PHN Initials
To be completed by Physician/NP Office.			To be completed by PPH staff.			
	<input type="checkbox"/> Azithromycin 250 mg tablets 6 tablets/package					
	<input type="checkbox"/> Doxycycline 100 mg capsules 100 capsules/bottle					
	<input type="checkbox"/> Ceftriaxone 250 mg vials (2 vials for 1 treatment) Requires reconstitution with lidocaine or sterile water – please indicate below)					
	<input type="checkbox"/> 1% Lidocaine (1 vial for 1 treatment)	<input type="checkbox"/> Sterile Water (1 vial for 1 treatment)				
	<input type="checkbox"/> Cefixime 400 mg tablets 10 tablets/package					
	<input type="checkbox"/> Benzathine Penicillin G IM (2 prefilled syringes = one treatment) Special order- please call					
	<input type="checkbox"/> Gentamycin 240 mg IM 40 mg/vial Special order – please call					
	<input type="checkbox"/> Chlamydia Tear offs					

Your order will be available for pick-up at the Clinic, 185 King Street, between the hours of 8:45 a.m. - 4:30 p.m.

***Orders not picked up within two weeks will be returned to stock and you will be required to re-submit your order.**