

STI MEDICATION ORDER FORM

Medications are provided free of charge to be used **ONLY** for the treatment of Sexually Transmitted Infections.
Please consider ordering stock for 6 months - order before your supply runs out.

ORDERING HEALTH CARE PROVIDER INFORMATION *(Please complete all fields)*

Health Care Provider / Clinic			Contact Person (Print Name)			Date of Request		
Address								
Postal Code		Telephone Number		Alternative Number for Courier			Fax Number	
Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Closed for lunch: Yes No		
Hours closed:								
Special Instructions								

(Please allow 5 business days for delivery of medication)

PREFERRED TREATMENT FOR GONORRHEA: Ceftriaxone 500 mg IM as a single dose

AVAILABLE STI MEDICATION FOR ORDER	ROUTE	UNIT SIZE	UNIT REQUESTED	NUMBER ON HAND (enter "0" if none)	TPH OFFICE USE ONLY	
					Lot #	Expiry Date
Azithromycin 250 mg	Oral	1.5 doses/box				
Ceftriaxone 250 mg	IM	5 doses/box				
1% Lidocaine 5 mL – Diluent for Ceftriaxone		20 ampoules/box				
Doxycycline 100 mg	Oral	100 tabs/bottle				
Penicillin G Benzathine (Bicillin) 1.2 MU *(Need to store in the fridge)	IM	10 syringes/box			iPHIS #	
Condoms		100 condoms/box				

To special order Gentamicin (for patients with cephalosporin allergy ONLY) or for questions regarding alternative treatment regimens, please call intake at 416-338-2373

Reviewed by PHN: _____ PHN Signature: _____ Date Reviewed: _____
Packed by: _____ SAB Signature: _____ Date Packed: _____
Received by: _____ Recipient Signature: _____ Date Received: _____

STI Medication Order Form is available on the web by searching [medication order toronto](#).
Please see instructions below for submitting this form. Saved, completed forms may also be attached to an email and sent to stidrugorders@toronto.ca
If you have any questions please call 416-338-2373.

Revision: 2025-01-14

Instructions to send via the Submit STI Drug Order button:

1. Save the form to your computer desktop. Open saved form.
2. Required fields are in red boxes. Complete other fields as needed.
3. Click "Submit STI Drug Order" button and follow email prompts (i.e., default email application or webmail - gmail, hotmail, etc.).
Order Form will be an email attachment.

Submit STI Drug Order