

Fax Completed Form to 905-940-4541 or Email to OnDutyPHN@york.ca

Date of request: _____	Clinic/HCP Name: _____
Holding Point #: _____	Address: _____
Contact Person: _____	Phone number: _____ Fax number: _____

SECTION 1 - TYPE OF ORDER

Stock Clinic Order

One-time Order

Would like to become a Stock Clinic

Client Name: _____ Date of Birth: _____

Criteria: ≥ 1 STI per month

Diagnosis: _____ York Region resident: Yes No

SECTION 2 - MEDICATION REQUESTED (PLEASE COMPLETE ENTIRE CHART FOR EVERY ORDER)

Medication	# of Doses Requested	# of Doses on Hand	Expiry Date of Doses on Hand
Azithromycin 1g*			
Doxycycline 100mg BID x 7 days (14 pills)*			
Ceftriaxone 500 mg*			
1% Lidocaine solution*			
Penicillin G Benzathine (2.4 million IU)		<i>Medication will be delivered same-day using cold-chain</i>	

**Please allow 10 business days to process stock orders*

SECTION 3 - RESOURCES REQUESTED (OPTIONAL)

Health Connection postcard STI Treatment Reference Poster STI Booklet PrEP Info
 Hepatitis B Quick Reference Guide (for HCP) Other: _____

SECTION 4 - PICK-UP LOCATIONS

Select pick-up location. Our office hours are 8:30a.m. to 4:30p.m., Monday to Friday at all locations.

Newmarket 17150 Yonge Street	Richmond Hill 50 High Tech Road	Georgina 24262 Woodbine Avenue
Vaughan 9060 Jane Street	Markham 4261 Highway 7 East	

SECTION 5 - VERIFICATION OF MEDICATION USAGE (MUST BE CHECKED TO PROCESS THE ORDER)

Medications received are utilized for STI clients and contacts only and are prescribed by a licenced health care provider

SECTION 6 - ADDITIONAL NOTES (OPTIONAL)

FOR OFFICE USE ONLY

Form completed by: _____ Date: _____

Form forwarded to: _____ Date: _____