

Ordering Physician's Information			
Physician / Clinic Name (print name)		HP Code # RMP_MS_(this is the five digit HP Code found on your packing slip)	
Order Requested By (print name)		Address	
City	Postal Code	Telephone Number	Fax Number

First Line Treatment	Doses Requested	For Office Use Only		
		Doses Filled	Lot #	Expiry Date
Gonorrhea	Ceftriaxone 500 mg IM single dose Supplied with 1% lidocaine - 5 ml diluent			
Chlamydia	Azithromycin 250 mg x 4 tablets PO single dose			
Alternative Treatment	Doxycycline			
	Condoms (approximately 144 per box)	_____ # of boxes		

Pick-up Locations - (Click here for Maps and Hours)	
Fax order to Healthy Sexuality Program 905-565-0399	<input type="checkbox"/> Brampton Clinic <input type="checkbox"/> Meadowvale Clinic <input type="checkbox"/> Fairview Clinic <input type="checkbox"/> 7120 Hurontario - Region of Peel Office <input type="checkbox"/> Malton Clinic  Signature _____ Date _____
<b>*Please allow 10 business days for processing orders</b>	
Delivery Requested - Critical Path account #	
If you participate in the Vaccine Courier Delivery Program, you are eligible to have requested STI medications delivered with your vaccine orders.	
<input type="checkbox"/> Yes, I am a member of Vaccine Delivery Program and request STI medication included <u>with next vaccine delivery</u> (An additional \$5.00 delivery fee)	
<input type="checkbox"/> No, I am not a member of the Vaccine Delivery Program. (If interested, see Peel Public Health, Health Professionals website, <u>Vaccine Delivery Program Sign Up Form</u> )	

For Region of Peel Office Use Only	
<b>Healthy Sexuality Program:</b>	
Medication packaged by: _____ <input type="checkbox"/> Entered in SharePoint	
<b>VMPI Delivery:</b>	<b>Pick Up:</b>
Date delivered to VMPI for shipping: (YYYY/MM/DD) _____	Picked up by: _____
Critical Path Account # _____	Date: (YYYY/MM/DD) _____
<input type="checkbox"/> Deliver with vaccines    OR <input type="checkbox"/> Separate delivery STI meds	