simcoe muskoka DISTRICT HEALTH UNIT

Return fax: 705-721-7848

Reporting Form: STI Medication Program

Please complete this form as you treat patients. Return immediately following treatment or with next order. Forms available: smdhu.org/STIMedProgramForms

Questions? Contact us at Simcoe Muskoka District Health – 705-721-7520 or 1-877-721-7520 ext. 8376

Date Given yyyy/mm/dd	Patient Initials	DOB yyyy/mm/dd	Infection	Medication Given	Reason
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. Other ______________________	☐ Case ☐ Contact ☐ Suspect case (symptoms)
			☐ Gonorrhea ☐ Chlamydia ☐ Syphilis	☐ Ceftriaxone 250 mg IM single dose ☐ Azithromycin 250 mg x4 tablets single dose ☐ Doxycycline 100 mg x14 tablets BID for 7 days ☐ Bicillin L.A. Other ______________________	☐ Case ☐ Contact ☐ Suspect case (symptoms)
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Health Care Name: ______________________ Contact Person: ______________________

Office address: ______________________ Telephone number: ______________________

______________________ Fax number: ______________________

(E-mail)