

**West Virginia Bureau for Public Health  
Office of Epidemiology and Prevention Services  
Division of STD, HIV, Hepatitis and Tuberculosis  
350 Capitol Street, Room 125  
Charleston, WV 25301  
(304) 558-2195**

**STD Medication Order Form**

**SHIP TO:**

Facility: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

*\*Orders are shipped ground delivery via FedEx. **Street address is required.***

*\*All orders must be submitted on this form. **No exceptions.***

***\*Statement of Drugs Administered form must be faxed with this form before the order can be processed.***

Medications			
Code	Item/Unit Dosage	Order Quantity	Date Expired, If Applicable
Q101	Azithromycin 250 mg Tablets	_____ Tablets	
Q102	Bicillin L-A 1.2 ml Syringe	_____ Syringes	
Q103	Ceftriaxone 500 mg. Vials	_____ Vials	
Q104	Clindamycin 500 mg. Tablets	_____ Bottle of 50	
Q105	Doxycycline 100 mg. Tablets	_____ Bottle of 50	
Q106	Metronidazole 500 mg. Tablets	_____ Tablets	
Q107	Podophyllin 15 ml Bottles	_____ Bottles	
Q108	Moxifloxacin 400 mg Bottles	_____ Bottles of 30	
Q109	Xylocaine 2 ml. Bottles 1%	_____ Bottles	
Q110	Cefixime 400 mg. Tablets	_____ Bottle of 50	

**Send order to: (304) 558-6478 or [wvstd@wv.gov](mailto:wvstd@wv.gov)**