**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 |  |
| Q110 | Cefixime 400 mg. Tablets | \_\_\_\_\_Bottle of 50 |  |
| Q109 | Xylocaine 2 ml. Bottles 1% | \_\_\_\_\_Bottles |  |

**FAX ORDERS TO: (304) 558-4744**