

West Virginia Department of Health and Human Resources
 Bureau for Public Health
 Division of Epidemiology and Prevention Services
 Division of STD, HIV, Hepatitis and Tuberculosis
 304-558-2195

Injectable Syphilis Treatment Distribution Form

Provider Information			
Requesting Facility			
Address:			
City/State/Zip:			
Clinician Name:		NPI Number:	
Phone Number:	(_____) _____ - _____	Email:	

Patient Info		
WVEDSS Patient ID#	Diagnosis Date:	Syphilis Stage: (circle one)
		Early Late Unknown

Medication Info			
Bicillin 1.2 mu Syringe			
Lot Number:	Expiration Date:	Number of Syringes:	Number of Doses

Local Health Department			
LHD Staff Name: <i>(print)</i>		LHD Staff Signature:	Date:

Disease Intervention Specialist			
WV BPH Staff Name: <i>(print)</i>		WV BPH Staff Signature:	Date:

Provider			
Facility Staff Name: <i>(print)</i>		Facility Staff Signature:	Date:

Syphilis treatment is provided by the WV Bureau for Public Health through the 340B Program and therefore, the patient and/or insurance should not be billed for the medication.

Please report to: STD Surveillance Unit
 Fax: 304-558-6478
 Email: wvstd@wv.gov