

Medication Return Form STI Medication Program

Returning Health Care Provider/Clinic Information:

Health Care Name: _____	Contact Person: _____
Office address: _____	Telephone number: _____
_____	Fax number: _____
	(E-mail) _____

Please indicate the preferred location for medication return.

<input type="checkbox"/> Barrie (15 Sperling Drive)	<input type="checkbox"/> Barrie (80 Bradford Street)
<input type="checkbox"/> Cookstown (2-25 King Street South)	<input type="checkbox"/> Collingwood (280 Pretty River Parkway)
<input type="checkbox"/> Gravenhurst (2-5 Pineridge Gate)	<input type="checkbox"/> Huntsville (34 Chaffey Street)
<input type="checkbox"/> Orillia (120-169 Front Street South)	<input type="checkbox"/> Midland (B-865 Hugel Avenue)

Medications Returned:

Available STI medication for order	Clinic/HCP to complete		SMDHU office use only		
	Units Remaining on site	Units Returned	LOT #	Expiry date	PHN initial
Ceftriaxone 250 mg IM single dose with lidocaine					
Azithromycin 250 mg x 4 tablets PO single dose					
Doxycycline 100 mg x 14 tablets PO BID x 7 days					
Benzathine penicillin G LA (Bicillin) 1.2 MU IM					
Cefixime 400 mg x 1 tablet PO single dose					
Amoxicillin 500 mg x 21 tablets PO TID x 7 days					
Erythromycin 250 mg tablets x 56 tablets PO QID x 7 days; or 2 gm divided doses x 7 days					

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