

Complete Form and return with expired medications to any SMDHU office location.

Form can be accessed on SMDHU website:

[smdhu.org/STIMedProgramForms](http://smdhu.org/STIMedProgramForms)

**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 |                         |                |                       |             |             |
|  |                         |                |                       |             |             |
|  |                         |                |                       |             |             |