

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

Form can be accessed on SMDHU website:

smdhu.org/STIMedProgramForms

Returning Health Care Provider/Clinic Information:

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

- | | | |
|---|---|---|
| ☐ Barrie (15 Sperling Drive) | ☐ Barrie (80 Bradford Street) | ☐ Cookstown (2-25 King Street South) |
| ☐ Collingwood (280 Pretty River Pky) | ☐ Gravenhurst (2-5 Pineridge Gate) | ☐ Huntsville (34 Chaffey Street) |
| ☐ Orillia (120-169 Front Street South) | ☐ Midland (A-925 Hugel Avenue) | |

Medication Returned	Clinic/HCP to complete		SMDHU office use only		
	# Remaining Doses on Site	# Doses Returned	Lot#	Expiry Date	Staff Initial
Ceftriaxone 250 mg IM single dose					
Ceftriaxone 500 mg IM single dose, 250 mg vial x2					
Lidocaine HCl injection USP 1% single dose, 5 mL ampoule					
Doxycycline 100 mg x 14 tablets PO BID x7 days					
Azithromycin 250 mg x 4 tablets PO single dose					
Benzathine penicillin G LA (Bicillin) 2.4 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. 5743