## STI Medication Log

MEDICATIONS ARE TO BE USED FOR STI TREATMENT ONLY

## Instruction

**FAX COMPLETED FORM TO:** 

**Vaccine Fax Line: 519-823-4903** 

If medication is being used quickly, fax STI Medication Log with Order Form. Allow five business days for orders to be filled.

Contact Inforn	nation							
Agency/Physician: _		Date Order Filled:						
Address:			(MM/DD/YYYY) Filled by:					
Medication								
Medication:		Doses:	Lot#:	Expiry D	ate:			
Treatment Date	Infection Treated	Dose Dispensed	Ordering Physician	Dispensed by	Comments			

Treatment Date	infection freated	Dose Dispensed	Ordering Physician	Dispensed by	Comments



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