

340B WY STD PROGRAM ANTIBIOTIC REQUEST FORM

ANTIBIOTIC	PACKAGE	FORMULARY	# OF SINGLE DOSE UNITS	CDU USE ONLY	
				LOT #	EXPIRATION DATE
Benzathine Penicillin **	1.2 mu Tubex	1.2 mu Tubex (tx of syphilis)	**		
Ceftriaxone (Rocephin)	1g vial	250 mg IM single dose (tx of gonorrhea)			
Suprax (Cefixime)	400 mg tablets	1 tablet single dose (alt. tx of gonorrhea)			
Azithromycin	250 mg tablets	4 tablets per container (tx of chlamydia)			
Doxycycline	100 mg tablets	14 tablets per container (alt. tx of chlamydia and add'l tx of gonorrhea)			
1% Xylocaine Solution	10 mg/ml	1 vial per 1 vial of Ceftriaxone			
Amoxicillin **	500 mg tablets	500 mg TID x 7 days 21 tablets per container (alt. tx of chlamydia)	**		

****Not kept in inventory. Please allow additional time for delivery****

ORDERING FACILITY INFORMATION

Facility Name:		Order Date:	
Shipping Address:		Contact Name:	
City:		Contact Email Address:	
Zip:		Contact Phone Number:	
Additional Shipping Instructions:			

SUBMISSION OF ORDER FORMS: EMAIL TO cdusupplies@wyo.gov OR FAX TO 307-777-5279

****ORDERS SHIPPED TUESDAY AND WEDNESDAY MORNING UNLESS OTHERWISE REQUESTED FOR POSITIVE CASES****