



MEDICATION ORDER FORM
District and Health Care Providers

Complete form and email to Hsorders@algomapublichealth.com.

Ordering Health Care Provider / APH Office _____

Contact Person: _____ Phone Number: _____

Email: _____ Date Ordered: _____

Type of Medication	Product Alternate I.D.	Unit of issue	Quantity required
Azithromycin 250mg - 100 pills / bottle	650211061	bottle	
Benzathine Penicillin G 1.2 mu per 2mL (store between 2-8°C) – box of 5 doses	650532031	dose	
Ceftriaxone 250 mg / vial - 10 vials / package	650413020	vial	
Lidocaine 1% solution for injection 5 mL Ampoule – 20 amps / package	659012051	ampoule	
Amoxicillin 500 mg capsule - 100 capsules / bottle	650511030	bottle	
Cefixime 400 mg tablet – 10 tabs / package	650410031	package	
Doxycycline 100 mg tablet - 100 tabs / bottle	650511022	bottle	
Comments:			

There are other available / alternative medications. Please contact APH (705) 541-7141 to speak to a public health nurse.