

STDDRUG ORDER FORM (REV 11/2024)

Provider Name (Required): _____ Provider NPI (Required): _____ Contact and Clinic Name: _____ Address: _____ Town: _____ Zip: _____ Phone Number: _____ Date: _____	SUBMIT ORDER TO:
	State of Connecticut Department of Public Health 410 Capitol Ave., MS #11STD P. O. Box 340308 Hartford, CT 06134-0308 Phone: (860) 509-7920 Fax: (860) 730-8380 DPH.TB-STDDRUGS@CT.GOV

DRUG	DRUGS ON HAND		REQUESTED AMOUNT	AMOUNT APPROVED	(UConn USE ONLY) <i>Please do not write in this column.</i>
	Amount	Expiration Date			LOT #/EXP DATE NDC NUMBER
Azithromycin 500 mg 30 tablets/bottle	Pills		Btls	Btls	
Bicillin 1.2 ml syringe 10 syringes/box	Syr		Syr	Syr	
Bicillin 2.4 ml syringe 10 syringes/box	Syr		Syr	Syr	
Cefixime 400 mg 10 capsules/box	Pills		Box	Box	
Ceftriaxone 500 mg 10 vials/box	Vials		Vials	Vials	
Clotrimazole 1% cream 5 applicators/box	Box		Box	Box	
Doxycycline 100 mg 50 tablets/bottle	Pills		Btls	Btls	
Fluconazole 150 mg 12 pills/box	Pills		Pills	Pills	
Gentamicin 80 mg per 2 ml vial	Vials		Vials	Vials	
Imiquimod (Aldara) cream 5% 24 packets/box	Pkts		Box	Box	
Lidocaine (Xylocaine) 1% 2 ml (20 mg/2 ml) vial	Vials		Vials	Vials	
Metronidazole 500 mg 100 tablets/bottle	Pills		Btls	Btls	
Metronidazole Vaginal Gel 0.75% 5 applicators/box	Box		Box	Box	
Moxifloxacin 400 mg 30 tablets/bottle	Pills		Btls	Btls	
RID Shampoo 2 oz bottle	Btls		Btls	Btls	
Valacyclovir 1g 30 caplets/bottle	Pills		Btls	Btls	

UConn Sign off: _____

Date: _____

DPH Sign Off: _____

Date: _____