



**Washington State STD Expedited Partner Therapy Project  
Fax Prescription for STD Treatment Packs**

TO:

Pharmacy: <u>Check (✓) Pharmacy in Table Below</u>	Date: _____				
Rx: Patient Name: _____ <small>(intended recipient)</small>	DOB: _____				
Person Picking up Meds: _____	DOB: _____				
<p>Rx: Dispense medications as checked below at no charge to patient. Medications to be dispensed without childproof safety cap.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Public Health Pack 1: Azithromycin, 1 gram (Zithromax) PO once stat</td> <td><input type="checkbox"/> No known adverse drug reactions</td> </tr> <tr> <td><input type="checkbox"/> Public Health Pack 2: Cefixime 400 mg (Suprax) once PO stat and Azithromycin, 1 gram (Zithromax) PO once stat</td> <td><input type="checkbox"/> Unknown adverse drug reactions</td> </tr> </table>		<input type="checkbox"/> Public Health Pack 1: Azithromycin, 1 gram (Zithromax) PO once stat	<input type="checkbox"/> No known adverse drug reactions	<input type="checkbox"/> Public Health Pack 2: Cefixime 400 mg (Suprax) once PO stat and Azithromycin, 1 gram (Zithromax) PO once stat	<input type="checkbox"/> Unknown adverse drug reactions
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_____ Provider Signature (Dispense as Written)	_____ Provider Signature (Substitutions Permitted)				

Indicate (✓) Pharmacy To Dispense Medications - Participating Pharmacies in Whatcom County				
✓	Pharmacy Name	Fax #	Address	Phone
	Rite Aid #5239	360-676-1626	1225 E Sunset Dr #110 Bellingham	360-671-5041
	Rite Aid #5236	360-738-4628	1400 Cornwell Ave Bellingham	360-733-1980
	Rite Aid #5238	360-734-6045	220 36 <sup>th</sup> St Bellingham	360-734-8254
	Rite Aid #6452	360-384-0642	5655 3 <sup>rd</sup> Ave Ferndale	360-384-1551
	Rite Aid #5242	360-354-4096	8090 Guide Meridian Rd Lynden	360-354-4284
	Fred Meyer #667	360-788-2927	1225 W Bakerview Rd Bellingham	360-788-2933
	Fred Meyer #025	360-738-8033	800 Lakeway Dr Bellingham	360-738-4243

FROM:

Prescribing Provider Contact Information	
Name: _____	Fax: _____
Address: _____	Phone: _____