New Jersey Department of Health
STD Program
PO Box 363
Trenton, NJ 08625-0363

MEDICATION REQUEST

Agency Name			Reporting Period
Shipping Address			From: _____
City	State	Zip Code	To: _____

MEDICATION	BEGINNING INVENTORY	AMOUNT DISPENSED	EXPIRED, LOST, OR DESTROYED	ENDING INVENTORY	AMOUNT REQUESTED		AMOUNT SHIPPED
					QUANTITY	DISPENSING UNIT	
Azithromycin (250 mg) *250 mg / 30 per bottle*						**Bottle(s)**	
Azithromycin (500 mg) *500 mg / 30 pills per bottle*						**Bottle(s)**	
Aldara Cream (Imiquimod) *.25 mg Tube / 12 tubes per box*						☐ **Tube(s)** ☐ **Box(es)**	
Bicillin LA (Benzathine-Penicillin) *1,200,000 ul/4 ml / 10 syringes per box*						☐ **Box(es)** ☐ **Unit(s)**	
Bicillin LA (Benzathine-Penicillin) *2,400,000 ul/4 ml / 10 syringes per box*						☐ **Box(es)** ☐ **Unit(s)**	
Bactrim (Sulamethaxazol/Trimethoprim) *800 mg Sulam, 160 mg Trim / 100 per bottle*						**Bottle(s)**	
Doxycycline *100 mgl / 50 per bottle*						**Bottle(s)**	
Elimite/Acticin Cream 5%(Permetherin) *60 gram / 24 tubes per case)*						☐ **Tube(s)** ☐ **Box(es)**	
Erythromycin (Ery-Tab) *250 mg / 30 per bottle*						**Bottle(s) (of 30)**	
Erythromycin (Ery-Tab) *250 mg / 100 per bottle*						**Bottle(s) (of 100)**	
Lidocaine w/preservative (multi dose) *50 ml / 25 units per box*						☐ **Unit(s)** ☐ **Box(es)**	
Metronidazole (Flagyl) *250 mg / 100 per bottle*						**Bottle(s)**	
Rocephin (Ceftriaxone) *250 mg / 6 cc / 10 units per box*						☐ **Unit(s)** ☐ **Box(es)**	
Sterile Water *10 ml / 10 cc / 25 units per box*						☐ **Unit(s)** ☐ **Box(es)**	
Terconazole (Terazol) *0.71 oz., 20 gram / Single Units*						**Unit(s)**	

Requested By (Print)	Signature	Phone Number	Date

FOR STATE USE ONLY	Approved to Ship	Approved Date	Order No.	Shipped By	Date Shipped

Notes:

To access this form online, go to *nj.gov/health/std/forms.shtml*.
Fax completed form to *(609) 826-4870* or email to *steven.dunagan@doh.nj.gov*.