

**Client's Information**

Provide information on the patient.	Last Name		First Name		For Region of Peel Office Use Only	
					IPHIS #	
	Date of Birth (YYYY/MM/DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Address		

**Bicillin Order Request**

<b>NOTE:</b>  <b>Physician must indicate stage of infection.</b>	<b>Single-dose Bicillin® L-A treatment</b> (2 preloaded 1.2 million IU syringes) for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary Syphilis</li> <li><input type="checkbox"/> Secondary Syphilis</li> <li><input type="checkbox"/> Early Latent Syphilis</li> <li><input type="checkbox"/> Treatment for sexual contacts in the preceding 90 days to primary, secondary and early latent syphilis</li> </ul>	<b>Three-dose Bicillin® L-A treatment</b> (6 preloaded 1.2 million IU syringes) for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Late Latent Syphilis</li> <li><input type="checkbox"/> Latent Syphilis of Unknown Duration</li> <li><input type="checkbox"/> Cardiovascular Syphilis and tertiary syphilis not involving the central nervous system</li> <li><input type="checkbox"/> Primary, Secondary or Early Latent Syphilis Case or Contact who is HIV infected</li> </ul> <p>Note: Some experts recommend 3 weekly doses of Benzathine Penicillin G (Bicillin) in HIV infected individuals</p>
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**Ordering Physician Information**

Physician Name (print name)		Order Requested By (print name)	
Address			
City	Postal Code	Telephone Number	Fax Number

**Bicillin Pick Up**

Fax order to Healthy Sexuality Program  <b>Brampton/Caledon:</b> 905-565-1262 OR <b>Mississauga:</b> 905-890-1722	<b>Note** Bicillin must be stored and transported in cold chain temperature range (between +2.0°C to +8.0°C). Orders will be processed in 5 business days.</b>
	<input type="checkbox"/> Hurontario <input type="checkbox"/> Fairview <input type="checkbox"/> The Davis Centre (scheduled pickup only) <input type="checkbox"/> Malton <input type="checkbox"/> Meadowvale <input type="checkbox"/> Vaccine Delivery Project (registered participants only) <input type="checkbox"/> South Millway
By submitting this order, I _____ verify on behalf of the practice that the fridge storing publicly funded vaccines/medication at the location listed above, maintains cold chain temperatures (between +2.0° C to+8.0°C degrees) and meets the MOHLTC Vaccine Storage and Handling Guidelines. I understand that we may be required to provide accurate temperature logs upon request and the temperature logs must be kept on-site for a minimum of 3 years.	
Signature _____ Date _____	

**For Region of Peel Office Use Only**

Order Packed by: _____	Lot no.: _____	<table border="1"> <tr> <td><b>B</b></td> <td><b>K</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>B</b>	<b>K</b>		
<b>B</b>	<b>K</b>					
Date sent: _____ <small>YYYY/MM/DD</small>	Expiry date(s): _____					

**Comments**

Provide any additional information and/or comments	
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Order Approved By Healthy Sexuality PHN _____	Extension _____
Date _____ <small>YYYY/MM/DD</small>	