Prescription to pharmacy/injection room

(To be used during EIMS failure only)

PHN: _____ File Number: _____

UIC: _____

Cefixime 400mg Stat	☐	Metronidazole 400 Mg Bd 5 Days	☐
Azithromycin 2g Stat	☐	Clotrimazole Cream LA Bd 2 Weeks	☐
Azithromycin 1g-500mg-500mg (D1-2-3)	☐	Clotrimazole Pessary 500mg Stat	☐
Doxycycline 100mg bd 1week	☐	Clotrimazole Pessary 100mg 6 Days	☐
Acyclovir 400mg tds 1week	☐		

IM Benzathine penicillin 2.4 MU	Stat dose/ 1st dose/2nd dose/3rd dose
IM ceftriaxone 1g	Stat dose
IM hepatitis B vaccine 20 mcg/40 mcg	1st dose/2nd dose/3rd dose/4th dose

Drug	Dose	Frequency	Duration
TDF/3TC/DTG	_____	_____	_____
AZT/3TC	_____	_____	_____
ABC/3TC	_____	_____	_____
DTG	_____	_____	_____
3TC/DTG	_____	_____	_____
Cotrimoxazole	_____	_____	_____
INAH/INAH plus Rifapentine	_____	_____	_____
_____	_____	_____	_____

Condoms: _____

Lubricants: _____

Other _____

_____
Date

_____
Name & Signature of the doctor