



Chlamydia/Gonorrhea Patient-Delivered Partner Therapy (PDPT) Distribution Program MEDICATION LOG

Agency/LHJ: _____

	Visit Date	Patient Identifier (Medical record # or first and last name)	Patient's Date of Birth	Patient's Gender (M or F)	# of Chlamydia Treatment Doses Dispensed* <i>doxycycline</i>	# of Chlamydia Treatment Doses Dispensed* <i>azithromycin</i>	# of Gonorrhea Treatment Doses Dispensed* <i>cefixime</i>
1							
2							
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*From medication supplied through Essential Access' Chlamydia/Gonorrhea PDPT Distribution Program