



## 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>azithromycin</i>	# of Gonorrhea Treatment Doses Dispensed*  <i>cefixime + azithromycin</i>
1						
2						
3						
4						
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15						
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17						
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20						

\*From medication supplied through Essential Access' Chlamydia/Gonorrhea PDPT Distribution Program