

# Skagit County STD Expedited Partner Therapy (EPT) Fax Prescription



**TO: Skagit County Public Health (SCPH) Fax: (360) 416-1515**

Please send with **STD Case Report Form** (<http://bit.ly/SkagitSTDCaseReport>) ASAP following original patient treatment to expedite partner treatment and prevent reinfection.

**Date:** \_\_\_\_\_

**Original Patient Information** (Required to link partners to confirmed exposure)

Diagnosed (Original) Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Partner Information** (Recommend EPT for partners within last **60** days)

Who is picking up the prescription?  My patient  The partner(s)  Don't know yet

	Partner Name	DOB or Age	Phone Number	Allergic to EPT Meds? (Y/N/Unk)
P1				
P2				
P3				
P4				
P5				

**Prescription** (dispense as checked below; all prescriptions administered once, stat)

Chlamydia EPT

Azithromycin, 1g PO

Gonorrhea EPT

**[SCPH only]** Ceftriaxone, 500mg IM

Cefixime, 800mg PO, AND  
Azithromycin, 2g once PO

\_\_\_\_\_  
**Provider Signature** (Dispense as written)

**FROM:**

**Prescribing Provider Contact Information**

**Name:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_