

# Post Exposure Prophylaxis Order Form

WRHA Order Form

**Supplied by Tache Pharmacy**

Fax: (204) 231-1739 Phone: (204) 233-3469

Date of Order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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Facility Ordering: _____	Physician Ordering: _____
Phone number: _____	Fax number: _____
Facility to Receive Drugs: _____	
Address: _____	Phone #: _____
_____	Fax #: _____
<b>When needed.</b> If no specific date indicated, assume 4-5 days delivery. _____	

Type of Kit	Re-order Quantity Reason for re-order	Tache Pharmacy Use Only
ADULT BASIC KIT (Combivir®)	Amount Requested _____ Used kit / Expired kit <small>(circle one)</small>	Combivir® Lot # _____ Exp _____
ADULT EXPANDED KIT (Combivir® plus Nelfinavir)	Amount Requested _____ Used kit / Expired kit <small>(circle one)</small>	Combivir® Lot # _____ Exp _____
PEDIATRIC BASIC KIT - Tablet (Zidovudine plus Lamivudine)	Amount Requested _____ Used kit / Expired kit <small>(circle one)</small>	Zidovudine Lot # _____ Exp _____ Lamivudine Lot # _____ Exp _____
PEDIATRIC BASIC KIT - Liquid (Zidovudine plus Lamivudine)	Amount Requested _____ Used kit / Expired kit <small>(circle one)</small>	Zidovudine Lot # _____ Exp _____ Lamivudine Lot # _____ Exp _____
PEDIATRIC EXPANDED KIT - Tablet (Zidovudine plus Lamivudine plus Nelfinavir)	Amount Requested _____ Used kit / Expired kit <small>(circle one)</small>	Zidovudine Lot # _____ Exp _____ Lamivudine Lot # _____ Exp _____ Nelfinavir Lot # _____ Exp _____
PEDIATRIC EXPANDED KIT - Liquid (Zidovudine plus Lamivudine plus Nelfinavir)	Amount Requested _____ Used kit / Expired kit <small>(circle one)</small>	Zidovudine Lot # _____ Exp _____ Lamivudine Lot # _____ Exp _____ Nelfinavir Lot # _____ Exp _____
Four Part Information Record (Manitoba Health Form)	Amount Requested _____	