

Washington State DOH  
Expedited Partner Therapy

**FAX**

**PARTNER PACK REQUEST FORM**

TO: Leyna Yarosz

EMAIL: [leyna.yarosz@doh.wa.gov](mailto:leyna.yarosz@doh.wa.gov) OR FAX: 360-236-3470

From: \_\_\_\_\_

Organization: \_\_\_\_\_ Store # \_\_\_\_\_

Mailing Address: (physical address required no PO Box #)

\_\_\_\_\_  
\_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

*The medications are sent two day FedEx so please order only the amount needed for your clinic.*

Quantity \_\_\_\_\_

**Partner PACK 1: for Chlamydia treatment:**

AZITHROMYCIN, 1 GRAM  
(up to 20 per request)

Quantity \_\_\_\_\_

**Partner PACK 2: for Gonorrhea and Chlamydia treatment:**

CEFIXIME (SUPRAX) 400mg tablet,  
AZITHROMYCIN, 1 GRAM  
(up to 10 per request)

If you do not receive your shipment within a week please contact me at 1-855-468-8455.