



# FLORIDA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

## STD Surveillance

407 836-2600 **Fax: 407 836-7101**  
Lisa x 78114 Wilma x 78043  
Valerie 407 836-2646  
Viola 407 836-9251

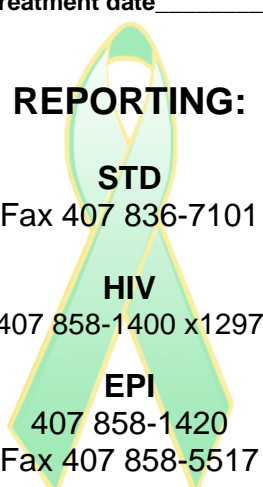
832 W. Central Blvd.  
Orlando, FL 32805  
[www.orchd.com](http://www.orchd.com)

Female _____	Male _____
Not Pregnant _____	Pregnant _____
Pregnancy due date _____	

<b>Patient Name:</b> _____
<b>DOB:</b> _____
<b>SS#:</b> _____
<b>Address:</b> _____
<b>Phone:</b> _____

**RACE:** WHITE\_\_ BLACK\_\_ HISP\_\_ NON-HISP\_\_ OTHER\_\_ AM INDIAN/ALASKAN\_\_ ASIAN/PAC ISLANDER\_\_

### All DISEASES LISTED BELOW MUST BE REPORTED TO OCHD/STD W/TX THE NEXT BUS DAY

CHLAMYDIA	GONORRHEA	SYPHILIS	OTHER
___ Uncomplicated ___ Ophthalmia ___ Pelvic Inflammatory Disease (PID) ___ Pneumonia  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>VISIT OUR WEBSITE FOR AN ELECTRONIC COPY OF OUR REPORTING FORM</b> </div>	___ Uncomplicated ___ Disseminated Gonococcal ___ Ophthalmia ___ Oral/Pharyngeal ___ Other resistant strain ___ Pelvic Inflammatory Disease ___ Penicillinase-Producing Neisseria Gonorrhoea (PPNG) ___ Rectal  †Treatment for Pharyngeal = Ceftriaxone 125 IM	___ RPR 1: _____  <b>Types of Confirmatory test</b> ___ TP-PA positive ___ FTA-ABS positive ___ IgG-EIA positive ___ MHA-TP  <b>Diagnosis</b> ___ Primary ___ Secondary ___ Early Latent (< 1 yr) ___ Late Latent ___ Tertiary ___ Neurosyphilis ___ Congenital	___ Chancroid ___ Granuloma Inguinal ___ Herpes Simplex Only report through age 11 ___ Human Papillomavirus Only report through age 11 ___ Lymphogranuloma Venereum ___ Other (specify) _____
Collection date _____	Collection date _____	Collection date _____	Collection date _____
Reporting laboratory _____	Reporting laboratory _____	Reporting laboratory _____	Reporting laboratory _____
<b>Treatment date</b> _____  ___ <b>Azithromycin 1 gm *</b> ___ <b>Doxycycline 100 mg BID x 7 Days *</b> ___ Levofloxacin 500 mg x 7 Days ___ Ofloxacin 300 mg BID x 7 Days ___ Amoxicillin 500 mg TID x 7 Days ___ Erythromycin base 500 QID x 7 Days  <b>* Recommended Regimen</b>  <b>IF PREGNANT</b> ___ <b>Azithromycin 1 gm *</b> ___ Erythromycin base 500 QID x 7 Days ___ Amoxicillin 500 TID x 7 Days  <b>Any tx used other than recommended treatment will need a TOC 3 weeks after completion of therapy. TOC less than 3 wks could yield false positive results.</b>	<b>Treatment date</b> _____  ___ Cefixime 400 mg ___ Vantin 400 mg ___ Cefuroxime 1 gm ___ <b>Ceftriaxone 125 mg IM *</b> ___ Ceftriaxone 250 mg IM ___ Ceftizoxime 500 IM ___ Cefotaxime 500 IM  <b>* Recommended Regimen</b>  <b>IF PREGNANT</b> ___ Cefixime 400 mg ___ <b>Ceftriaxone 125 mg IM *</b> ___ Ceftriaxone 250 mg IM  <b>Any tx used other than recommended treatment will need a TOC 3 weeks after completion of therapy. TOC less than 3 wks could yield false positive results.</b>	<b>Treatment dates:</b> 2.4 BIC #1 _____ 2.4 BIC #2 _____ 2.4 BIC #3 _____  ___ Doxycycline 100 BID x 14 days <b>Date</b> _____ ___ Doxycycline 100 QID x 28 days <b>Date</b> _____	<b>Treatment date</b> _____  <div style="text-align: center;">  <p><b>REPORTING:</b></p> <p><b>STD</b> Fax 407 836-7101</p> <p><b>HIV</b> 407 858-1400 x1297</p> <p><b>EPI</b> 407 858-1420 Fax 407 858-5517</p> </div>

### PROVIDER INFORMATION

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Area code & phone# \_\_\_\_\_

5/11/10 updated