



Bicillin L-A Request Form

Email to: CDPHSTDPROCUREMENT@CDPH.CA.GOV

***Bicillin L-A must be shipped directly to the requesting LHJ.**

Request Information

Requestor Name:

LHJ:

Date of Request:

Reason for Request:

Proactive Supply

Local Shortage

Other (explain):

Type of patients Bicillin L-A will be used to treat:

Pregnant Person

Infant

Unable to take Doxycycline (explain):

Other (explain):

Current Supply at LHJ:

(# of doses available for patient use)

Burn Rate:

(# of doses used/distributed per week)

Boxes Requested:

_____ boxes of 2.4 million units
(1 box of 2.4 million units Benzathine Penicillin G = 10 doses)

_____ boxes of 1.2 million units
(1 box of 1.2 million units Benzathine Penicillin G = 5 doses)

Shipping Information

Department Name:

Ship-To Address (including city, state, zip):

Point of Contact #1

Name:

Phone:

Email:

Point of Contact #2

Name:

Phone:

Email:

DEA/Pharmacy/Medical License Information

Name:

License Number:

License Expiration Date:

Phone:

Email:

Additional Information/Notes/Comments