

Exchange Menu

Please indicate how many of each item you need

| | | | |
|-------------------------------|----------------------|----------------------|----------------------|
| 1ml Syringe WITH NEEDLE | <input type="text"/> | Sharps Canisters | <input type="text"/> |
| 1ml Syringe WITHOUT NEEDLE | <input type="text"/> | Orange Needles | <input type="text"/> |
| 2ml Syringe WITHOUT NEEDLE | <input type="text"/> | Brown Needles | <input type="text"/> |
| 5ml Syringe WITHOUT NEEDLE | <input type="text"/> | Green Needles | <input type="text"/> |
| Medicated Swabs | <input type="text"/> | Blue Needles | <input type="text"/> |
| Ascorbic Acid (Vit C) Sachets | <input type="text"/> | Condoms | <input type="text"/> |
| | | Canisters Return Ref | <input type="text"/> |

Pharmacy Stamp

Assured Confidentiality

You should not sign this form but we require demographic info to help plan services for you

M/F **Initial** **Age**

| | | |
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