

PATIENT INFORMATION

PATIENT NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M F HEIGHT: _____ WEIGHT: _____ LBS KG

ALLERGIES: _____ PREFERRED CLINIC: _____

REFERRAL STATUS: NEW REFERRAL ORDER CHANGE ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

ICD-10 CODE: _____ DESCRIPTION: _____

REQUIRED DOCUMENTATION

- Insurance Information
- List of Medications
- Tried & Failed Therapies
- Most Recent History & Physical
- Lab results including BUN and Creatinine within 60 days

MEDICATION ORDER

Dalvance® (Dalbavancin) IV in 100-200 ml of **D5W** IV to infuse over 30 minutes
*Flush with **D5W** before and after infusion

SINGLE DOSE REGIMEN

- *CRCL \geq to 30ml/min* 1500mg IV for single dose
- *CRCL $<$ 30ml/min* 1125mg IV for single dose

TWO DOSE REGIMEN

- *CRCL \geq to 30ml/min* 1000mg IV followed by 500mg IV 1 week later
- *CRCL $<$ 30ml/min* 750mg IV followed by 375mg IV 1 week later

*Use only **D5W** for dilution and flushing, as NS is not compatible with Dalvance
Patient to be observed for 30 minutes following the any administration. Administer per protocol.
In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRESCRIBER INFORMATION

PROVIDER NAME: _____ NPI #: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ CONTACT NAME: _____
(IF APPLICABLE)

SIGNATURE: _____ DATE: _____
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN