

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
Primary Language: _____ Allergies: _____
Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code
ICD 10 Code: _____
Description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: CMP or BMP results within last 90 days.

PRESCRIPTION

Dalvance (dalbavancin)

Infuse dose in D5W for a total volume of 250-300 mL as a single dose over 30 minutes. **DO NOT USE Normal Saline for dilution or flushing of IV line as it is incompatible with Dalvance.**

Single Dose Regiment:

Estimated Creatinine Clearance: **(SELECT ONE)**

≥ 30 mL/min or on regular hemodialysis:

IV: Infuse 1500 mg

< 30 mL/min and not on regular hemodialysis:

IV: Infuse 1125 mg

Two Dose Regiment:

Estimated Creatinine Clearance: **(SELECT ONE)**

≥ 30 mL/min or on regular hemodialysis:

IV: Infuse 1000 mg, then one week later infuse 500 mg

< 30 mL/min and not on regular hemodialysis:

IV: Infuse 750 mg, then one week later infuse 375 mg

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Post Treatment Observations: The patient is observed for 30 minutes following the first infusion.

Comments: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ **Signature:** _____
Date: _____ NPI #: _____ Specialty: _____
Supervising Physician: _____ (If Applicable)
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ Fax: _____ Email: _____