

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 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 Regimen
 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 Regimen
 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

Is the patient on any other disease modifying therapy? Yes No
If yes, please note therapy and last dose: _____

Lab Orders+

Do you have CMP Results within 90 days?

Yes No

+Medix Infusion will draw required CBC/BMP if not supplied by Referring Provider

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

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

Comments:

PRESCRIBER INFORMATION

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