

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Patient Contact #: \_\_\_\_\_

**Medical Assessment:****Diagnosis (ICD-10):**
 \_\_\_\_\_
**Allergies:**

\_\_\_\_\_

**\*\*Please include a demographics page and insurance cards with this prescription. Also include any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis\*\***

**Pre-Medication Orders:**

- APAP  325mg  500mg  650mg - PO 30 minutes before infusion.
- Diphenhydramine  25mg  50mg – PO 30 minutes before infusion.  
 25mg IVP  50mg IVP
- Alternate Oral Antihistamines:  Cetirizine 10mg  Loratadine 10mg  Fexofenadine 60mg or  180mg
- Methylprednisolone  40mg IVP  125mg IVP or other \_\_\_\_\_ mg IVP
- Famotidine  20mg PO  40mg PO  20mg IVP  40mg IVP
- Ondansetron  4 mg IVP  4 mg PO

**Labwork:** \_\_\_\_\_ To be Drawn by:  Infusion Clinic  Referring Provider

**Medication****Dalvance (dalbavancin)**

Dosage / Frequency:

Single Dose Regimen:

- Dalvance 1500 mg (>30 ml/min Creatinine Clearance) in 100-250ml of 5% D5W IV to infuse over 30 minutes
- Dalvance 1125 mg (<30 ml/min Creatinine Clearance) in 100-250ml of 5% D5W IV to infuse over 30 minutes

Two Dose Regimen:

- Dalvance 1000 mg followed one week later by 500 mg (>30 ml/min Creatinine Clearance) in 100-250ml of 5% D5W IV to infuse over 30 minutes
- Dalvance 750 mg followed one week later by 375 mg (<30 ml/min Creatinine Clearance) in 100-250ml of 5% D5W IV to infuse over 30 minutes

**Orbactiv (oritavancin)**

Dosage / Frequency:

- Orbactiv 1200 mg per 1000 ml of 5% D5W IV to infuse over 3 hours x 1 single dose.

**Physician Prescription Orders**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Clinic Contact: \_\_\_\_\_ Physician Name: \_\_\_\_\_

**NPI #** \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_