

Dalvance Order

(dalbavancin)

SMART CHOICE INFUSION

FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:**

☐ Demographics

☐ Insurance Information

☐ Current CBC & CMP

☐ H & P Relevant to Diagnosis

☐ Current Medications

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

PRE-MEDICATIONS: (usually not indicated)

☐ Diphenhydramine: ☐ 250mg ☐ 50mg ☐ PO ☐ IV ☐ Pre-med ☐ PRN

☐ Acetaminophen: ☐ 650mg ☐ PO ☐ Pre-med ☐ PRN

☐ Other OTC: _____

DALVANCE (DALBAVANCIN) DOSING

IV Dosage in 500 mL D5W:

Adult Patients with CLcr 30 ml/min and above

☐ 1500 mg single dose regimen

Pediatric Patients with CLcr 30 ml/min/1.73m² and above

☐ 6yrs to less than 18yrs: 18mg/kg (1500 mg max) Total:mg

Adult Patients with CLcr less than 30 ml/min

☐ 1125 mg single dose regimen OR ☐ 750 mg followed by 375mg one week later

Other

☐ 1500 mg followed by 1500 mg at Day 8