



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

ZEMDRI IV INFUSION ORDER
(plazomicin)

**Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to the diagnosis and current medications.

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD-10: _____

Creatinine Clearance Result & Date: _____ [] COPY ATTACHED

Zemdri (plazomicin) IV Dosage

- [] ≥90 CrCl 15 mg/kg every 24 hours
[] ≥60 to <90 CrCl 15 mg/kg every 24 hours
[] ≥30 to <60 CrCl 10 mg/kg every 24 hours
[] ≥15 to <30 CrCl 10 mg/kg every 48 hours

Days of Therapy: _____

Refer to package insert for dosing and monitoring

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____