



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

ZINPLAVA IV INFUSION ORDER
(bezlotoxumab)

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

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

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

Diagnosis: _____ ICD-10: _____

Zinplava (bezlotoxumab)
25 mg/mL (1000 mg/40 mL) vial
in 0.9% Normal Saline

250 mL 500 mL 1000 mL

Dosage

10 mg/kg

Start Date: ___/___/___

Please send positive *C difficile* toxin B results

Patient must be on C-diff antibiotics: vancomycin, metronidazole, fidaxomicin to infuse Zinplava

Printed Provider's Name: _____ NPI: _____

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

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____