

Dalvance Order

(dalbavancin)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Lab Results
 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 25mg 50mg PO IV Pre-med PRN
 Acetaminophen 650mg PO Pre-med PRN
 Other OTC:

DALVANCE (DALBAVANCIN) IV DOSING

IV Dosage in 500 mL D5W:

Adult Patients with CLcr 30 mL/min and above

- 1500 mg single dose regimen OR 1000mg followed by 500mg one week later

Pediatric Patients with CLcr 30 mL/min/1.73m² and Above

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

Adult Patients with CLcr less than 30 mL/min

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