Dalvance

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

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.
Most Recent Office Visit Note, Insurance Info, Medication List, and CMP, Positive Culture

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: ☐ L40.1

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

Pre-Medications: Not Indicated

☐ No Premeds

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

DALVANCE DOSAGE

IV Dosage in 500 mL D5W Route: ☑ IV

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 (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

Other: ☐ 1500 mg followed by 1500 mg at Day 8

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ CMP/BMP, Liver Enzymes, Cultures ☐ Other: _____

☐ Prior to first appointment ☐ Other Frequency: _____

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.