



Patient Name

DOB

Cell Phone

Address

### DALVANCE (dalbavancin)

<b>Status</b>	<input type="checkbox"/> New Therapy	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Dosage or Frequency Change
<b>Diagnosis</b>	<input type="checkbox"/> ICD 10: Code: L08.9	Acute Bacterial Skin and Soft Tissue Infection (ABSSI)	
	<input type="checkbox"/> ICD 10: Code: M86. __	Osteomyelitis	
	<input type="checkbox"/> ICD 10 Code: _____	Other: _____	
<b>Pertinent Medical Hx</b>	Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____		
<b>Labs</b>	Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician		
	If Infusion Clinic: _____		
<b>Premeds</b>	<input type="checkbox"/> No premeds necessary	<input type="checkbox"/> Other: _____	
<b>IV Fluids</b>	<input type="checkbox"/> NS TKO	<input type="checkbox"/> Other: _____	
<b>Medication Order</b>	Dalvance 1500mg IV over 30 min		
	<input type="checkbox"/> Once	<b>- OR -</b> <input type="checkbox"/> Once and repeat in 7 days	
<b>Monitoring</b>	Monitor for signs/symptoms of hypersensitivity during infusion and 15 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.		

### Additional Orders

<b>Physician Information</b>	Physician Name	_____	NPI	_____
	Office Contact	_____	Phone	_____
	<b>Provider Signature:</b>	_____	Date	_____

REQUIRED DOCUMENTATION	
o Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
o Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
o Most Recent Labs:	- CMP and CBC - Liver panel - Bacterial Cultures

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