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Troy, OH 45373
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Washington Township Infusion Center
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Dalvance® (Dalbavancin) Order Form
Epic Referral: REF115224

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

Dalbavancin (Dalvance) 1500 mg in D5W diluted to a concentration of 1 to 5 mg/mL.

Infuse IV over 30 minutes x 1 dose.

Labs: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____