Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Dalvance® (Dalbavancin) Order Form

Epic Referral: REF115224

Patient Name: _____ **DOB:** _____

Address: _____

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

Rx:

Dalvance (Dalbavancin) in D5W infused over 30 minutes

Dose:

☐ 500 mg ☐ 1000 mg ☐ 1500 mg ☐ Other: _____

Frequency:

☐ ONCE ☐ weekly ☐ every other week ☐ Other: _____

End date (or specify total number of doses): _____

Labs (specify frequency): _____

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:** _____