Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Rezzayo® (Rezafungin) Order Form

Patient Name: ____ **DOB:** ____________________

Address: ____

Phone: _______________________________ **ICD-10 Diagnosis:** _______________________

Rx:

Rezafungin 400 mg once on day 1, then 200 mg once weekly beginning on day 8

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:** ___________________