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## Zinplava® (bezlotoxumab) Order Form

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

**Rx:**

Bezlotoxumab (Zinplava) 10 mg/kg in normal saline (final concentration of 1-10 mg/mL) IV over 60 minutes x 1 dose

Infuse through sterile, nonpyrogenic, low-protein binding 0.2-micron filter

**Comments:** \_\_\_\_\_

\*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:** \_\_\_\_\_