Intake Specialist 1-866-776-6782 Fax: 800-815-6808

newreferral@promptcare.com

Dalvance (dalbavancin) Order Form

ent Name:	Name: DOB:		Phone: Zip:		
dress: City:					
Insurance iRelevant laList tried a	mentation - Please subminformation • Demograbs/tests: serum creatinin nd failed therapies, inclu	raphics • C e, supporting do ding duration of	linical/progress not ocumentation of dia f treatment (requir	es • Hist ignosis (ex. cu ed to obtain a	ltures/susceptibilities)
Patient inform		i	\\/a:~b+.		llaa lua
	ale Height:				lbs kg
		⊔NKDA	Line type: ⊔PiV 1	_PICC ∟Pon	t □No. of lumens
Diagnosis and				c . 1: 1	(100.444)
□Cellulitis of unspecified part of limb (L03.119)		☐ Cellulitis of left upper limb (L03.114)			
□Cellulitis of right upper limb (L03.113)		☐ Cellulitis of left lower limb (L03.116) ☐ Other: ICD10:			
LCeliulitis of rig	ght lower limb (L03.115)		□ Other		ICDIO
Prescription In	formation: Dalvance 50	0 mg vials			
Normal Renal Function		Renal Dosing			
CrCl ≥30 mL/min (or on regular hemodialysis)			CrCl <30 mL/min (& not on regular hemodialysis)		
Dalvance (select one):			Dalvance (select one):		
☐ 1500 mg IV once			☐ 1125 mg IV once		
_	llowed one week later by llowed 7-14 days later by	-	☐ 750 mg follow	ed one week	later by 375 mg IV
	Other: Dalvance	mg IV every _	weeks for a	total of	_ doses
Directions	Prepare product for IV infusion per manufacturer guidelines using compatible IV solution Infuse IV over 30 minutes as tolerated				
Quantity & Refills	Dispense quantity sufficient to complete prescribed regimen. No refills unless otherwise stated. Dispense all medical supplies necessary for infusion Other:				
*Note: If same	pheral IV or use existing C e IV line is used to admini cion Orders: Standard an	ster drugs in add	dition to Dalvance, f be dispensed and d	flush with dex	trose 5% per manufactu ocol: Epinephrine IM/SC
	diphenhydramine IV/IM (50 mg/mL vial),	and NS IV. Addition	ai orders:	
Prescriber Info					
	Prescriber Name:				
			City:	State:	Zip:
Address:					

By signing I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment. PromptCare has my permission to contact the patient's health

plan to obtain any authorizations necessary to enable it to receive payment for services.

Confidential Health Information: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization and under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to who it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any discrimination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. 2024-1289 Page 1 of 1