InfuseCare
3501 S. Soncy Suite 124 Amarillo, Texas 79119
Phone: (806) 358-8625 www.icareama.com
M - Thurs 8am - 5pm, Fri 8am - 12pm

(dalbavancin)

DALVANCE infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ _____
☐ _____ _____
☐ _____ _____
☐ _____ _____

PRE-MEDICATION

☐ _____
☐ _____

DALVANCE ORDERS

DOSAGE

○ 1500 mg ≥ 30mL/min or on regular hemodialysis
○ 1125 mg < 30mL/min and not on regular hemodialysis

PATIENT WEIGHT

_____lbs.
_____kg

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

Please return by fax to: (806) 503-2200 or email to: referrals@icareama.com