



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Wt(kg): \_\_\_\_\_

Allergies: \_\_\_\_\_ Phone: \_\_\_\_\_

NuCara Pharmacy  
6111 Burnet Rd  
Austin, TX 78757  
Phone: 512-454-9923  
Fax: 512-524-1801

NuCara Infusion Center  
6013 Burnet Rd  
Austin, TX 78757  
Phone: 512-454-9923 x4  
Fax: 512-524-1801

Vital Care NuCara Infusion Center  
4201 W. Stan Schuleter Loop Unit B  
Killeen, TX 76549  
Phone: 512-454-9923 x2  
Fax: 512-524-1801

## Dalvance (Dalbavancin) Infusion Orders

### Required Information:

- Signed order from prescribing provider
- Patient demographics including insurance information
- Supporting clinical documentation: Visit notes, lab & imaging results

### Primary Diagnosis:

\_\_\_\_\_ (ICD-10: \_\_\_\_\_)

Other: \_\_\_\_\_ (ICD-10: \_\_\_\_\_)

### DALVANCE ORDERS

#### Single dose regimen

- Dalvance 1500 mg in D5W, total volume 300ml
- Dalvance 1125 mg in D5W, total volume 225ml

#### Two dose regimen

- Dalvance 1000 mg in D5W, total volume 200ml.  
Followed 1 week later by 500mg in D5W, total volume 100ml.
- Dalvance 750 mg in D5W, total volume 200ml.  
Followed 1 week later by 375mg in D5W, total volume 100ml.

#### Alternative Dosing

- Dalvance 1000 mg in D5W, total volume 200ml.  
Followed once weekly by 500mg in D5W, total volume 100ml, for 6 weeks.
- Dalvance 750 mg in D5W, total volume 200ml.  
Followed once weekly by 375mg in D5W, total volume 100ml, for 6 weeks.

**Sig:** Infuse 1 dose over 1 hour via peripheral line. Unless otherwise specified.

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

**Additional orders:** Include anaphylaxis kit with first dose.

Duration:

1 year or \_\_\_\_\_ # of Treatments

### ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

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Physician Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ NPI: \_\_\_\_\_ Date: \_\_\_\_\_