



NEW ENGLAND

Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax: 207-692-2473

**Dalvance (dalbavancin) IV- J0875**

<b>Patient Name:</b> _____	<b>DOB:</b> _____	
Diagnosis: _____	Diagnosis Code: _____	
Height: _____(cm)	Actual Weight: _____(kg)	Allergies: _____

**Dalvance (dalbavancin) IV**

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____		
Provider Signature: _____	Date: _____	
Phone: _____	Fax: _____	Pager: _____