



Infusion Center
Kennebunk · Portsmouth · Scarborough · Topsham
Phone: 207-303-3225 Fax:207-692-2473

Zinplava (bezlotoxumab) Order Form – J0565

Patient Name: _____	DOB: _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____ (cm) Actual Weight: _____ (kg) Allergies: _____	

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

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

Zinplava (bezlotoxumab) 10 mg/kg Dose: _____

Orders valid through _____ / _____ / _____

*** 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: _____	