

## Dalvance (dalbavancin) IV—J0875

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Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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**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