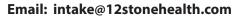
TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





DALVANCE ORDER FORM							
Date:		ICD-10 Code:			Therapy Status		
Patient Name:		Allergies:			New Start		
Date of Birth:		Weight:	Ibs OR _	bs ORkg		Continuing Therapy: Last Dose:	
PROVIDER INFORMATION							
Ordering Provider:				Provider Fax:			
Provider NPI:			Provider Address:				
Provider Phone:							
MEDICATION ORDER							
	☐ Dalvance 1,500mg IV x one dose per protocol.				Please include the following lab		
	□ Dalvance 1,125mg IV x one dose per protocol.					results required for infusion. If no results are available, the following labs	
	□ Dalvance 1,000mg IV x o	Dalvance 1,000mg IV x one dose per protocol.				will be drawn prior to first infusion:	
DALVANCE	□ Dalvance 750mg IV x one dose, followed by 375mg one			ne week later per	✓ Creatinine level within the last 30 days		
	□ Dalvance mg IV x one dose, followed by per protocol.			mg one w			
	✓ Estimated CrCl of 30mL/m single dose regimen of 15			ommend			
PRE-MEDICATIONS							
Oral □ Acetaminophen:325mg500mg650mg □ Loratadine: 10mg □ Cetirizine: 10mg □ Diphenhydramine:25mg50mg							
□ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg				☐ Hydrocortisone: 100mg			
□ Ibuprofen:200mg400mg600mg			Omg	□ Ondansetron:4mg8mg			
□ Ondansetron:4mg 8mg				□ Other:			
□ Other:							
LAB ORDERS (please indicate any labs to be drawn and frequency)			OTHER REQUIRED DOCUMENTATION				
			(Please fax this signed order form, along with the following documents to 800-223-4063)				
			History & Physical, Last Office Visit Note Patient Demographics and Insurance Information Medication List				
					Recent Lab Work		
By signing below, I certify that the above therapy is medically necessary. Prescriber's Signature (SIGN BELOW) By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as my designated agent in submitting prior authorizations and other clinically required information to payors with respect to this patient and prescription order. This enrollment form shall serve as my signature for prior authorizations, as requested.							
Dispense as Written:				Substitution Allowed:			