Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226

Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - Zinplava (bezlotoxumab)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:

REFERRAL STATUS
☐ New Referral ☐ Dose/Frequency Change ☐ Order Renewal

Location Preference (optional)
☐ Richmond ☐ Prince George

* * If patient has a central line, then the placement report, diagnostic imaging to confirm tip placement and date of last access are required * *

DIAGNOSIS AND ICD-10 CODE	
☐ Enterocolitis due to Clostirdium Difficile, recurrent	A04.71
☐ Enterocolitis due to Clostirdium Difficile, not specified as recurrent	A04.72
☐ Other Diagnosis:	ICD10 ___________________________

REQUIRED DOCUMENTATION (must include)	
☐ This signed order form by the provider	☐ Clinical/Progress Notes
☐ Patient Demographics AND Insurance Information	☐ Labs and Tests Supporting Primary Dx
☐ Most recent Clostirdium Difficile lab result (and previous positive result(s) if recurrent)	☐ Documentation of active treatment with an antibacterial drug (separate from this order)
List Tried & Failed Therapies, including duration of treatment	
1)	3)
2)	4)

MEDICATION ORDERS**

Dosing ☐ Zinplava 10mg/kg infuse IV over 1 hour x 1 dose

Patient Weight: _______ kg or _______ lb Patient Height: ______ in

Is your patient actively on an antibacterial drug therapy, such as Vancomycin or Dificid? Yes ☐

Current concomitant antibacterial drug therapy for C. Diff:____

**For all weight-based therapies, Infusion Solutions will obtain/verify a patient's current weight within one week of dosing.

OPTIONAL PREMEDICATIONS and LAB ORDERS
☐ Acetaminophen 650mg PO prior to infusion
☐ Diphenhydramine 25mg PO or IV (per patient preference) prior to infusion
☐ Methylprednisolone 40mg slow IVP
☐ Other PreMed or Lab Order with frequency: ____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL required documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.