



5115 80<sup>th</sup> Street, Lubbock, TX 79424



**South Plains  
Infusion**

Tel (806) 788-4368, Fax (806) 302-1241

# ZINPLAVA (bezlotoxumab) Infusion orders:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Phone #1 : \_\_\_\_\_ (H/W/C) Phone #2: \_\_\_\_\_ (H/W/C)

## Diagnosis

<input type="radio"/> A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent
<input type="radio"/> A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent
<input type="radio"/> ICD10	(Required)

## Pre Medication:

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol 1000 mg PO    | <input type="checkbox"/> Diphenhydramine 25 mg PO |
| <input type="checkbox"/> Solu-Medrol 125mg IVP | <input type="checkbox"/> Diphenhydramine 25 IVP   |
| <input type="checkbox"/> _____ (other)         |   |

PATIENT WEIGHT _____ lbs
_____ Kg

## ZINPLAVA Dose

- Dose 10 mg/Kg

## Needed documents:

- Recent Office notes (along with any therapies tried and outcomes)
- Current Medication List History,  Physical Report (w/in past 6 months)
- Lab Results,  Demographic Sheet,  Insurance Cards (front and back)

## ORDERING PROVIDER

Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**