



Phone: 833-394-0600 Fax: 833-996-4888

### Orbactiv IV Infusion

Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P, and Current Medications and Recent Visit Notes

**Referral status:**  NEW referral  Dose or frequency change  Order renewal

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

ICD-10 : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### \*Please attach culture and susceptibility results\*

What medications for the above diagnosis has the patient tried and failed?

Drug	Dose	Dates of use	Reason for discontinuation

**Labs to be collected:** CMP BMP CBC w/o diff CBC w/diff CBC w/man diff CRP ESR  \_\_\_\_\_

**Lab Frequency:**  Once  Every infusion  \_\_\_\_\_

Pharmacist to dose antibiotic and labs

## Orbactiv(oritavancin) IV

1200 mg x 1 dose

\_\_\_\_\_ mg given q\_\_\_\_\_ for \_\_\_\_\_ total doses

Printed Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

New referring providers, how did you hear about us? Web Search Pharma Rep  Drug Locator Patient  
Word of Mouth IA Clinical Liaison IA Website Facebook Instagram  Other: \_\_\_\_\_