



DATE \_\_\_\_\_ DATE NEEDED \_\_\_\_\_

SHIP TO:  Patient  Physician's Office  HealthQuest Infusion

**Please fax completed form along with copy of patient's insurance cards and any labs to 866.612.3437**

Patient Name _____	Prescriber's Name _____
Patient Address _____	License # _____ DEA # _____
City _____ State _____ Zip _____	NPI # _____ UPIN # _____
Day Phone _____ Work Phone # _____	Practice Name _____
Cell Phone _____ E-mail _____	Office Contact _____
Date of Birth _____ SS # _____	Address _____ Suite # _____
<input type="checkbox"/> Female	City _____ State _____ Zip _____
<input type="checkbox"/> Male	Phone _____ Fax _____

#### DIAGNOSIS

Patient: Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ Allergies:  NKDA  Latex  Other, specify \_\_\_\_\_

ICD-10 DIAGNOSIS CODE  A04.71  Other: \_\_\_\_\_

Prior medications: Metronidazole, Vancomycin

#### PRESCRIPTION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Zinplava (bezlotoxumab)	<input type="checkbox"/> 1000mg/40ml Vial <input type="checkbox"/> _____	<input type="checkbox"/> Infuse 10mg/kg as an intravenous infusion over 60mins. <input type="checkbox"/> Others: _____	<input type="checkbox"/> QS <input type="checkbox"/> _____	
Vancomycin	<input type="checkbox"/> 500mg <input type="checkbox"/> _____	<input type="checkbox"/> Take 500mg BID x 14 days. <input type="checkbox"/> Others: _____	<input type="checkbox"/> QS <input type="checkbox"/> _____	
Flagyl	<input type="checkbox"/> 500mg <input type="checkbox"/> _____	<input type="checkbox"/> Take 500mg TID x 14 days. <input type="checkbox"/> Others: _____	<input type="checkbox"/> _____	

**PRESCRIBER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

IMPORTANT NOTICE: This fascimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee.