



(Rezafungin)

# Rezzayo orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone Number \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_

## DIAGNOSIS *Please provide ICD-10 code*

\_\_\_\_\_ Candidemia & Invasive Candidiasis     \_\_\_\_\_ Other

## PRE-MEDICATIONS

- Acetaminophen 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- \_\_\_\_\_ (other)

- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- \_\_\_\_\_ (other)

## Rezzayo (Rezafungin) ORDERS

### DOSAGE & FREQUENCY

- Infuse 400mg IV once (loading dose)
- Infuse 200mg IV once weekly thereafter  
for \_\_\_\_\_ weeks
- \_\_\_\_\_ Other

### Patient Weight

\_\_\_\_\_ lbs

\_\_\_\_\_ kg

### NOTES:

## ORDERING PROVIDER

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_