

**Edward-Elmhurst Cancer Centers**

120 Spalding Drive; Suite 111; Naperville, IL 60540  
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127<sup>th</sup> Street; Plainfield, IL 60585  
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126  
Phone: 630/646-2273 Fax: 331/221-3887

**ACTH Stimulation Test**

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

**\*\*\*Please include current history and physical and any recent labs/tests, if applicable\*\*\***

**\*PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER\***

**Pre-Authorization # or  
Call Reference #:**

\_\_\_\_\_  
(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

**Contact Name and Phone Number  
of Insurance Company:**

\_\_\_\_\_

If you have any questions regarding pre-authorizations, please contact (630) 646-2273 and ask for the billing department.

Diagnosis (ICD-10 Required): \_\_\_\_\_

Lab Orders - ACTH, Plasma, 0 minutes baseline  
Cortisol, 0 minutes baseline  
Cortisol, 30 minutes post cosyntropin injection  
Cortisol, 60 minutes post cosyntropin injection

Additional Labs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

cosyntropin (Cortrosyn) injection 0.25 mg IV over 2 minutes

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ordering Physician NPI:** \_\_\_\_\_

**Edward Hospital NPI:** 1427069632

**Elmhurst Hospital NPI:** 1548306343

\_\_\_\_\_  
**Physician Name (Please Print)**

\_\_\_\_\_  
**Office Phone**

\_\_\_\_\_  
**Fax Number**

Revision/Review Date: 9/25/2023