

**Edward Cancer Centers**

120 Spalding Drive; Suite 111; Naperville, IL 60540  
Phone: 630/646-2273 Fax: 630/548-6617  
177 E. Brush Hill Road  
Elmhurst, IL 60126  
Phone: 630/646-2273 Fax: 331/221-3857

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

**Aranesp Injection Orders**

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) 527-3788 and ask for the billing department.

Patient's Weight: \_\_\_\_\_

**\*PRIMARY DIAGNOSIS (ICD-10 REQUIRED):** \_\_\_\_\_

**Hgb MUST be less than 10 to receive medication.**

**Consent required if anemia is chemotherapy induced. Ordering physician required to obtain consent and fax consent with order.**

**In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.**

**Dose (please check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> 40 Mcg subcutaneous injection  | <input type="checkbox"/> 300 Mcg subcutaneous injection |
| <input type="checkbox"/> 200 Mcg subcutaneous injection | <input type="checkbox"/> 500 Mcg subcutaneous injection |

Frequency: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_

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

Ordering Physician NPI: \_\_\_\_\_ Edward Hospital NPI: 1427069632

Physician Name (Please Print)  
Revision/Review Date: 01/27/2021

Office Phone

Fax Number