

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/527-3788 Fax: 630/548-6617

24600 West 127th Street; Plainfield, IL 60585
Phone: 630/527-3788 Fax: 630/548-6617

Feraheme Standing 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.

Diagnosis (ICD-10 Required): _____

Patient's Weight (lbs/kg): _____ Patient's Height: _____

Is this the patient's first dose? Yes No Date of Previous Dose: _____

Dosage: 510 mg (standard dose) in 100ml normal saline over 15 minutes

Frequency: _____

In the event of a hypersensitivity reaction during the infusion of this medication, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.

Physician Signature: _____ Date: _____

Ordering Physician NPI: _____ Edward Hospital NPI: 1427069632

Physician Name (Please Print)

Office Phone

Fax Number