

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

Granix 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.

*PRIMARY DIAGNOSIS (ICD-10 REQUIRED): _____

Dosing (please select one): Granix 300mcg subcutaneous injection

Granix 480mcg subcutaneous injection

Frequency: _____ Length of Treatment: _____

Physician Signature: _____ Date: _____

Ordering Physician NPI: _____ Edward Hospital NPI: 1427069632

Physician Name (Please Print)

Office Phone

Fax Number