

Edward Cancer Centers

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

24600 West 127th 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

Infed 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): _____

Weight (lbs/kg): _____ Height: _____

Is this their first dose? Yes No Date of Previous Dose: _____

If yes, patient will require a test dose of 25mg IVP over 1 minute. Wait time of one hour after test dose.

Dosage: _____ mg 250ml NS over one hour

Pre-Medications: (Please mark all that apply)

- Tylenol 650mg po prior to infusion
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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.

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

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: 07/01/2021