

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

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

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

Revision/Review Date: 02/23/18