

**Edward Cancer Centers**

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

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

**IV Steroid 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: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

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

Lab Orders: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
**Physician Name (Please Print)**                      **Office Phone**                      **Fax Number**