

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-6617
177 E. Brush Hill Road
Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3857

24600 West 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617

Procrit 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): _____

Hgb **MUST** be less than 10 to receive medication.

Consent required if anemia is chemotherapy induced. Ordering physician required to obtain consent and fax consent with order.

Dose (please check one):

- 10,000 Units subcutaneous injection
- 20,000 Units subcutaneous injection
- 30,000 Units subcutaneous injection
- 40,000 Units subcutaneous injection

Frequency: _____ Length of Treatment: _____

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: _____

Physician NPI: _____ Edward Hospital NPI: 1427069632

Physician Name (Please Print)

Revision/Review Date: 01/27/2021

Office Phone

Fax Number