

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

Iron Infusion 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: _____

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

Drug: _____

Dose: _____ **Number of Doses:** _____ **Frequency:** _____

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**