



Edward-Elmhurst Cancer Centers

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

24600 W. 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

ACTH Stimulation Test

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) 646-2273 and ask for the billing department.

Diagnosis (ICD-10 Required): _____

- Lab Orders - ACTH, Plasma, 0 minutes baseline
Cortisol, 0 minutes baseline
Cortisol, 30 minutes post cosyntropin injection
Cortisol, 60 minutes post cosyntropin injection

Additional Labs: _____

cosyntropin (Cortrosyn) injection 0.25 mg IV over 2 minutes

Physician Signature: _____ **Date:** _____

Ordering Physician NPI: _____ **Swedish Hospital NPI:** 1831151257

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