



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

Aranesp 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.

Patient's Weight: _____

***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.

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.

Dose (please check one):

- | | |
|---|---|
| <input type="checkbox"/> 40 Mcg subcutaneous injection | <input type="checkbox"/> 300 Mcg subcutaneous injection |
| <input type="checkbox"/> 200 Mcg subcutaneous injection | <input type="checkbox"/> 500 Mcg subcutaneous injection |

Frequency: _____ Length of Treatment: _____

Physician Signature: _____ **Date:** _____

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

Physician Name (Please Print)
Revision/Review Date: 12/17/24

Office Phone

Fax Number