



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

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: _____ Swedish Hospital NPI: 1831151257

Physician Name (Please Print)
Revision/Review Date: 12/2024

Office Phone

Fax Number