

**Edward Cancer Centers**120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/646-2273 Fax: 630/548-661724600 West 127th Street; Plainfield, IL 60585
Phone: 630/646-2273 Fax: 630/548-6617177 E. Brush Hill Road Elmhurst, IL 60126
Phone: 630/646-2273 Fax: 331/221-3887

Prolastin Standing Orders

Patient Name: _____ DOB: _____

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): _____

Dosage: _____ 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:** _____ **Swedish Hospital NPI:** 1831151257_____
Physician Name (Please Print)_____
Office Phone_____
Fax Number

Revision/Review Date: 12/2024