

Edward-Elmhurst Cancer Centers

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

24600 W. 127<sup>th</sup> 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: \_\_\_\_\_

Edward Hospital NPI:

1427069632

Elmhurst Hospital NPI:

1548306343

Physician Name (Please Print)

Revision/Review Date: 07/01/2021

Office Phone

Fax Number