

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

IV Antibiotic Standing 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.

Allergies: \_\_\_\_\_

Diagnosis (ICD 10 Required): \_\_\_\_\_

Patient's Weight (lbs/kg): \_\_\_\_\_ Patient's Height: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_

PICC Line:  Yes  No

Culture and Sensitivities, please include (if available) \_\_\_\_\_

Lab Orders: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

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: \_\_\_\_\_ Edward Hospital NPI: 1427069632

Elmhurst Hospital NPI: 1548306343

Physician Name (Please Print) \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_