

Please Complete form in its entirety
Lung Cancer Screening Assessment and order Form
Complete and Fax to 833-965-0104

Patient: _____ Day Phone: _____ Date of Birth: _____
Insurance Provider: _____ Group Number: _____

Screening Assessment

Primary Clinical Indication for Screening:

Z12.2 Screen for Malignant Neoplasm of Respiratory Organs Schedule on or after: _____

Select One:

Cigarette Smoker Other Tobacco Use Z87.891 History of tobacco dependence

Select one applicable smoking status (for only current smokers, not history of smoking):

Uncomplicated In Remission Withdrawal
 Other nicotine induced disorder Other/unspecified disorder

Patient meets the following criteria, and is referred for Lung cancer screening Low Dose CT Scan:

- Age Between 55 and 77 **Current Age:** ____
 - No signs or symptoms of lung cancer i.e. hemoptysis, chest pain with deep breathing, shortness of breath, hoarseness, wheezing, chronic cough, rapid weight loss, or repeated lung infections
 - Smoking history at least 30-pack years: **(fill in here)** ____ pack X ____ years = ____ pack years
 - Current smoker or quit within past 15 years: ____ **number of years since quitting smoking**
- (Check if applies)** Patient does not meet medical necessity

Check One Order Below

- Baseline lung Cancer Screening Low Dose CT Scan**
 Annual Follow- Up Lung Cancer Screening Low Dose CT Scan

By signing this order I am certifying:

- Patient has participated in a shared decision discussion with a Physician or qualified non-physician practitioner including benefits and risks of screening, possible follow-up diagnostic testing, over-diagnosis, false positive rate, radiation exposure, adherence to annual screening, and willingness to undergo diagnosis and treatment. For assistance contact the Lung Nurse Navigator.
- Patient has been informed of the importance of abstinence from all tobacco products and provided smoking cessation counseling information.

Physician Signature (Required): _____ Date: _____ Time: _____
Physician Printed Name (Required): _____ NPI#: _____

Appointments may be made by calling Central Scheduling (316) 962-7900
Questions or Assistance call the Lung Coordinator at 316-962-LUNG



Low Dose CT LUNG Screening order Form



POS

MR1219 (R10.21)

Patient Identification

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