



Please call patient to schedule exam

CT Lung Screening Order Form

PATIENT INFORMATION		
Patient Name:		DOB:
Phone:	Height:	Weight:
Insurance:	Authorization:	
Exam Date & Time:		
Packs per day: _____ x Years smoked: _____ = Pack years* _____ (*Pack year calculator: smokingpackyears.com)		
Currently smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No If not smoking, how many years quit? _____		
REFERRING PROVIDER INFORMATION		
Provider Name:		NPI #:
Phone #:		
EXAM REQUESTED		
<input type="checkbox"/> CT Lung Screening Exam, Low Dose <input type="checkbox"/> initial <input type="checkbox"/> repeat <input type="checkbox"/> follow-up Please call us to confirm eligibility when ordering the initial CT Lung Screening Exam Comments: _____ _____ _____		
By signing this order, I attest that: <ul style="list-style-type: none"> ● The patient has participated in a lung cancer screening counseling and shared decision making visit during which potential risks and benefits of CT lung screening were discussed, including the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment. ● The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable. ● The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss). 		
PROVIDER NAME (print) _____		
PROVIDER SIGNATURE: _____		Date: _____

LUNG CANCER SCREENING PATIENT INFORMATION

PLEASE BRING A PHOTO ID AND YOUR INSURANCE CARD TO YOUR APPOINTMENT

In lung cancer screening, individuals who have a high risk of developing lung cancer but have no signs or symptoms of the disease undergo low-dose computed tomography (LDCT) scanning of the chest.

Lung cancer screening with low-dose CT of the chest has been shown to save lives in individuals at high risk for developing lung cancer.

Medicare will now cover lung cancer screening with LDCT once per year for Medicare beneficiaries who meet all of the following criteria:

- Age 55-77 years;
- Asymptomatic (no signs or symptoms of lung cancer);
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Current smoker or one who has quit smoking within the last 15 years; and
- Receives a written order for LDCT lung cancer screening that meets certain criteria. This order form meets those criteria.

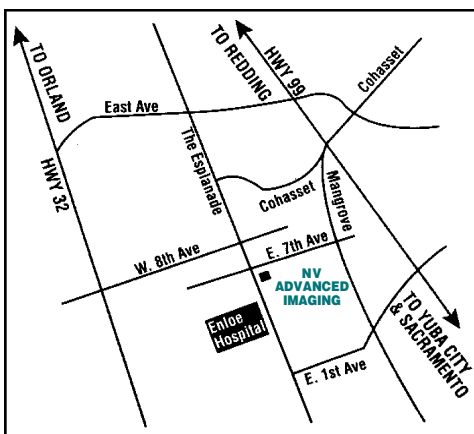
Private insurance may or may not cover lung cancer screening with LDCT, or may require prior authorization.

Individuals who are at least 50 years old and have at least a 20 pack-year history of smoking as well as one other risk factor (except contact with secondhand smoke) are also considered to be at high risk by the National Comprehensive Cancer Network (NCCN) and may also benefit from lung cancer screening with LDCT.

To determine whether you are a candidate for lung cancer screening, you should see your doctor, who will review your medical history and advise you on the benefits, limitations and potential risks of the test.

Lung cancer screening should not be a substitute for quitting smoking. Not smoking is the best way to prevent lung cancer.

For more information go to www.nccn.org/patients/guidelines/lung_screening/



Our entire facility is handicap accessible and there is plenty of free parking just outside our door.

If you have any questions or concerns, please let us know. We are here to assist you.

We look forward to meeting you.

1638 Esplanade at East 7th Avenue ▼ Chico, CA 95926
530-894-6200 ▼ 1-800-649-4MRI(4674) ▼ FAX 530-894-0174
www.nsradiology.com