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 50 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 20-pack years: **(fill in here) ___ pack X ___ years = 0 ___ 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 produces 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