

The following information must be obtained prior to scheduling the exam. Please make sure that all fields are completed

PATIENT INFORMATION:

Patient Name: _____ DOB: ____/____/____
Phone: _____ (*Patient must be 50-80 years old)
Primary Insurance: _____ Insurance ID: _____

PATIENT CRITERIA:

Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Pack years: _____
(If less than 20 pack years, LDCT is not applicable)

Currently Smoking? ☐ Yes ☐ No If no, how many years since quitting? _____
(If no, must have quit within the last 15 years)

Does this patient exhibit any signs or symptoms consistent with lung cancer? ☐ No ☐ Yes
(If yes, LDCT is not applicable)

PHYSICIAN INFORMATION:

Ordering Physician Name (printed): _____
NPI: _____
Phone: _____ Fax: _____

Exam: ☐ Screening – Annual or Initial CT Chest Low Dose Lung Cancer Screening (71271)
☐ Interval follow-up (3, 6, or 9 month) CT Chest Low Dose Lung Cancer Screening Follow-up (71250)

Z12.2-Encounter for screening for malignant neoplasm of respiratory organ

Please indicate the smoking status (one must be checked):

- ☐ Z87.891 – Personal history of tobacco
☐ F17.210 – Nicotine dependence, cigarettes, uncomplicated

By signing this order, you certify that the patient:

- Has participated in a shared decision-making session during which potential risks and benefits were discussed.
- Was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment
- 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.
- Is asymptomatic (no significant chest pain, unintended weight loss, hemoptysis, or active pneumonia).
- Is aware that the National Lung Cancer Screening Trial results were based on a minimum of three years of annual LDCT.
- Please refer the patient to a local smoking cessation program if the patient is still smoking.

Ordering Physician Signature: _____ Date: _____

To schedule an LDCT Lung Cancer Screening, please contact our office:

Phone: (225) 767-0847 • Fax: (225) 215-1364

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