CT LOW DOSE LUNG CANCER SCREENING ORDER FORM

ICD-10 Code: Z87.891 (Individual with a personal history of nicotine dependence)
ICD-10 Code: Z12.2 (Encounter for screening for malignant neoplasm of respiratory organs)

<table>
<thead>
<tr>
<th>PATIENT'S LEGAL NAME (please print)</th>
<th>DATE OF BIRTH</th>
<th>BEST CONTACT NUMBER</th>
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<th>SUBSEQUENT SCREENING</th>
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<th>REFERRING PHYSICIAN NPI NUMBER</th>
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<th>*SMOKING HISTORY (______ Pack-year)</th>
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**ICD-10 Code: Z87.891**

**ICD-10 Code: Z12.2**

** PATIENT'S LEGAL NAME (please print) **

**DATE OF BIRTH**

**BEST CONTACT NUMBER**

**PHYSICIAN NAME (please print)**

**INITIAL SCREENING**

**SUBSEQUENT SCREENING**

**REFERRING PHYSICIAN NPI NUMBER**

**APPOINTMENT DATE**

**APPOINTMENT TIME**

**SMOKING HISTORY (______ Pack-year)**

**Requested Exam: CT Low Dose Lung Screening (without contrast) CRITERIAL FOR SCREENING**

**Patient must meet all criteria below to qualify for the Screening:**

- Age 55-77
- Active Smoker or Quit ≤ 15 Years
  - _____ # of years patient has quit smoking
- 30 pack-year* history (the number of packs per day x the number of years smoked)
- Does not have any exclusion criteria

**Exclusion Criteria** (Patients with any of the following exclusion criteria are not eligible for screening)

- Unable to lie flat for 10 minutes
- Has signs or symptoms of lung cancer such as:
  - Hemoptysis (coughing up blood)
  - Unintentional weight loss (15 or more pounds over the last 12 months)
  - Unexplained cough
  - Has undergone a chest CT within the last 12 months
- Not candidate for or not interested in lung cancer treatment

**Fax order to 770-219-7665**

The CT at Gainesville Imaging Center is located at Medical Park 1
1315 Jesse Jewell Parkway NE, Gainesville, GA 30501

The CT at Braselton Imaging Center is located at Medical Plaza 1
1515 River Place, Braselton, GA 30517

**Ordering Physician Attestation**

I certify that the above patient meets criteria for lung cancer screening. The lung cancer screening risks and benefits were discussed with the patient. A mutual decision was made to proceed with the screening.

**Physician**

**Signature:** ____________________________  **Date:** __________  **Dictate ID:** ____________________________

Northeast Georgia Medical Center

PATIENT IDENTIFICATION:

CT LOW DOSE LUNG CANCER SCREENING ORDER FORM

NGMC FORM # 204000-03077 (2/17/16)