

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)

PATIENT'S LEGAL NAME (please print)	DATE OF BIRTH	BEST CONTACT NUMBER
PHYSICIAN NAME (please print)	<input type="checkbox"/> INITIAL SCREENING <input type="checkbox"/> 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 \leq 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:** _____



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204000-03077

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

PATIENT IDENTIFICATION: