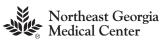
## CT LOW DOSE LUNG CANCER SCREENING ORDER FORM

**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)		☐ 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:	Da	nte:	Dict	ate ID:





CT LOW DOSE LUNG CANCER SCREENING ORDER FORM

PATIENT IDENTIFICATION: