

## CT Lung Cancer Screening Order Form

Scheduling Tel: (206) 606-1434

Scheduling Fax: (206) 606-6729

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ Language: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Lung Cancer Screening Low Dose Chest CT**  Reason for exam: Lung Cancer Screening

**Shared Decision-Making visit, (as needed)\*: I have completed**  **Defer to LCS Program to complete**

**Preference for follow-up care, (if required): I will manage**  **Defer to LCS Program to provide**

- Current Smoker       Former Smoker: Quit Year: \_\_\_\_\_
- Maximum Packs per day: \_\_\_\_\_       Years Smoking: \_\_\_\_\_
- Pack Year History: \_\_\_\_\_

**By signing this order, you are certifying that (Please check below):**

- The patient is between the ages of 55-77 for Medicare insurance and 55-80 for Medicaid/private insurance.
- The patient is a current or former smoker with at **least** a 30 pack year history **AND** has smoked within the last 15 years.
- The patient is asymptomatic for lung cancer (patients that have symptoms for lung cancer should typically receive a diagnostic CT).
- The patient is willing to undergo diagnosis and treatment should a lung cancer be found.
- The patient does not have any co-morbidities that would preclude treatment such as poor lung and cardiac function or chronic supplemental oxygen use.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation consulting services, if applicable.
- A fax of the most recent clinic note has been sent to: Radiology Scheduling at (206) 606-6729

**\*A one-time shared decision-making session, discussing the risks and benefits associated with screening (using one of the decision aids below), must be completed for initial scan only.**

- University of Michigan lung cancer risk calculator: [www.shouldiscreen.com](http://www.shouldiscreen.com)
- American Thoracic Society: <https://www.thoracic.org/patients/patient-resources/resources/decision-aid-lcs.pdf>
- American Lung Association: [www.lungcancerscreeningsaveslives.org](http://www.lungcancerscreeningsaveslives.org)

**Additional Information:**

- Some insurers may recognize NCCN Group 2 criteria for lung cancer screening which expands the high-risk population to those who are: Greater than or equal to 50 years old, have at least a 20 pack year smoking history, and have one additional risk factor for lung cancer. Additional risk factors for lung cancer can include: family history of lung cancer, occupational exposure, history of lung disease, or prior history of head/neck/thoracic cancer. Please have the patient contact their insurer to verify eligibility. [https://www.nccn.org/patients/guidelines/lung\\_screening/](https://www.nccn.org/patients/guidelines/lung_screening/)

PHYSICIAN SIGNATURE:  REQUIRED	ORDERING/ATTENDING PRINTED NAME:  REQUIRED	NPI CODE:  REQUIRED	DATE:  REQUIRED	TIME:  REQUIRED
PHONE NUMBER:		FAX NUMBER:		