

# CT LUNG CANCER SCREENING ELIGIBILITY and ORDER FORM



Patient Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Phone: \_\_\_\_\_

### CT Lung Screening Eligibility Criteria

- Age 50-77
- Current or  Former Smoker
- Long time smoker who has quit within the past 15 years
- History of at least **20** "pack years" of smoking (Calculate below)

Packs/day (20 cigarettes/pack) \_\_\_\_\_ X Years Smoked \_\_\_\_\_ = Pack Years \_\_\_\_\_

- Initial CT Lung Screening
- Annual CT Lung Screening
- Follow up from CT Lung Screening

### By signing this order, you are certifying that (please check all that apply):

- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss).
- The patient has participated in a shared decision making session which potential risks and benefits of CT Lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities and ability/willingness to undergo diagnosis and treatment.
- The patient 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.

Ordering MD Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ordering MD Printed \_\_\_\_\_ Phone \_\_\_\_\_

NPI \_\_\_\_\_

Please fax to: (801) 713-0601

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