

LOW DOSE CT LUNG SCREENING ORDER

Patient Name: _____ DOB: _____

Low-Dose CT scan (LDCT) for Lung Cancer Screening

CPT: 71271

ICD Code: Z87.891

Diagnosis: Personal history of tobacco use

The beneficiary must meet **ALL** of the following criteria to be eligible for screening:

- 50 – 77 years old
Age: _____
- Asymptomatic of lung cancer
- Current smoker or quit smoking within the last 15 years
Current Smoker: Yes No
Former Smoker: Yes No (Quit date: _____)
- Tobacco history of at least 20 pack-years
Packs/day (20 cigarettes= 1 pack): _____ x Years smoked _____ = Pack years: _____

Perform LDCT at Southwest Diagnostic Imaging Center.

The patient has completed a lung cancer screening counseling and shared decision making visit, and it is appropriately documented in the patient's medical record.

By signing this order, you are certifying that:

- The patient has participated in a shared decision making session, during 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 tobacco cessation counseling services, if applicable.

Physician printed name: _____

Physician signature: _____ Date: _____ Time: _____

Physician NPI: _____

Physician phone number: _____

**Please fax order, shared decision making note, clinicals, and patient face sheet to:
(214) 345-6230 to have an appointment scheduled.**