

## Lung Cancer Screening Order

**USE THIS FORM IF - Age 50 or older AND 20+ pack year history**

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ (must be ages 50 – 80)  
Pack Years: \_\_\_\_\_ (must be min. of 20 with second risk factor indicated. Pack years = packs per day x number of years smoked)  
Currently Smoking? Y N If not smoking, how many years quit? \_\_\_\_\_

### SECOND RISK FACTOR (REQUIRED - at least one box must be marked from this Second Risk Factor section)

Please check all that apply - only one is **required**. Has your patient been diagnosed with history of lung disease, occupational exposure, history of cancers (associated with an increased risk of developing a new primary lung cancer), or lung cancer in first-degree relatives?

- |  |  |
|--|--|
| <input type="checkbox"/> COPD                  | <input type="checkbox"/> Cadmium exposure                      |
| <input type="checkbox"/> Pulmonary Fibrosis    | <input type="checkbox"/> Chromium exposure                     |
| <input type="checkbox"/> Asbestos exposure     | <input type="checkbox"/> Prior lung cancer                     |
| <input type="checkbox"/> Diesel Fumes exposure | <input type="checkbox"/> Head and Neck Cancer                  |
| <input type="checkbox"/> Nickel exposure       | <input type="checkbox"/> Lymphoma                              |
| <input type="checkbox"/> Arsenic exposure      | <input type="checkbox"/> Lung Cancer in First-Degree Relative: |
| <input type="checkbox"/> Silica exposure       | (mother, father, sister, brother, daughter or                  |
| <input type="checkbox"/> Beryllium exposure    | son with history of lung cancer)                               |

### EXAM

- G0297 CT Lung Screening Exam (Initial or Subsequent Annual Screening)

#### Diagnosis:

- Z87.891 Former Smoker  
 F17.210 Smoker

By signing this order, you are acknowledging the following eligibility for your patient:

- Asymptomatic (**no symptoms of lung cancer**)
- Between the ages of 50 and 80
- The patient has participated in a Shared Decision Making session for their initial screening  
The patient was informed of the importance of smoking cessation and/or maintain smoking abstinence, and if appropriate, furnishing of information about tobacco cessation intervention.

### PROVIDER INFORMATION

Ordering Provider: \_\_\_\_\_ NPI: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Auth#: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_