

CT Lung Cancer Screening Order Form

Scheduling Tel: (206) 606-1434

Scheduling Fax: (206) 606-6729

Patient Name: _____ Patient Phone: _____

Date of Birth: ___/___/___ Age: _____ Height: _____ Weight: _____

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

- | | |
|--|---|
| <input type="radio"/> Current Smoker | <input type="radio"/> Former Smoker: Quit Year: _____ |
| <input type="radio"/> Maximum Packs per day: _____ | <input type="radio"/> Years Smoking: _____ |
| <input type="radio"/> 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 lung resection surgery should a lung cancer be found.
- The patient does not have any co-morbidities that would preclude a lung resection surgery 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), has been completed for *initial scan only*: YES / NO

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

Informational Handouts:

- American Cancer Society: <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/>
- Lung Cancer Alliance: http://www.lungcanceralliance.org/Educational%20Materials/LCA_Risk_Brochure_2015.pdf
- National Comprehensive Cancer Network: 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:		



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