

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**ANNUAL SCREENING ORDER**

Pack Years \_\_\_\_\_ (must be minimum of 20. Pack years = packs per day x number of years smoked)

Currently Smoking? Y N If not smoking, how many years quit? \_\_\_\_\_ (Not eligible if quit more than 15 yrs. ago)

**Exam:**

71271 CT Lung Screening Exam (Initial or Subsequent Annual Screening)

**Diagnosis:**

Z87.891 Former Smoker  
 F17.210 Smoker

**Site:**

Salem Health  
 West Valley

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  
**(Medicare/Medicare Managed Care patients ages 78-80 are eligible for screening as self-pay)**
- 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 interventions.

**FOLLOW-UP ORDER** (Do not fill out this section for Annual Screening)

Previous LungRads Received: \_\_\_\_\_

**DIAGNOSIS CODE:** \_\_\_\_\_

LungRads 3 (6 Month Recommendation)

Low Dose Chest CT  
 Other \_\_\_\_\_

LungRads 4A (3 Month Recommendation)

Low Dose Chest CT -  
 PET Scan - may be used if there is an 8mm solid component  
 Biopsy  
 Other: \_\_\_\_\_

Please do not  
complete this section  
for Annual Orders!

Follow-up Date: \_\_\_\_\_

LungRads 4B or 4X

Chest CT with contrast - CPT 71260  
Chest CT w/o contrast (not Low Dose Chest CT) -  
CPT - 71250  
PET Scan - may be used when there is an 8mm solid component or greater  
Biopsy  
Other: \_\_\_\_\_

**PROVIDER INFORMATION:**

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