

Scan to: Physician Order



LOW DOSE LUNG SCREENING PROGRAM SCREENING ORDER

PLACE PATIENT IDENTIFICATION LABEL HERE

* = Required for Legal Order

PATIENT INFORMATION

*Patient Name: *DOB: Sex: [] M [] F

Screening Criteria:

- [] 50 to 77 years old
[] Current or former smoker who has quit in the last 15 years
[] 20 pack years or more
[] Patient is asymptomatic (no - fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss)

Calculate actual pack years: Packs per day x years of smoking. Pack years =

[] Refer to CAMC Comprehensive Lung Nodule Team if high risk findings

SCREENING ORDER

MUST CALL CENTRALIZED SCHEDULING to arrange appointment date and time: (304) 388-9677

- [] Procedure: CT Chest Low Dose Lung Screening CPT: 71271 Dx: Z87.891
[] Procedure: CT Chest Low Dose Short Term (3-6 month follow-up) CPT: 71250 Dx: R91.8

*Ordering Physician NPI #: _____

Ordering Physician Print Name: _____

*DATE: *TIME: *PHYSICIAN SIGNATURE:
(Required) (Required) (Required)

Office Contact Person: _____ Phone: () _____ Fax: () _____

Appointment Date: _____ Appointment Time: _____

Appointment Location: [] Kanawha City Imaging Center [] Southridge Imaging Center
o CAMC Teays Valley Hospital - Imaging Department

FAX ORDER to PERFORMING FACILITY AND GIVE COPY TO PATIENT

Table with 4 columns: Facility, Kanawha City Imaging Center (OPIC), Southridge Imaging Center (SRIC), and contact information including phone numbers and a fax instruction.