



**LOW DOSE LUNG SCREENING PROGRAM
SCREENING ORDER**

* = Required for Legal Order

PLACE
PATIENT IDENTIFICATION LABEL
HERE

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

FAX ORDER to PERFORMING FACILITY AND GIVE COPY TO PATIENT

Facility:	Kanawha City Imaging Center (OPIC)	Southridge Imaging Center (SRIC)
Fax Order To: PLEASE SEND COPY OF ORDER WITH PATIENT	(304) 388-1665	(304) 720-9730