

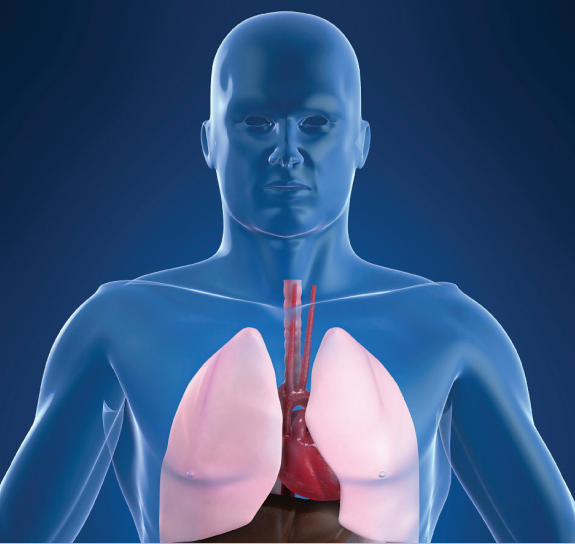


LOW DOSE CT LUNG CANCER SCREENING ORDER

Scheduling:
205-802-6900
205-802-6901 (Fax)
Monday - Friday
7am - 9pm

www.brookwooddiagnostic.com

**Brookwood
Diagnostic Center - 119**
7131 Cahaba Valley Road
Suite 101
Hoover, AL 35242



**YOU MUST BRING
THIS FORM WITH YOU
TO YOUR EXAM**

Today's Date: _____
Patient Name: _____ Date of Birth: _____
CPT Code: _____ ICD-10 Code: _____
G0297 CT Lung Screening Low Dose Z87.891 Personal History of Nicotine Dependence
F17.20 Nicotine Dependence, Cigarettes, uncomplicated
Patient Phone #: _____ Insurance Auth. #: _____
Previous Films & Locations: _____
*Packs/Day (30 cigarettes/pack): _____ X Years smoked: _____ = Pack years: _____
Currently Smoking? Yes No Number of years since quitting smoking: _____ years
Select one of the below:
 Initial Low Dose CT Lung Screen **Follow-up Low Dose CT Lung Screen**

CRITERIA FOR EXAM (must meet all criteria):

- Age 55-77 years
- Smoking pack-year history equal to or greater than 30 years*
- Current smoker or one who has quit smoking within the last 15 years
- No chest CT scan within the past year

By submitting this order, you are certifying that:

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, the impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Ordering Provider: _____ Date: _____