



# CT Lung Cancer Screening Order Form

Apply Scheduling Label Here

Wenatchee Valley Hospital Fax: 509-436-3001  
Moses Lake Clinic Fax: 509-764-6464  
Questions? 509-436-4028

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

History #: \_\_\_\_\_

Pt. Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Auth.#: \_\_\_\_\_ Eligibility Dates: \_\_\_\_\_

CPT code: 71271

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age of patient \_\_\_\_\_ (Must be 50-77 years of age for Medicare patients, up to age 50-80 for private insurers.)

Currently smoking?  Yes  No If not smoking, how many years quit? \_\_\_\_\_ <http://smokingpackyears.com/>

Packs per day (20 cigarettes/pack) \_\_\_\_\_ x Years smoked: \_\_\_\_\_ = Pack/years: \_\_\_\_\_

Ordering MD (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Fax: \_\_\_\_\_

CT Lung Screening Exam:  Initial  Repeat  Follow-Up

- 20 pack year history
- Quit within 15 years
- Complete one shared decision making visit, details below

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing 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 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 MD signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_