

PATIENT INFORMATION		
NAME	DOB	MRN

INDICATION / REQUEST DETAILS	
<input type="checkbox"/> CT CHEST LUNG CANCER SCREENING (IMG4556) <input type="checkbox"/> CT CHEST WO CONTRAST (LCSR) (IMG4705) Follow ups due in less than 1 year from previous LCS	<input type="checkbox"/> BASELINE SCREEN <input type="checkbox"/> ANNUAL

SIGNS / SYMPTOMS: **Asymptomatic but at high risk for lung cancer**

QUESTION TO BE ANSWERED: **Screening for signs of lung cancer**

ICD-10 CODE	COMMENTS:
<input type="checkbox"/> Former smoker Z87.891 "History of Tobacco Use" <input type="checkbox"/> Current smoker F17.200 "Nicotine Dependence"	

REFERRING PROVIDER INFORMATION			
NAME		NPI (National Provider Number - REQUIRED)	
<input type="checkbox"/> STAFF PHYSICIAN	<input type="checkbox"/> RESIDENT / INTERN	<input type="checkbox"/> NP / APRN / PA	<input type="checkbox"/> OTHER (OUTSIDE DH)
SIGNATURE		DATE	

BY SIGNING THIS ORDER YOU CERTIFY AND THE MEDICAL RECORD REFLECTS THAT THE PATIENT:

<input type="checkbox"/> IS 50 – 77 YEARS OF AGE
<input type="checkbox"/> IS ASYMPTOMATIC FOR LUNG CANCER (no fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss)
<input type="checkbox"/> HAS NO HISTORY OF LUNG CANCER EVER OR OTHER COMORBIDITIES THAT LIMIT LIFE EXPECTANCY TO LESS THAN 5 YEARS
<input type="checkbox"/> HAS AT LEAST A 20 PACK YEAR HISTORY OF SMOKING - DOCUMENT SMOKING HISTORY BELOW (HELPFUL WEBSITE FOR MULTIPLE STARTING/QUITTING DATES: http://smokingpackyears.com/)
<input type="checkbox"/> CURRENT SMOKER <input type="checkbox"/> FORMER SMOKER QUIT LESS THAN 15 YEARS AGO: YEAR QUIT _____ <input type="checkbox"/> PACK YEARS MUST BE DOCUMENTED: Packs/day [20 cigarettes/pack] ____ X Years smoked ____ = _____
<input type="checkbox"/> IF THIS IS THE FIRST SCREENING CT TO BE BILLED TO INSURANCE: PATIENT HAS PARTICIPATED IN A SHARED DECISION MAKING SESSION DURING WHICH POTENTIAL RISKS AND BENEFITS OF CT LUNG SCREENING WERE DISCUSSED WITH PATIENT USING A DECISION AID: https://shouldiscreen.com/English/home
<input type="checkbox"/> AS PART OF SHARED DECISION MAKING: PATIENT WAS INFORMED OF THE IMPORTANCE OF ADHERENCE TO ANNUAL SCREENING, IMPACT OF COMORBIDITIES, ABILITY/WILLINGNESS TO UNDERGO POSSIBLE TREATMENT FOR LUNG CANCER
<input type="checkbox"/> PERFORMED TOBACCO CESSATION COUNSELING: 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

PROVIDERS OUTSIDE DH FAX TO:	DH-LEBANON 603-640-1956	DH-MANCHESTER 603-695-2856
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