## Patient Information

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>MRN</th>
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- [ ] On Precaution
- [ ] Is or May Be Pregnant
- [ ] IV
- [ ] O2
- [ ] Deaf
- [ ] Blind
- [ ] Diabetic
- [ ] Wheelchair
- [ ] Stretcher
- [ ] Disoriented

## Indication / Request Details

- [ ] CT
  - Part to Be Examined: **CT Chest Lung Cancer Screening** (IMG4556)
  - Baseline Screen
  - Annual

- Signs / Symptoms: Asymptomatic but at high risk for lung cancer

- Question to Be Answered: Screening for signs of lung cancer

- ICD-10 Code
  - Former smokers Z87.891 “History of Tobacco Use”
  - Current smokers F17.200 “Nicotine Dependence”

- Comments: 

## Referring Provider Information

<table>
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<tr>
<th>Name</th>
<th>NPI (National Provider Number - Required):</th>
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- [ ] Staff Physician
- [ ] Resident / Intern
- [ ] NP / APRN / PA
- [ ] Other (Outside DH)

- Signature
- Date

**By Signing This Order You Certify and the Medical Record Reflects That the Patient:**

- [ ] Is 55 – 77 Years of Age
- [ ] 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)
- [ ] Has no history of lung cancer ever or other comorbidities that limit life expectancy to less than 5 years
- [ ] Has at least a 30 pack year history of smoking - Document smoking history below (helpful website for multiple starting/quit dates) [http://smokingpackyears.com/](http://smokingpackyears.com/)

- [ ] Current Smoker
  - [ ] Former smoker quit less than 15 years ago: Year quit ________

- [ ] Pack years must be documented: Packs/day [20 cigarettes/pack] ____ X Years smoked ___ = ________

- [ ] If this is the first screening CT to be billed to insurance: Has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed using a decision aid: [http://cancer.dartmouth.edu/lung_thoracic/documents/NCCC_Decision_Lung_Cancer_Screening.pdf](http://cancer.dartmouth.edu/lung_thoracic/documents/NCCC_Decision_Lung_Cancer_Screening.pdf)

- [ ] Was informed of the importance of adherence to annual screening, impact of comorbidities, ability/willingness to undergo possible treatment for lung cancer

**Providers Outside DH Fax To:**

- DH-Lebanon 603-640-1956
- DH-Manchester 603-695-2856
☐ WAS INFORMED OF THE IMPORTANCE OF SMOKING CESSION AND/OR MAINTAINING SMOKING ABSTINENCE, INCLUDING THE OFFER OF MEDICARE-COVERED TOBACCO CESSION COUNSELING SERVICES, IF APPLICABLE