

IMAGING REQUEST

CT CHEST LUNG CANCER SCREENING
 (IMG4556)

PATIENT INFORMATION					
NAME		DOB		MRN	
<input type="checkbox"/> ON PRECAUTION	<input type="checkbox"/> IS OR MAY BE PREGNANT	<input type="checkbox"/> IV	<input type="checkbox"/> O ₂	<input type="checkbox"/> DEAF	<input type="checkbox"/> BLIND
<input type="checkbox"/> DIABETIC	<input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> STRETCHER		<input type="checkbox"/> DISORIENTED	

INDICATION / REQUEST DETAILS		
<input type="checkbox"/> CT	PART TO BE EXAMINED: CT CHEST LUNG CANCER SCREENING(IMG4556)	<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 smokers Z87.891 "History of Tobacco Use"		
<input type="checkbox"/> Current smokers 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 55 – 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 30 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: 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	
<input type="checkbox"/> 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
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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

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