

LDCT Lung Cancer Screening Order Form

White Wilson Medical Center, P.A.
1005 Mar Walt Drive
Fort Walton Beach, FL 32547



To Schedule Please call: 850-863-8110 Fax Order to: 833-916-2236

Patient Name: _____ DOB: ____/____/____

Address: _____ Patient Phone #: _____

City: _____ State: _____ Zip: _____

Ordering Provider Name: _____

Provider Phone #: _____ Provider Fax #: _____

Patient History

Age: _____ (Must be between 50 and 77 for Medicare, or 50-80 for non-Medicare)

Currently a smoker or has quit within the past 15 years? Yes No

For former smokers, number of years since quitting smoking? _____ years

Asymptomatic (no signs/symptoms of lung cancer? Yes No

Has a tobacco smoking history of at least 20 pack-years or more? Yes No

Actual pack-year history: _____

Pack/years = # of packs per day X # of years smoking (ie: 2 packs a day for 20 years = 40 packs/years)

Order: select appropriate order below

<input type="checkbox"/> Initial Screening	<input type="checkbox"/> Subsequent Screening
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Diagnosis for Test:

____ Z87.891 Personal use/personal history of nicotine dependence (former smoker)

____ F17.210 Nicotine dependence, cigarettes (current smoker)

____ F17.211 Nicotine dependence, cigarettes, in remission

____ F17.213 Nicotine dependence, cigarettes, with withdrawal

____ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders

____ F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

By signing this order, you are stating that the following items have occurred and been documented in the patient's medical record.

- The patient has participated in a shared decision-making session during which the need for lung cancer screening and the potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screenings, 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 offering of tobacco cessation counseling.
- 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).

Provider Signature

Date

NPI