

## **McLaren Print System Order**

Order No: 42200 Order Date: 2019-01-24 User: Jennifer Dixon Phone: 810.342.2138

Ship Location: MIC/Jennifer Dixon

501 S Ballenger Hwy , Suite B

Flint, MI 48532

**Forms** 

Quantity: 2500

Paragon Dept No: 32011

**Dept Name: McLaren Imaging Center** 

**Company Number: 60** 

**Order Total Price: 88.00** 

Item Number: M-3682

Item Description: Lung Cancer Screening Eligibility Form/Physician Order

Revision Date: 2/2017

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11

Fold: None

Finish: Padded (50 Sheets Per Pad)

**Drill: None** 

Misc Info: Each pad has 50 sheets.



## Lung Cancer Screening Eligibility Form/Physician Order

|  | Orders  | ng Phys    | int MW   |
|--|---|------------|--|
|  | Physic  | ian Sign   | dure (Mandatory)Date   |
|  | Primary Care Physician                                    |            |  |
|  | Patient   | Name       |  |
|  | Atten   | ×          |  |
|  | Home  | Phone      |  |
|  | CelliAl   | ternativ I | hone   |
|  | DOB .   |            | Gender OFEMALE CHALE   |
|  | Height  |            | Weight   |
|  | 223   | NO         |  |
|  | D   | their s    | Patient is between the ages of 10 and 17 and are other owner remises or here quit sending<br>value for less 11 years.  "Nee  |
|  | О   | О          | Palant was informed in the importance of smoking creation and/or maintaining unitaring<br>absolute the control of the other of Medicare covered tobacco cassasion counseling<br>services, if applicable. |
| S  | 0   | o<br>Inf   | Fallert is asymptomatic (no symptoms such as flowr, oheal pain, new shortness of<br>lowesh, new or changing cough, coughing up blood, or unexplained significant<br>On 100 (000)                         |
|  | 0   | O          | Patient was informed of the importance of adherence to annual screening, impact of<br>connortables, and ability/ellingness to undergo diagnosis and treatment.   |
|  | 0   | 0          | Putient has perfolipsised in the shared decision making session during which potential take<br>and benefits of CT tung screening were discussed.   |
|  | FAX Completed Form to McLaren Imaging Center 810-342-4808 |            |  |
| PLEASE PROVIDE A COPY FOR THE PATIENT AND INSTRUCT THEM TO BRING<br>IT TO THE APPT WITH THEM |   |            |  |

\*\*\*\*