

McLaren Print System Order

Order No: 42528
 Order Date: 2019-02-01
 User: Shaniqua Boyce
 Phone: 248-709-8991

Ship Location: McLaren Cardiovascular Institute
 6507 Town Center Dr suite A
 Clarkston, Mi 48346

Forms

Quantity: 100
 Paragon Dept No: 810
 Dept Name: Patient Access
 Company Number: 310

Order Total Price: 0.00

Item Number: MO-385
 Item Description: CT Lung Cancer Screening Order Form
 Revision Date: 12/2018
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: ss; black; bond

McLaren
 OAKLAND
 CT Lung Cancer Screening Referral Form

Patient Name _____ DOB _____ Gender: Female Male
 Patient's home phone _____ Patient's cell/alternate phone _____
 Insurance: _____ Insurance Sub # (if needed): _____
 Referring Physician _____ Physician cell/pager if _____
 Physician Signature (Required): _____ Date _____

*A physician signature confirms that a shared decision discussion occurred between patient and provider.

Check if applies	Medicare criteria for LDCT Screening (must meet all 5 criteria)
<input type="checkbox"/>	Age 55-77
<input type="checkbox"/>	Asymptomatic (such as no new cough, weight loss, hemoptysis)
<input type="checkbox"/>	Tobacco history of ≥ 30 pack years Ex: 2 pack per day \times 30 years = 30 Pack Year Ex: 1.5 packs/day \times 20 years = 30 Pack Year
<input type="checkbox"/>	Average number of packs/day \times Years smoked = Pack year history
<input type="checkbox"/>	Currently smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If former smoker quit within last 15 yrs when quit
<input type="checkbox"/>	Shared decision-making conversation occurred between provider and patient
Check if applies	Commercial insurance criteria for LDCT Screening (must meet all 5 criteria)
<input type="checkbox"/>	Age 55-80
<input type="checkbox"/>	Asymptomatic (such as no new cough, weight loss, hemoptysis)
<input type="checkbox"/>	Tobacco history of ≥ 30 pack years Ex: 2 pack per day \times 30 years = 30 Pack Year Ex: 1.5 packs per day \times 20 years = 30 Pack Year
<input type="checkbox"/>	Average number of packs/day \times Years smoked = Pack year history
<input type="checkbox"/>	Currently smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If former smoker quit within last 15 yrs when quit
<input type="checkbox"/>	Shared decision-making conversation occurred between provider and patient
Check if applies	Additional supporting criteria for commercial insurances only
<input type="checkbox"/>	Patient has family history of lung cancer
<input type="checkbox"/>	Patient had occupational or environmental exposure to smoke, radon, or asbestos

Low Dose CT Lung Screening without Contrast- G0297
 Indicate reason(s) for screening (check all that apply):
 Tobacco Use (current smoker)-271.0
 Personal history of nicotine dependence (former smoker)-287.891
 Encounter for screening for malignant neoplasm (71.22)

Spec Info:

- I DO NOT want the patient referred to the Pulmonary Nodule Clinic if a nodule is identified as lung nod 2 or greater. I will manage the patient's follow-up care.
- I would like you to contact the patient and offer the smoking cessation program.

Please Fax this order to the location below.
 We will contact your patient to schedule the appointment.

McLaren Oakland Radiology 50 North Perry St East Tower Pontiac, MI 48340 248-338-5000 Fax 248-338-5050	McLaren Oakland - Clarkston 5751 Bow Pointe Drive, Suite 120 Clarkston, MI 48348 248-620-5017 Fax 248-620-5013	McLaren Oakland - Oxford 385 N Lapeer Road/Oxford MI 48371 248-620-3000 Fax 248-620-8927
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