

## McLaren Print System Order

Order No: 76989 Reprint Previous Order No: 76988  
 Order Date: 2023-05-01  
 User: Graphics Dept  
 Phone: 810-342-1066

Ship Location: McLaren Health Plan  
 G-3245 Beecher Road  
 Flint, MI 48532

### Forms

Quantity: 100  
 Paragon Dept No: 17805  
 Dept Name: Health Plan  
 Company Number: 60

Order Total Price: 3.60

Item Number: MHCC-626  
 Item Description: Low Dose CT Lung Cancer Screening Form  
 Revision Date: 04/2023  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: Padded (100 Sheets Per Pad)  
 Drill: None  
 Misc Info:

### CT Lung Cancer Screening Referral Form

Patient Name \_\_\_\_\_ LDCT screening location \_\_\_\_\_  
 DOB \_\_\_\_\_ Gender: Female  Male  Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Patient's Home Phone \_\_\_\_\_ Patient's Cell/Mobile Phone \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Insurance Auth # (if needed) \_\_\_\_\_  
 Referring Provider \_\_\_\_\_ Referring Provider MN # \_\_\_\_\_  
 Referring Provider Phone # \_\_\_\_\_ Referring Provider Fax # \_\_\_\_\_  
 Provider Signature (Required) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*By signing this order, you are certifying that:**

- The patient is between the ages of 50-77 (Medicare Insurance), or 50-80 (Commercial Insurance - must ensure that the patient's insurance carrier authorizes the ordered LDCT) (patient annual visit(s) for LDCT. The patient agrees to be responsible if the insurance is not adhering to the current policies.)
- The patient has participated in a shared decision-making session during which potential risks and benefits of a CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, 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 offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic for lung cancer (no symptoms such as cough, coughing up blood, unexplained weight loss, etc.)

Tobacco history of    pack years  
 (Ex: 2 pack per day x 20 years = 20 Pack Year    Ex: 2 packs/day x 10 years = 20 Pack Year)  
 Average number of packs/day:    x Years smoked    = Pack year history   

Currently smoking?  Yes  No     If former smoker quit within last 15 years, when quit,   

**Low Dose CT Lung Cancer Screening without Contrast 71273**

Encounter for screening for malignant neoplasms (Z12.2) (This box must be checked)  
**AND (choose one below)**

Personal history of nicotine dependence (former smoker) - Z87.891

Nicotine dependence, cigarettes, uncomplicated (current smoker) - F17.210

**Interim Follow Up (1, 3, 6 months) CT Lung Follow-up Low Dose without Contrast 71250**

Indicate reason(s) for follow up:

Solitary Pulmonary Nodule- R91.1     Non-specific abnormal finding of lung field- R91.8

Other (indicate): \_\_\_\_\_

Please Fax this order to Central Scheduling at (810) 600-7864 (phone# 800-625-2716)  
 We will contact your patient to schedule the appointment.



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