

McLaren Print System Order

Order No: 77078
 Order Date: 2023-05-03
 User: Tamara Firman
 Phone: 231-487-7021

Ship Location: McLaren Northern - Imaging Dept. Attn: Tammy Firman
 416 Connable Avenue
 Petoskey, MI 49770

Forms

Quantity: 1000
 Paragon Dept No: 272011225
 Dept Name: Imaging
 Company Number: 410

Order Total Price: 36.00

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 (50 Sheets Per Pad)
 Drill: None
 Poster:
 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/Alternate Phone _____
 Insurance: _____ Insurance Auth # (if needed) _____
 Referring Provider _____ Referring Provider NPI # _____
 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 - Please ensure that the patient's insurance carrier following the updated LDCT guidelines and will reimburse for the LDCT. The patient may have a copay/coinsurance if the insurance is not adhering to the updated guidelines.)
- 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 ≥ 20 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: _____

Spec Info: Deliver to Imaging, Attn: Tammy Firman

Low Dose CT Lung Cancer Screening without Contrast 71271

Encounter for screening for malignant neoplasm (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

Interval 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 indication(s): _____

Please Fax this order to Central Scheduling at (833) 600-7866 (phone# 800-625-2786)
 We will contact your patient to schedule the appointment.



PT
 ATN:
 DR