

McLaren Print System Order

Order No: 77790 Reprint Previous Order No: 76988
Order Date: 2023-06-13
User: MIA MONTGOMERY
Phone: 313-576-8999

Ship Location: Karmanos Detroit
4100 John R St
DETROIT, Michigan 48201

Forms

Quantity: 500
Paragon Dept No: 25570
Dept Name: Wertz Clinic: Thoracic Oncology
Company Number: 460

Order Total Price: 0.00

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: None
Drill: None
Misc Info:

McLaren HEALTH CARE
CT Lung Cancer Screening Referral Form
Patient Name, DOB, Gender, 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's annual visit/visit for the LDCT. The patient requires a copay/coinsurance if the insurance is not adhering to the current 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 > 30 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
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 (indicate):

Please Fax this order to Central Scheduling at (313) 600-7864 (phone# 800-625-2716)
We will contact your patient to schedule the appointment.



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