

McLaren Print System Order

Order No: 77794 Reprint Previous Order No: 73471
Order Date: 2023-06-13
User: MIA MONTGOMERY
Phone: 3135768999

Ship Location:

4100 John R St
DETROIT, Michigan 48201

Forms

Quantity: 100
Paragon Dept No: 25570
Dept Name: Wertz Clinic: Thoracic Oncology
Company Number: 460

Order Total Price: 16.60

Item Number: KCI-107
Item Description: CT Lung Cancer Form
Revision Date: 12/2022
Print: 1 sided full color
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Padded (50 Sheets Per Pad)
Drill:
Misc Info: color, ss



CT Lung Cancer Screening Order Form

Patient Name: _____ Phone Number: _____ DOB: ___/___/___
____ Packs/day: _____ x Years smoked: _____ = Pack years: _____ (Must be ≥ 20 pack years)
Currently smoking cigarettes? Yes No if not smoking, how many years quit? (Must be ≤ 15 years)
____ Height: _____ Weight: _____

Ordering Physician (print name): _____ Phone: _____
National Provider Identifier (NPI): _____ Fax: _____

- Screening CT exam for Lung Cancer (Circle: Initial or repeat)
(Diagnosis code: Z12.2, plus add the smoking status (I17.210 current smoker) (I17.891 former smoker)
- Please obtain a prior authorization for insurances OTHER than straight Medicare, Medicaid, PIP, BCN, McLaren ("low dose CT for lung cancer screening -71271)
Authorization number: _____
- Please include a demographic sheet and fax to 313-576-9827 or Email: Screening@karmanos.org
Call 1-800-527-6266 with any questions.

By signing this order, you are certifying that:

- Patient is between the ages of 50-80.
- 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 (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss).

Ordering Physician Signature: _____ Date: ___/___/___