

McLaren Print System Order

Order No: 78213 Reprint Previous Order No: 76988
Order Date: 2023-07-07
User: Jennifer Keeton
Phone: 810-385-6370

Ship Location: McLaren Fort Gratiot Internal Med
5979 Lakeshore Road
Fort Gratiot , Michigan 48059

Forms

Quantity: 100
Paragon Dept No: 58014
Dept Name: McLaren Fort Gratiot Internal Med
Company Number: 810

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, LDCT screening location, 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)
- The patient has participated in a shared decision-making session
- The patient was informed of the importance of adherence to annual screening
- The patient is asymptomatic for lung cancer
Tobacco history of > 30 pack years
Ex: 2 pack per day x 20 years = 20 Pack Year
Average number of packs/day: x Years smoked = Pack year history
Currently smoking? Yes No
[] Low Dose CT Lung Cancer Screening without Contrast 71273
[] Encounter for screening for malignant neoplasms (Z12.1) (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 (810) 600-7864 (phone# 800-625-2716)
We will contact your patient to schedule the appointment.



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