

## McLaren Print System Order

Order No: 78731  
 Order Date: 2023-08-09  
 User: Deb House  
 Phone: 989-672-5101

Ship Location: McLaren Caro - Attn Deb House, Imaging  
 401 N HOOPER ST  
 CARO, MI 48723

### Forms

Quantity: 100  
 Paragon Dept No: 27250  
 Dept Name: Medical Imaging  
 Company Number: 510

Order Total Price: 0.00

Item Number: MHCC-626-CAR  
 Item Description: Low Dose CT Lung Cancer Screening Form - Caro  
 Revision Date: 05/2023  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info:



### CT Lung Cancer Screening Referral Form

Patient Name \_\_\_\_\_ LOCT Screening location: **McLaren Caro Region**  
 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 is following the updated USPSTF guidelines and will reimburse for the LOCT. The patient may face 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  $\geq 20$  pack years  
Ex: 2 pack/day x 20 years = 20 Pack Year    Ex: 2 packs/day x 30 years = 20 Pack Year  
 Average number of packs/day: \_\_\_\_\_ x Years smoked \_\_\_\_\_ = Pack year history \_\_\_\_\_  
 Currently smoking?  Yes  No or if former smoker quit within last 15 years, when quit \_\_\_\_\_

### Spec Info:

**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 (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 (810) 400-7890, McLaren Caro Region DR Scheduling, (phone# 989-672-5111)  
 We will contact your patient to schedule the appointment