



PATIENT INFORMATION

_____	_____	_____	_____
First Name	Last Name	Birthdate	Phone Number
_____	_____	_____	_____
Insurance	Insurance ID #	Height	Weight (lbs.)

REASON FOR VISIT – REQUIRED

_____	_____
Diagnosis Code	Reason or Symptom

PROCEDURE TYPE

Low-dose CT scan (LDCT) for lung cancer screening

ELIGIBILITY REQUIREMENTS

Patient is 55-77 years old? Yes No (If “No”, then patient does not qualify for screening)

Are there lung cancer symptoms? Yes No (If “Yes”, then patient does not qualify for screening)

Smoking History

Current Smoker Yes No

Former Smoker Yes No If “Yes”, how many years since patient quit? _____
(If >15, patient does not qualify for screening)

Pack-Year History

Pack-years = _____ x _____ = _____ (If <30, then patient does not qualify for screening)
 [packs per day] [# of years smoked]

SHARED DECISION MAKING – By signing this order, I am certifying that:

- I have discussed the benefits and harms of lung cancer screening with this patient, including: Follow-up testing that may be required, over-diagnosis, false positive rate and total radiation exposure.
- I have provided counseling on the importance of adhering to an ongoing lung cancer screening program, the impact of comorbidities and the willingness to undergo treatment.
- FOR CURRENT SMOKERS: This patient is a current smoker, and I have provided counseling on the importance of smoking cessation. If appropriate, I have talked to this patient about CMS-covered tobacco cessation counseling services.
- FOR FORMER SMOKERS: This patient is a former smoker, and I have discussed the importance of maintaining smoking abstinence.

REFERRING PHYSICIAN AUTHORIZATION

_____	_____	_____
Physician Printed Name	NPI Number	Office Phone
_____	_____	_____
Physician Signature	Date/Time	Office Fax



Summary of Eligibility Requirements

- Age 55-77
- No signs or symptoms of lung cancer
- At least 30 pack-year smoking history
- Current smoker OR Former smoker who has quit within the last 15 years
- Must have received lung cancer screening counseling that attests to share decision making prior to screening

Offered at the following locations:


Methodist
CHARLTON MEDICAL CENTER
3500 W. Wheatland Road
Dallas, TX 75237
Phone: 214-947-0820
Fax: 214-947-0819


Methodist
DALLAS MEDICAL CENTER
1441 N. Beckley Avenue
Dallas, TX 75203
Phone: 214-947-3441
Fax: 214-947-3605


Methodist
RICHARDSON MEDICAL CENTER
2831 E. President George Bush Hwy
Richardson, TX 75082
Phone: 469-204-2140
Fax: 214-947-8572