



Asante Lung Cancer Screening Program
LUNG CANCER SCREENING WITH LOW DOSE CT
(LDCT) ORDER FORM

Fax order form to: (541) 789-7170

Scheduling: (541) 789-4322

PATIENT NAME	DATE OF BIRTH	PATIENT PHONE
INSURANCE NAME	MEMBER / POLICY / ID #	PRE-AUTHORIZATION #
ORDERING PROVIDER NAME	CLINIC TELEPHONE	
Asante Imaging Site: Black Oak Medical Plaza 555 Black Oak Drive, Medford, OR 97504		
Direct Physician Contact Number (pager, cell, clinic number, etc.) _____ Physician Fax Number: _____ <input type="radio"/> Report <input type="radio"/> Call results <input type="radio"/> Fax results		
To qualify for Lung Cancer Screening patients must meet the following criteria: <ul style="list-style-type: none"> • Be 50 – 80 years of age; • Be asymptomatic (no signs or symptoms of lung cancer); • Have a tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; one pack = 20 cigarettes); • Be a current smoker or one who quit smoking within the last 15 years (ICD-10: Z87.891); • Receive a written order for lung cancer screening with LDCT that meets the requirements described in the NCD; and, • Has undergone a shared decision-making visit with their primary care provider (details on second page). 		
ORDERING PROVIDERS: Please answer the following questions below. <ul style="list-style-type: none"> • Is this the first (baseline) CT or an annual exam? <input type="radio"/> Baseline <input type="radio"/> Annual • Does the patient show any signs or symptoms of lung cancer? <input type="radio"/> Yes <input type="radio"/> No • What is the patient's height in inches? _____ • What is the patient's weight in pounds? _____ • Enter the patient's number of pack years (Packs/day X years) _____ • What is the patient's current smoking status? <ul style="list-style-type: none"> <input type="radio"/> Current smoker <input type="radio"/> Former Smoker <input type="radio"/> Never Smoker <input type="radio"/> Smoker, current status unknown <input type="radio"/> Unknown if ever smoked • How many years since quitting? _____ years • Has the patient participated in a shared decision-making session with their primary care provider? <input type="radio"/> Yes <input type="radio"/> No 		
<input type="radio"/> CT LUNG SCREEN LOW DOSE (Screening) 71271	<input type="radio"/> CT LUNG DIAGNOSTIC LOW DOSE (Diagnostic) 71250 (use for nodule follow-up on previous low-dose lung cancer screenings)	
ICD-10: Z87.891 or F17.210, F17.211, F17.213, F17.218, F17.219 (Must circle one to be a valid order)		ICD-10:
Provider Signature:		Date: