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ASANTE®
Ashland Community Hospital

**Fax order form to: (541) 488-5385**
**Scheduling Phone: (541) 201-4380**

# CT LUNG SCREENING LOW DOSE (LDCT) Order Form

**Before we can proceed with your imaging request, there is additional information required by Asante Ashland Community Hospital. Patient appointment will be scheduled promptly upon receipt of requested information (identified below).**

| | |
|---|---|
| Date: _____ | Patient Name: _____ |
| Ordering Provider: _____ | DOB: _____ |
| Phone#: _____ | Phone: _____ |
| Fax#: _____ | Insurance: _____ |

**"Please resend order with the answers to the following questions so we can schedule your patient."**

**To qualify for Lung Cancer Screening patients must meet the following criteria:**

- Be 50 – 80 years old
- Be asymptomatic (no signs of symptoms of lung cancer)
- Have a tobacco smoking history of at least 20 pack-years (one pack=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

**ORDERING PROVIDERS: Please answer the following questions below:**

- Is this the first (baseline) CT or an annual exam? □ Baseline □ Annual
- Does the patient show any signs or symptoms of lung cancer? □ Yes □ NO
- What is 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? □ Current Smoker □ Former Smoker □ Never Smoker □ Smoker, current status unknown □ 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? □ Yes □ NO

| | |
|---|---|
| □ CT LUNG SCREEN LOW DOSE (Screening) 71271 | □ 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:** |