



Low-Dose CT Lung Screening Protocol Order
(FOR OUTPATIENT TESTING ONLY)



ALLERGIES:

1. Initial Low-Dose CT Scan: Yes _____ No _____ If no, performed where: _____
2. Inclusion Criteria for Exam: All Inclusion criteria listed below must be met (*check when verified*):
 - ☐ Patient is between 50 – 77 years old. (Medicare Guidelines)
 - ☐ Patient is between 50 – 80 years old with prior authorization. (Private Insurance Guidelines)
 - ☒ Patient's smoker status – *check one of the below*:
 - ☐ Current Smoker
 - ☐ Former Smoker that quit in the past 15 years. Patient quit smoking at age _____
 - ☐ Patient has a smoking history of 20 pack-years or more – *enter required information below*:
_____ # Packs per Day X _____ # Years = _____ Total Pack-Years

* A pack-year is equivalent to an average of smoking one pack of cigarettes per day for one year. For example, a person would have a 20 pack-year history if they smoke one pack a day for 20 years or two packs a day for 10 years.

3. By signing this order, you are certifying that:

Patient has NO acute clinical signs or symptoms of lung cancer.

Patient has NOT had a Low-Dose Chest CT Scan within the past 12 months.

Patient was offered Tobacco Cessation Counseling.

Patient engaged in shared decision-making for the exam.

Patient does NOT have comorbidities that limit life expectancy to less than 5 years.

Patient does NOT have symptoms such as cough, hemoptysis, or shortness of breath. *If symptoms are present order a CT Chest.*

Physician Signature

Date / Time

NPI Number: