



**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: