



Scheduling: (603) 537-3055 (lung screening only)
Fax: (603) 537-3046

Bedford
160 South River Road, Suite 101B

Derry
6 Tsienneto Road

Raymond
6 Old Fremont Road

Concord
81 Hall Street

Dover
15 Durham Road

LDCT Lung Screening Order Form (71271)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Work/Cell Phones: \_\_\_\_\_

Prior LDCT Lung Screening Yes No Where: \_\_\_\_\_ When: \_\_\_\_\_

Packs/day (20 cigarettes/pack) \_\_\_\_\_ x Years smoked \_\_\_\_\_ = Pack years \_\_\_\_\_

Currently smoking? [ ] Y [ ] N If not smoking, how many years quit? \_\_\_\_\_

Has patient had any other Chest CT imaging done in the last 12 months? \_\_\_Yes \_\_\_ No
Where? \_\_\_\_\_

Ordering MD (print name) \_\_\_\_\_ Phone: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_

Member ID# \_\_\_\_\_

Auth. Yes/No# \_\_\_\_\_

Please send clinical notes if you would like our office to obtain authorization.

ICD 10 Code(s):

- [ ] Z12.2 Encounter for lung cancer screening
[ ] Z87.891 (former smoker) Personal history nicotine dependence
[ ] F17.210 (current smoker) Nicotine dependence, cigarettes, uncomplicated
[ ] F17.211 Nicotine dependence, cigarettes, in remission

By signing this order, you are certifying that:
• The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
• The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment
• The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
• The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss).

Ordering MD Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date