



Covenant Cancer Care Center
Lung Cancer Screening Program

**Low-Dose Computerized Tomography (LDCT)
 LUNG CANCER SCREENING PRESCRIPTION**

Patient's name _____ Date _____

Patient's date of birth _____ Height _____ Weight _____ MR # _____

Screening Criteria

Patient must meet all criteria

- 55-77 years old
- Current or former cigarette smoker
 Quit date _____ (must be within last 15 years)
- ≥ 30 pack-year cigarette smoking history
 _____ packs/day x _____ # of years = _____ pack years
- Free of signs/symptoms of lung cancer (asymptomatic)

Patient History

Yes No

- ★ CT Chest (in past year)
- ★ Harrington rod
- ★ Pacemaker
- ★ Home oxygen
- Known coronary artery disease

★ **Patients with any of the following DO NOT QUALIFY for LDCT:** CT Chest in the past year, Harrington rod, pacemaker, home oxygen, or a history of lung cancer in the past five years.

By signing this order I am certifying that the patient has participated in a "Shared Decision Making and Counseling" visit regarding the lung cancer screening AND has received smoking cessation counseling (if indicated).

- Completed Shared Decision-Making/Counseling Appointment • Date _____
- Completed Smoking Cessation Counseling N/A

Diagnosis: F17.21 Nicotine dependence, cigarettes Z87.891 Personal history of nicotine dependency

Please select one: LDCT Lung Cancer Screening Baseline Annual
 LDCT Lung Cancer Screening Follow Up (physician visit not required)

Referring provider's signature _____

Referring provider's name _____ Phone # _____
Please print

NOTE: Some insurance companies require prior authorization for the LDCT. Please check this patient's coverage and, if indicated, provide their authorization number here # _____.

To Schedule a LDCT Lung Cancer Screening:

- Fax the completed prescription to 989.583.7029.
- Schedule the appointment by calling 989.583.6278.

If you have questions, please contact the Covenant Cancer Care Center at 989.583.5014.

