

CT Lung Cancer Screening

San Antonio, TX

Patient Information: Patient Name DOB Phone **Diagnosis:** _____ Z87.891 for former smokers (personal history of nicotine dependence) ___ F17.210 Nicotine dependence, cigarettes, uncomplicated ____ F17.211 Nicotine dependence, cigarettes, in remission ____ F17.213 Nicotine dependence, cigarettes, with withdrawal _ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders **Exam Requested:** _ CT Lung Cancer Screening (CPT code 71271) Patient Criteria for CT Lung Cancer Screening: Age 50-77 years Ν Asymptomatic (no signs or symptoms of lung cancer) Ν Tobacco smoking history of at least 20 pack-years Ν (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes) Current smoker or one who has quit smoking within the last 15 years Y N

Referring Provider's Signature

Date Ordered

Referring Provider's Printed Name

Please fax signed orders, demographics, insurance and clinicals.

Your physician has requested a Low Dose CT Lung Cancer Screening due to your smoking history. We do need a physician's order to complete your scan. If you have any questions, please contact American Health Imaging or your referring physician.

For additional information on Low Does CT Lung Cancer Screenings or for help to quit smoking, visit:

American Cancer Society www.cancer.org **Tobacco Quitline** 1-800-QUIT-NOW (1-800-335-3569) American Lung Society www.lung.org

www.AmericanHealthImaging.com

• HUEBNER

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SAN ANTONIO MEDCENTER

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NEW BRAUNFELS

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