



CT Lung Cancer Screening

South Carolina

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	Y N
Asymptomatic (no signs or symptoms of lung cancer)	Y N
Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)	Y N
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 Dose 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

 **DOWNTOWN COLUMBIA**
1241 Assembly Street, Suite B
Columbia, SC 29201
Phone: 803.766.3009
Fax: 803.766.3010

 **WEST COLUMBIA**
3020 Sunset Blvd, Suite 105
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Fax: 803.766.3008

 **GREENVILLE**
361 Woodruff Road
Greenville, SC 29607
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 **IRMO**
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