



# CT Lung Cancer Screening

Albany, GA & Tallahassee, FL

## 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

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