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## RADIOLOGY CONSULTANTS – PHYSICIAN ORDER LOW DOSE CT LUNG CANCER SCREENING EXAMINATION

Qualifying Medicare and Commercial Insurance patients must meet the below criteria.  
Please check the appropriate boxes below before faxing to be scheduled.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Medicare patient must be between 55 – 77 years of age)  
(Commercial Insurance patient must be between 55 – 80 years of age)

\_\_\_\_\_ Indicate pack year history.  
Patients must have smoking history of at least 30 pack years.  
Pack years equals the number of packs per day times number of years.  
Example: 1 pack per day x 30 years = 30 pack years  
2 packs per day x 15 years = 30 pack years

\_\_\_\_\_ NPI # of ordering Physician

\_\_\_\_\_ Patient is asymptomatic or has no signs of lung cancer

\_\_\_\_\_ Current or former smoker who has quit within the last 15 years.

\_\_\_\_\_ Patient has received smoking cessation counseling or materials from  
the ordering physician during Initial Screening Exam.

Referring Physician \_\_\_\_\_  
(please print)

Physician's Signature \_\_\_\_\_

Insurance Pre-authorization# \_\_\_\_\_ Valid Dates: \_\_\_\_\_

Patient Signature \_\_\_\_\_