Is the patient asymptomatic, without current symptoms

(#) packs per day) X (# years) = pack-years

Please indicate pack-years below (1 pack = 20 cigarettes):

(# packs per day) X (# years) = pack-years

Current smoker or quit smoking less than 15 years ago?

If patient has quit smoking, please indicate:

Year patient quit smoking: _________ # Years since quitting: _________

Is the patient asymptomatic, without current symptoms suggestive of lung cancer?

Has the patient undergone counseling/shared decision making regarding smoking cessation?

NOTE: ALL OF THE ABOVE CRITERIA MUST BE MET IN ORDER TO BE ELIGIBLE FOR LUNG CANCER SCREENING CT UNDER CURRENT CMS GUIDELINES. OTHER PAYORS MAY HAVE ADDITIONAL CRITERIA.

Please perform low-dose lung cancer screening CT. (Diagnostic Codes: Z87.891, personal history of tobacco use/personal history of nicotine dependence and/or Z12.2, screening for malignant neoplasm of respiratory organs)

Additional notes or special instructions: ________________________________________________________

Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department before your appointment. See the reverse side of this form for important information regarding preparations for your examination and lab tests required.