DESERT RADIOLOGY

Your appointment is scheduled / *Su cita está previsto:*
Date/*Fecha*: _____
Time/*Hora*: _____
Arrival Time/*Hora de llegada*: _____

Order Date: _____

Lung Cancer Screening CT Eligibility / Referral

Ph: 702-759-8600 Fx: 702-598-3439

ALL information below MUST be completed

Patient Name_____ **DOB:**_____ **Age:**_____

Provider Name:_____ **NPI#:**_____

Provider Signature: _____

Office Ph:_____ **Office Fx:** _____

Please provide answers to ALL questions below:

Is patient age 55 - 77 years? ☐ Yes ☐ No (if **NO**, ineligible)

Cumulative smoking history ≥30 pack-years? ☐ Yes ☐ No (if **NO**, ineligible)

Please indicate pack-years below *(1 pack = 20 cigarettes)*:
(# packs per day) X (# years) = pack-years

_____ X _____ = _____

Current smoker or quit smoking less than 15 years ago? ☐ Yes ☐ No (if **NO**, ineligible)

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? ☐ Yes ☐ No (if **NO**, ineligible)

Has the patient undergone counseling/shared decision making regarding smoking cessation? ☐ Yes ☐ No (if **NO**, ineligible)

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. *Por favor, asegúrese de llevar su tarjeta de aseguranza, identificación con fotografía y co-pago con usted, así como cualquier placa de rayos x estudios relativos a su examen programado. Si usted pudiera estar embarazada, póngase en contacto con nuestro departamento de programación antes de su cita. Véa el reverso de este formulario para información importante acerca de los preparativos para su examen y análisis de laboratorio necesarios.*

LOCATIONS

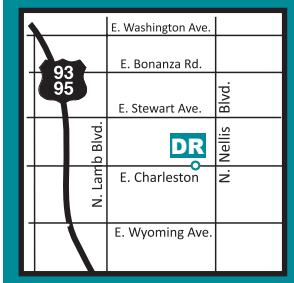
For directions, visit DesertRad.com

☐ **PALOMINO**

2020 Palomino LN.
Las Vegas, NV 89106

☐ **EASTERN**

3920 South Eastern AVE.
Las Vegas, NV 89119



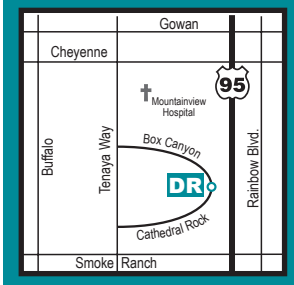
☐ **NELLIS**

31 North Nellis BLVD.
Las Vegas, NV 89110

☐ **WYNN**

4880 South Wynn RD.
Las Vegas, NV 89103

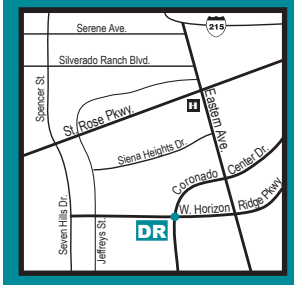
NO X-RAYS /
No Radiografías



☐ **CROCK**

7200 Cathedral Rock DR.
Suite 230
Las Vegas, NV 89128

Suite 150
MRI, PET, Nuclear Med



☐ **HORIZON RIDGE**

2811 W. Horizon Ridge Parkway
Henderson, NV 89052

☐ **CENTRA POINT**

6675 South Cimarron RD.
Las Vegas, NV 89113

NEW LOCATION!!!