

Logan Regional Medical Center

Lung Cancer Screening Order Form

Request for Low Dose CT Screening exam

Patient Name _____ DOB _____

_____ Patient age (must be 55-77 years old)

_____ Number of pack-year smoking (must be at least 30)
pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes

Yes No Is the patient a current smoker

_____ If patient has stopped smoking; number of years since quitting
(must be less than 15)

Yes No Patient is asymptomatic for lung cancer

Yes No Patient has had a lung cancer screening and shared decision making visit that is documented in the patient's medical record. To include:

- Determination of eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if former smoker, the number of years since quitting.
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening follow-up diagnostic testing, over-diagnosis false positive rate, and total radiation exposure.
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability to willingness to undergo diagnosis and treatment
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions

Physician's Signature _____

NPI # _____

Date/Time _____