



CT Lung Screening Order Form

Patient Name: _____ DOB: ___/___/___ Patient Phone # _____
 Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Pack Years*: _____
 Currently Smoking? Y N If not currently smoking, how many years since stopped? _____

CT LUNG SCREENING EXAM (Please select one):

- Low Dose CT Scan Chest **Diagnosis: High-risk Patient**
 - Initial Lung Cancer Screening
 - Annual Lung Cancer Screening
- F/U Low Dose CT Scan Chest **Diagnosis: Lung Nodule(s)**
(Use this if a 3 month or 6 month CT is recommended—LungRADS 3 or 4A on Lung Screening)

AUTHORIZATION*# _____

*Please authorize the following code: **G0297 CT LOW DOSE LUNG SCREENING**

FAX completed order form to Radiology: 662-293-4337

Comments: _____

The patient must meet ALL of the following requirements for eligibility into the CT Lung Screening program.

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed, was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment should the patient be diagnosed with lung cancer, and was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is between the ages of 55-77 years
- The patient has at least a 30+ pack year smoking history
- The patient is currently smoking or quit within the last 15 years
- THE PATIENT IS ASYMPTOMATIC OF LUNG CANCER.

I ATTEST THE PATIENT DOES NOT HAVE AND IS NOT BEING TREATED FOR ANY OF THE FOLLOWING:

- ◇ Significant chest pain
- ◇ Unintended weight loss
- ◇ Hemoptysis
- ◇ Active pneumonia

Ordering Provider Signature: _____ Date: ___/___/___

By signing this order, YOU ARE ATTESTING THAT THE PATIENT MEETS ALL OF THE ABOVE REQUIRED ELEMENTS, A SHARED DECISION MAKING VISIT HAS OCCURRED, YOU HAVE BILLED G0296 FOR THE SHARED DECISION MAKING VISIT, AND REQUIRED ELEMENTS ARE DOCUMENTED IN THE OFFICE NOTES

Ordering Provider (print name): _____ Phone: _____

ORDERING PROVIDER NPI**# _____ Fax: _____

**Provider NPI number required.

TO SCHEDULE

Contact Outpatient Scheduling to schedule the Lung Cancer Screening.

PHONE 662 293-1026 | FAX 662-293-4337

QUESTIONS? Call Outpatient Scheduling 662-293-1026

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The Magnolia Regional Health Center Lung Cancer Screening program is a comprehensive program that:

- Offers lung screening CT by a board certified Radiologist, who performs the screening after a shared decision making visit between the patient and their primary care provider
- Offers tobacco cessation counseling
- Informs patients and referring providers of CT results, assists with referrals to specialists, tracks patients for follow-up compliance,
- Sends reminders to patients for annual follow-up screenings.

Questions and Answers for Patients:

How does it work? Low-dose screening CT is performed without contrast and imaging acquisition takes less than five minutes.

How does a patient prepare for the test? There are no special instructions for patients to follow prior or after the screening.

How much does it cost? If a patient qualifies as high-risk for lung cancer (which will be verified on the day of their visit), private insurance and Medicare should cover their screening in full.

Is it safe? Radiation exposure from a low-dose CT for lung screening is equivalent to or less than the amount of radiation that one is naturally exposed to every 6-12 months. The most common negative effect is a false positive test.

Results of the test

- We will send the patient a letter with the results, and results will also be available on MyHealth, Magnolia Regional Health Center's patient portal, our secure online health tool.
- If there is an abnormality, the referring provider and the patient will receive a letter discussing referral or follow-up recommendations.

CT Lung Screening Order Form **MUST** be presented on test date.

Please arrive 15 minutes prior to testing.

TO CANCEL OR RESCHEDULE A TEST, PLEASE CALL SCHEDULING AT 662-293-1026 AS SOON AS POSSIBLE.

DIRECTIONS TO LUNG CANCER SCREENING at Magnolia Regional Health Center

- Hwy 72 to Corinth.
- Turn on Alcorn Drive.
- Turn LEFT at sign to **ENTRANCE A** (same entrance as the Emergency Department).

Where do I Park?

Parking is available in Lot # 5 directly across from Entrance A.



**LOST??? Call
662-293-1000**