

PATIENT INFORMATION			
NAME		DOB	MRN
PATIENT HEIGHT	PATIENT WEIGHT		

INDICATION / REQUEST DETAILS			
<input type="checkbox"/> CT	PART TO BE EXAMINED: <b>CT CHEST LUNG CANCER SCREENING(IMG4556)</b>		<input type="checkbox"/> BASELINE SCREEN <input type="checkbox"/> ANNUAL
SIGNS / SYMPTOMS: <b>Asymptomatic but at high risk for lung cancer</b>			
QUESTION TO BE ANSWERED: <b>Screening for signs of lung cancer</b>			
ICD-10 CODE		COMMENTS:	
<input type="checkbox"/> Former smokers Z87.891 "History of Tobacco Use" <input type="checkbox"/> Current smokers F17.200 "Nicotine Dependence"			

REFERRING PROVIDER INFORMATION			
NAME		NPI (National Provider Number - REQUIRED)	
<input type="checkbox"/> STAFF PHYSICIAN	<input type="checkbox"/> RESIDENT / INTERN	<input type="checkbox"/> NP / APRN / PA	<input type="checkbox"/> OTHER (OUTSIDE DH)
SIGNATURE		DATE	

<b>BY SIGNING THIS ORDER YOU CERTIFY AND THE MEDICAL RECORD REFLECTS THAT THE PATIENT:</b>	
<input type="checkbox"/> IS 50 – 77 YEARS OF AGE	
<input type="checkbox"/> IS ASYMPTOMATIC FOR LUNG CANCER (no fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss)	
<input type="checkbox"/> HAS NO HISTORY OF LUNG CANCER EVER OR OTHER COMORBIDITIES THAT LIMIT LIFE EXPECTANCY TO LESS THAN 5 YEARS	
<input type="checkbox"/> HAS AT LEAST A 20 PACK YEAR HISTORY OF SMOKING - DOCUMENT SMOKING HISTORY BELOW (HELPFUL WEBSITE FOR MULTIPLE STARTING/QUITTING DATES: <a href="http://smokingpackyears.com/">http://smokingpackyears.com/</a> )	
<input type="checkbox"/> CURRENT SMOKER <input type="checkbox"/> FORMER SMOKER QUIT LESS THAN 15 YEARS AGO: YEAR QUIT _____	
<input type="checkbox"/> PACK YEARS MUST BE DOCUMENTED: Packs/day [20 cigarettes/pack] ____ X Years smoked ____ = _____	
<input type="checkbox"/> <b>IF THIS IS THE FIRST SCREENING CT TO BE BILLED TO INSURANCE:</b> HAS PARTICIPATED IN A SHARED DECISION MAKING SESSION DURING WHICH POTENTIAL RISKS AND BENEFITS OF CT LUNG SCREENING WERE DISCUSSED WITH PATIENT USING A DECISION AID: <a href="https://shouldiscreen.com/English/home">https://shouldiscreen.com/English/home</a>	
<input type="checkbox"/> <b>AS PART OF SHARED DECISION MAKING:</b> PATIENT WAS INFORMED OF THE IMPORTANCE OF ADHERENCE TO ANNUAL SCREENING, IMPACT OF COMORBIDITIES, ABILITY/WILLINGNESS TO UNDERGO POSSIBLE TREATMENT FOR LUNG CANCER	
<input type="checkbox"/> <b>PERFORMED TOBACCO CESSATION COUNSELING:</b> PATIENT 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	

<b>PROVIDERS OUTSIDE DH FAX TO:</b>	<b>DH-LEBANON 603-640-1956</b>	<b>DH-MANCHESTER 603-695-2856</b>
-------------------------------------	--------------------------------	-----------------------------------