



# CT Lung Screening Order Form

208 McFarland Circle, North  
Tuscaloosa, Alabama 35406  
Scheduling: (205) 345-2000  
CT: (205) 345-4350

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Packs/day (20 cigarettes/pack): \_\_\_\_\_ x Years smoked: \_\_\_\_\_ = Pack years\*: \_\_\_\_\_  
\*Pack year calculator, <http://smokingpackyears.com>  
Currently smoking? Y N                      If not smoking, how many years quit? \_\_\_\_\_

Ordering MD (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Fax: \_\_\_\_\_

- CT Lung Screening Exam (initial, repeat or follow-up)
- Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**By signing this order, you are certifying that:**

- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath new or changing cough, coughing up blood, or unexplained significant weight loss).

**And, if this is the patient's initial screening exam:**

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The 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.

Ordering MD Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medicare Coverage Requirements:**

- **Age 55-77 years (Blue Cross 55-80 years)**
- **No current signs or symptoms of lung disease**
- **Tobacco smoking history of at least 30 pack-years\***
- **Current or former smokers who have quit within the last 15 years**

**Counseling and shared decision making session must be clearly documented in the patient's chart.**