



CT Lung Screening Order Form

Patient's Name: _____ DOB _____

Ordering Physician: _____

Order: CT Lung Cancer Screening Without Contrast: Baseline or Annual

CT Lung Diagnostic Without Contrast: Follow-up

Required clinical history:

Smoking Status: Never Current Former

Pack Years: _____ (Pack years= Packs/day x years smoked. **Must be 20 pack-years or more**)

Age: _____ (**Must be between 50-80**)

Additional risk factors and history: _____

By signing this order, you are certifying that:

- The patient has no clinical signs or symptoms of lung cancer.
- The patient participated in shared decision making for this test 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 or willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence and has been offered tobacco cessation counseling services, if applicable.

Please note:

- Patients may elect to meet with a radiologist to review finding immediately following the exam.
- The ordering provider and patient will be informed of CT lung screening results.

Ordering Provider's Signature: _____

Date: _____