

Memorial Hermann Outpatient Imaging Centers
PHYSICIAN ORDER FORM: Low Dose CT (LDCT) Screening Exam- for Lung Cancer

LDCT Screening Exams are available throughout the Greater Houston area:

Greater Heights · The Woodlands · Texas Medical Center · Memorial City · Northeast · Southwest · Southeast
Sugar Land · Pearland · Katy · Katy Rehabilitation

Please use the following contact numbers to submit this order form and schedule an appointment:

Greater Heights:

Phone: 713-867-3336 Fax: 713-867-4630

Southeast:

Phone: 281-929-6485 Fax: 281-929-4710

All Other Locations:

Phone: 877-704-8700 Fax: 713-512-6041

Ordering Physician: _____ **Phone Number:** _____

Patient Eligibility

According to the U.S. Preventive Services Task Force (USPSTF), a LDCT lung screening is recommended for people who are at high risk of lung cancer. Patients who are, or may be, at high risk fit the following criteria:

- Aged 50-80 **AND**
- Currently, or in the past, have a 20 pack-year smoking history **AND**
- A current smoker or one who has quit within the last 15 years **AND**
- Has no signs or symptoms of lung cancer.

Shared Decision Making

- The patient has participated in a shared decision making session during which potential risk and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of co morbidities, and ability/ willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence.

Required Data Items on the LDCT order:

1. Patient Name _____ DOB _____
2. Packs/day: _____ x Years smoked _____ = Pack years _____
3. Currently smoking? Y N ** for former smokers, how many years since quitting? _____

Reason for Exam:

- ☐ Z12.2 Screening for Malignant Neoplasm of the Respiratory Organs
- ☐ Z72.0 Tobacco Use
- ☐ Z87.891 History of Smoking
- ☐ Reason for Exam _____

MD ORDER

- ☐ Baseline Low Dose Chest CT lung scan without Contrast (CPT 71271)
- ☐ Annual follow-up Low Dose Chest CT lung scan without Contrast due to lung nodules
(last screening date _____) ☐ 3 Month (CPT 71271) ☐ 6 Month (CPT 71271)
- ☐ Follow-up Low Dose Chest CT lung scan without Contrast (CPT 71271)
(last screening date _____)
- ☐ Nurse Navigator to provide patient with information on Tobacco Cessation and related program(s).

When radiology report is completed, fax results to: _____

☐ I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

Provider Signature

Print Name

NPI/MHHS ID.

Date

Time

☐ AM
☐ PM

Contact No.

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