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:	**Southeast:**	**All Other Locations:**
Phone: 713-867-3336	Phone: 281-929-6485	Phone: 877-704-8700
Fax: 713-867-4630	Fax: 281-929-4710	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: _____

_____	_____	_____	_____	☐ AM ☐ PM _____	_____
Provider Signature	**Print Name**	**NPI/MHHS ID.**	**Date**	**Time**	**Contact No.**

MEMORIAL HERMANN

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