Peninsula Imaging

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1655 Woodbrooke Drive
Salisbury, Maryland 21804
TOLL FREE: (866) 725-1061 / (410) 749-1123
FAX: (410) 543-1063

Patient Name: _____ DOB: _____ Phone: _____

Medicare: ❍ YES ❍ NO INSURANCE ID: _____ Copy Result to: _____

Lung Cancer Screening Exams: (Please select one) ICD Code: Z87.891 Other: _____

☐ Initial Low-Dose CT w/o contrast - G0297

☐ Subsequent Low-Dose CT w/o contrast – G0297

Follow up Diagnostic Exams: (For follow-up to screening only)

☐ Diagnostic CT Chest w/o contrast - 71250

☐ Diagnostic CT Chest with contrast - 71260

☐ PET/CT - 78815

Low-Dose CT Lung Screening (Required Information per ACR):

Patient's Height: _____ (inches) Weight: _____ pounds

☐ Age 55-77 years.

☐ Asymptomatic -- no signs or symptoms of lung cancer.

☐ Tobacco smoking history of at least 30 pack-years:

Required calculation: _____ packs/day x _____ years = _____ pack -years

☐ Current smoker OR ☐ Quit smoking within past 15 years (years since quitting smoking _____)

☐ History of Cancer (please specify) _____

By signing this order, you are certifying that:

- 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 maintain smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- 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 has no personal history of lung cancer.

Ordering Signature: _____ Date: ____/____/____

Physician (print): _____ NPI: _____

Please fax the completed form to 410-543-1063 and we will be glad to schedule this appointment for your patient. Rev 1.0

YOU ARE REQUIRED TO BRING THIS FORM AND YOUR INSURANCE INFORMATION WITH YOU WHEN ARRIVING FOR YOUR TESTING.
FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK AND CREDIT CARD.
CHILDREN ARE NOT PERMITTED IN THE EXAM ROOM. YOUR EXAM MAY BE RESCHEDULED IF BABYSITTING IS REQUIRED.