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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: \_\_\_\_\_

**Low-Dose CT Lung Cancer Screening Exams: (Please select one)**

- ☐ Initial (Baseline) w/o contrast - 71271  
☐ Subsequent (Annual) w/o contrast – 71271 (*Must be scheduled 366 days from previous CT Lung or CT Chest*).

**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: 50-77 – Medicare or Age 50-80 – Other insurances  
☐ Tobacco smoking history of at least 20 pack-years:

Required calculation: \_\_\_\_\_ packs/day x \_\_\_\_\_ years = \_\_\_\_\_ pack -years  
(Pack Year Calculator <http://smokingpackyears.com>)

- ☐ Current smoker = F17.210 OR ☐ Former smoker = Z87.891 - Quit smoking within past 15 years. Years since quitting smoking \_\_\_\_\_  
☐ History of Cancer (please specify) \_\_\_\_\_ If Lung cancer, has to be after 5 years.

**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 2.0

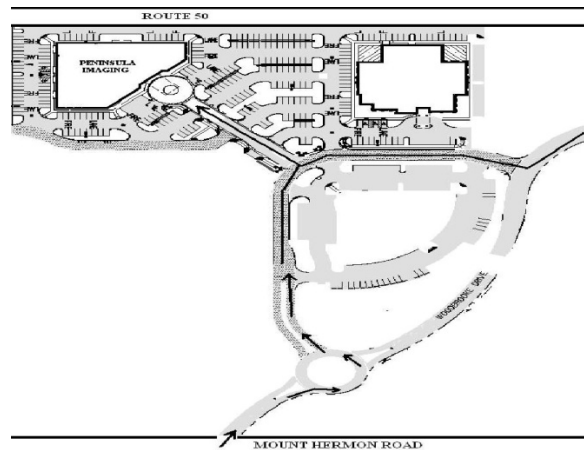
**YOU ARE REQUIRED TO BRING THIS FORM AND YOUR INSURANCE INFORMATION WITH YOU WHEN ARRIVING FOR YOUR TESTING.**

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.



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[www.peninsulaimaging.com](http://www.peninsulaimaging.com)

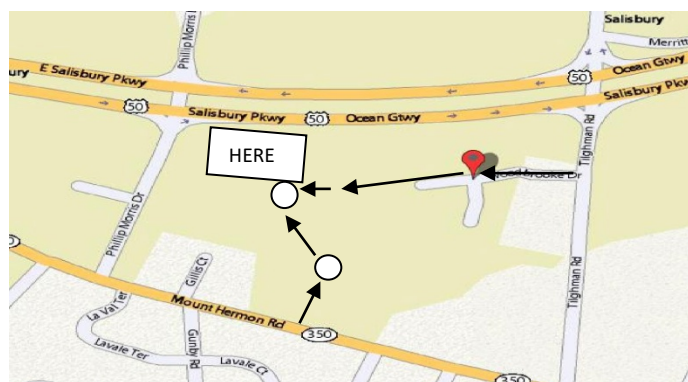
## Location and Directions



### Directions:

From Mt. Hermon Rd, look for the green Woodbrooke sign for the entrance. Enter circle, taking second right, then first left turn into parking lot.

From RT 50, take Tilghman Rd, staying in right-hand lane to exit right. Look for green Woodbrooke sign, taking right turn before the sign. Continue on Woodbrooke Drive, past housing taking right turn, then taking your 3<sup>rd</sup> right turn into our parking lot.



**TOLL FREE: 1-866-725-1061**

**PHONE: 410-749-1123**

**FAX: 410-543-1063**

**[www.peninsulaimaging.com](http://www.peninsulaimaging.com)**