

*Attention: Fax completed signed form to Scheduling. All incomplete forms will be returned.*  
**Putnam Radiology Group • 6121 St Johns Ave • Palatka, FL 32177**  
 Phone: 386-326-0077 / Fax: 386-326-0188

## Lung Screening Eligibility and Order Form

### STEP 1: Demographics

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Patient Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Allergies: \_\_\_\_\_

Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Physician Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### STEP 2: Eligibility

Individual must meet all criteria for Medicare Coverage

#### Indications

- Current smoker (F17.200)
- Former smoker (Z87.891) (must have quit within the past 15 years)

Number of years since quitting: \_\_\_\_\_

**Packs/day** (20 cigarettes/pack): \_\_\_\_\_ **X years smoked:** \_\_\_\_\_ equals **Pack Years:**

*(Requires "YES" to all of the following)*

• Age 55 - 77	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Currently a smoker or has quit within the past 15 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Has a ≥ 30 pack a year smoking history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Asymptomatic (no signs or symptoms of lung cancer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If diagnosed, the patient is willing to undergo curative treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### STEP 3: Order

**Order:** CT Low Dose Lung Screening (without contrast)

**Low-dose computed tomography for lung cancer screening** (HCPCS: S8032/G0297)

By signing this order, you are certifying that:

- The patient has participated in a **shared decision making session** during which the potential risks 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, including the offering of tobacco cessation counseling.
- 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)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
NPI (required)

\_\_\_\_\_  
Date