



Patient Name: _____ Date of Birth: _____ Sex: Male/ Female
 Patient Home Phone #: _____ Patient Cell Phone #: _____
 Patient Insurance Coverage: _____
Name of Insurance ID number
 Insurance Authorization: _____
 Ordering Physician: _____ NPI#: _____
Print Required by CMS

Order: Screening Low Dose CT Scan of the Chest without Contrast

Please provide the following patient information, required by CMS and other insurances:

Current age: _____ (must be between 50-80) Age/Date of smoking onset: _____
 Pack-years of smoking: _____ (patient must have 20+ pack year smoking history)
 Currently smoking? Yes/No If no, how many years since quitting/ date ceased? _____
(must be 15yrs or less)
 Is patient asymptomatic? Yes / No (patient must be asymptomatic)

Check one: Baseline screening examination OR Follow-up Screening

By signing this order, you are attesting 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 maintaining smoking abstinence, including the offer 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**).

✓Ordering Physician Signature: _____ Date: _____

For additional information regarding Screening Low-Dose CT Scans, please visit our website at www.sdimaging.com – Services – CT & CT Angiography – Lung Cancer Screening CT

Patients should report to:
 North County Radiology-Escondido 1955 Citracado Parkway, #100 Escondido CA 92029
 North County Radiology-Oceanside 3909 Waring Road, Suites B&C Oceanside CA 92056
Please bring this order form with you to your appointment

○ CT Technologist: E-Mail notification to Patient Navigator after completion Date: _____ Initials: _____