



# Davis Medical Center

812 Gorman Avenue • Elkins, WV 26241 • 304.636.3300 • Fax 304.637.3435 • davishealthsystem.org

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (must be age 50-80)

Height: \_\_\_\_\_ Weight \_\_\_\_\_

Number of packs per day \_\_\_\_\_ X Years Smoked \_\_\_\_\_ = Pack Year \_\_\_\_\_ (min. 20 pack year History)

Currently smoking? Y N If not smoking, how many years quit? \_\_\_\_\_ (must be less than 15 years to qualify)

• Insurance coverage varies. Check with carrier to determine coverage.

Ordering Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Fax: \_\_\_\_\_

CT Lung Screening Exam (initial, repeat or follow-up) G0297

Comments: \_\_\_\_\_

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 maintaining smoking abstinence. The patient will be offered the option of attending a smoking cessation class at Davis Medical Center during the scheduled appointment time
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, now or changing cough, coughing up blood, or unexplained significant weight loss)

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

