



# CT LUNG SCREENING APPOINTMENT SCHEDULING

**651.632.5700** phone

**651.632.5701** fax

Appointment Date and Time \_\_\_\_\_

Maplewood

Downtown

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ (Must be 55-80)

Phone Number \_\_\_\_\_

## Lung Screening Information

Packs Smoked Each Day (20 Cigarettes Per Pack): \_\_\_\_\_ x Years Smoked: \_\_\_\_\_ = Pack Years\*: \_\_\_\_\_

\*Online pack year calculator: [www.smokingpackyears.com](http://www.smokingpackyears.com) (Must be at least 30 pack years)

Currently Smoking?      Y      N

If you quit smoking, how many years ago did you quit? \_\_\_\_\_

Do you have a personal history of lung cancer?      Y      N

Years since original diagnosis of lung cancer? \_\_\_\_\_

## Insurance Information

Name of Insurance Provider \_\_\_\_\_

ID/Policy Number \_\_\_\_\_

Group Number (if applicable) \_\_\_\_\_

## For Physicians

CT Lung Screening

Follow-up

Ordering Physician (print name) \_\_\_\_\_

(      )      -

Phone Number

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

(      )      -

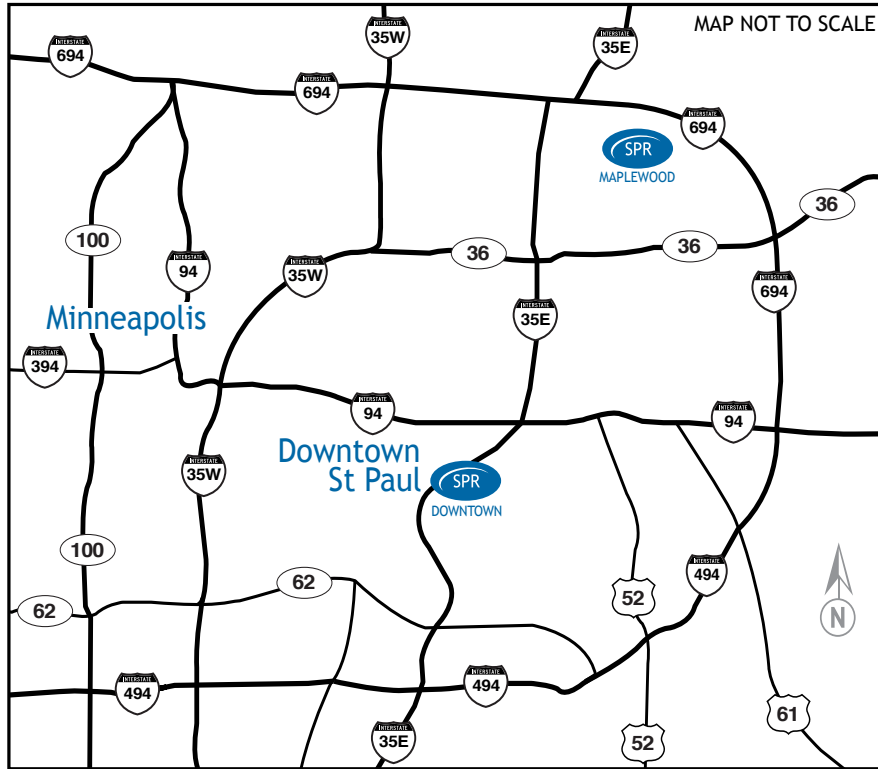
Fax Number

## (For Physicians) By Signing This Order, You Are Certifying That:

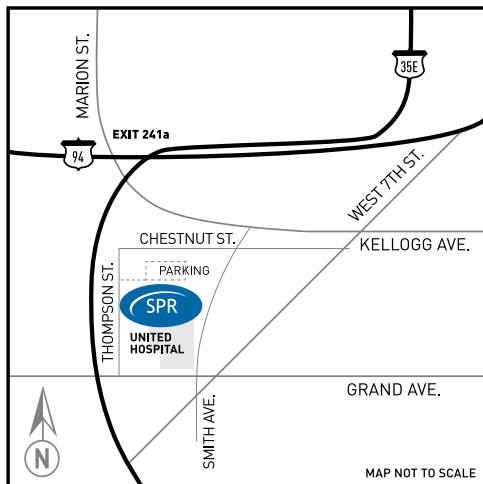
- The patient has participated in a discussion about the potential risks and benefits of CT lung screening.
- The patient was counseled on the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient participated in a shared decision making discussion including the importance of smoking cessation and/or maintaining 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).

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

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

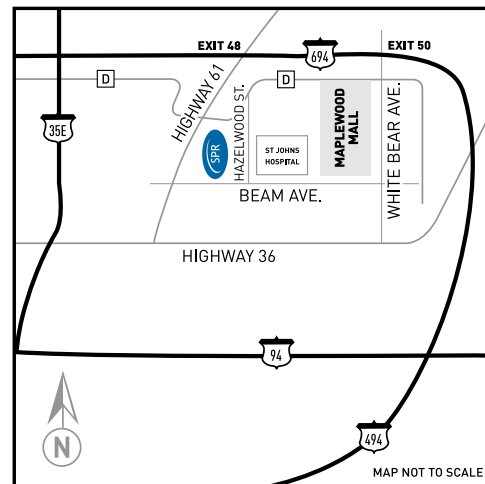


For detailed directions to each imaging center, please visit our website at [stpaulradiology.com/contact/imaging-centers](http://stpaulradiology.com/contact/imaging-centers)



**DOWNTOWN**

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**MAPLEWOOD**

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