



The Choice is Clear.

# Low Dose CT Lung Screen Referral

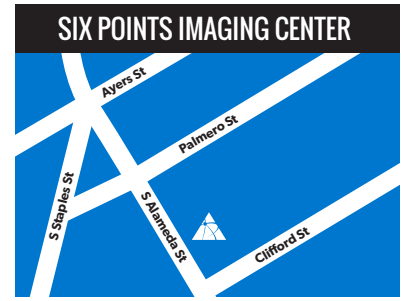
## 361-887-7000 Central Fax: 361-561-3107

\*For faster scheduling send orders through Royal MD or HL7 interface

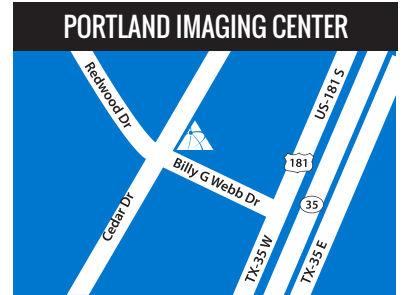
### ALL criteria must be met for Medicare reimbursement.

Please check  to indicate that each criterion has been met:

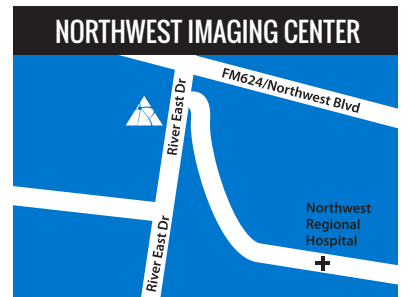
- Screening participant is 50-80 years old; who currently smoke or have quit within the past 15 years
- Screening participant has a tobacco smoking history of at least 20 pack-years (ie: 1 pack per day for 20 years or 2 packs per day for 10 years, etc.)
- Screening participants must be a current smoker or have quit within the past 15 years.
- Screening participant **DOES NOT** display any signs or symptoms of lung cancer
- Screening participant has received counseling on the importance of adherence to annual lung screen LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment
- Screening participant has received counseling on the importance of maintaining cigarette smoking abstinence if former smoker, or the importance of smoking cessation if current smoker, and if appropriate, has been furnished with information about tobacco cessation and intervention



1812 S. Alameda, Corpus Christi, TX 78404



1776 Billy G. Webb Dr., Portland, TX 78374



3929 River East Dr., Corpus Christi, TX 78410

Date: \_\_\_\_\_ Appointment Date/Time preferred: \_\_\_\_\_

Patient: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Pack/Years Patient smokes/has smoked (**MUST BE INCLUDED**): Pack: \_\_\_\_\_ Years: \_\_\_\_\_

Patient current smoking status (**MUST BE INCLUDED**): \_\_\_\_\_

### REPORT URGENCY

Regular Mail  Regular Fax  Stat Fax  Stat Call Report

Referring physician signature: \_\_\_\_\_ NPI: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Office fax number: \_\_\_\_\_

Cc to other physician: \_\_\_\_\_

**All patients should confirm pre-scheduled appointments 24 hours in advance by calling 361-887-7000**

TAX I.D. #74-1087689