



Low Dose CT Lung Screen Referral

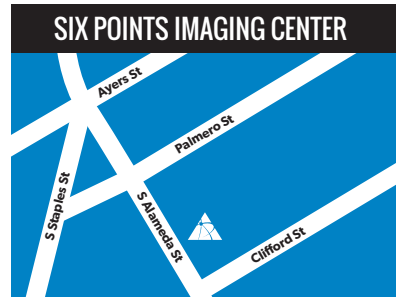
361-887-7000
Central Fax: 361-561-3107

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

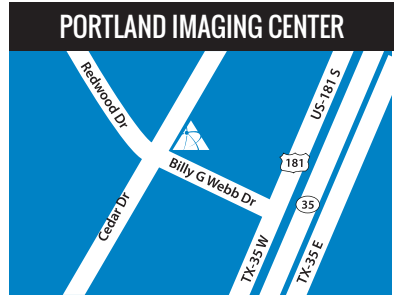
ALL criteria must be met for Medicare reimbursement.

Please check ☒ to indicate that each criterion has been met:

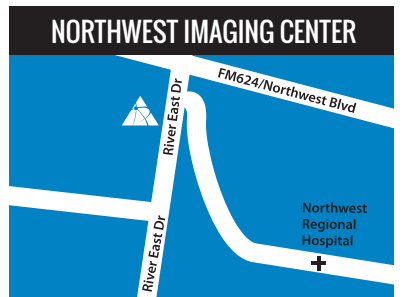
- ☐ Screening participant is 50-80 years old; who currently smoke or have quit within the past 15 years
 - ☐ Current Smoker
 - ☐ Former Smoker (quit within the past 15 years)
 - *If former smoker: _____ years since quitting
- ☐ Screening participant has a tobacco smoking history of at least 20 pack-years (ie: 1 pack per day for 20 years or 2 packs per day for 10 years, etc.)
- ☐ Screening 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**): _____

Insurance Company: _____ Policy # _____ Group # _____

Insured Name: _____ Relationship to Patient: _____

Secondary Insurance Company: _____ Policy # _____ Group # _____

AUTHORIZATION # (WHEN/IF NEEDED): _____ Effective Dates _____ to _____

Referring Healthcare Professional signature: _____ NPI: _____

Office phone number: _____ Office fax number: _____

Cc to other Healthcare Professional: _____

**All patients should pre-register for their appointments 24 hours in advance through
the patient portal or by calling 887-7000 (option 5)**

TAX I.D. #74-1087689