



Patient Information:

Patient Name _____ DOB _____

Phone _____

Diagnosis:

_____ Z12.2 Screening for malignant neoplasm of the respiratory organs

_____ F17.200 Tobacco use

_____ F17.210-F17.219 Nicotine dependence on cigarettes

_____ Z87.891 Personal history of tobacco user

Exam Requested:

_____ CT Lung Cancer Screening

CPT code G0297

Patient Criteria for CT Lung Cancer Screening:

Patient is 55-77 years of age YES NO

Patient is or has been a smoker for \geq *30 pack years YES NO

a. Defined as one pack a day for 30 years or three packs a day for 10 years

b. Actual number of pack years smoked _____

c. Pack Year Calculator <http://smokingpackyears.com>

Patient still smoking YES NO

a. If no, how many years since quitting smoking _____

Asymptomatic (no signs of lung cancer) YES NO

Referring Provider's Signature

Date Ordered

Referring Provider's Printed Name

Please fax signed orders, demographics, insurance and clinicals.

MRI • CT • PET/CT • Ultrasound • Mammography
Bone Density • X-Ray/Fluoro • Myelogram • Arthrogram



Arlington

817.472.0801 | 817.472.0840 fax

Keller

817.482.2000 | 817.482.2050 fax

Burleson

817.447.3443 | 817.447.9094 fax

Lewisville

972.434.6737 | 972.434.6739 fax

Dallas Forest Lane

214.369.3795 | 866.225.8389 fax

McKinney

214.250.5090 | 214.250.5095 fax

Dallas NorthPark

214.820.1700 | 214.989.6684 fax

Mesquite

972.289.5558 | 972.289.5786 fax

Denton

940.320.6901 | 940.320.6969 fax

Plano

972.378.6858 | 972.378.9088 fax

Flower Mound

972.724.0100 | 972.724.4455 fax

Red Oak

972.617.7731 | 214.736.9234 fax

Downtown Fort Worth

817.922.7780 | 817.768.3255 fax

Richardson

972.744.0882 | 972.744.0884 fax

Downtown Fort Worth PET/CT

817.335.5370 | 817.335.5318 fax

Southlake

817.424.4800 | 817.305.5050 fax

Southwest Fort Worth

817.294.1131 | 817.294.3882 fax

Tyler Open MRI

903.526.6736 | 903.526.7911 fax

Fossil Creek

817.428.5002 | 817.428.8101 fax

Waco

254.755.4410 | 254.755.4413 fax

Grand Prairie

972.579.4480 | 972.579.3909 fax

Advanced Imaging Center

214.820.1700 | 214.989.6684 fax

Hurst

817.498.6575 | 817.498.8854 fax

Baylor Diagnostic Imaging Center at Junius

214.820.1700 | 214.989.6684 fax

Irving – Las Colinas

214-647-6161 | 214-647-6162 fax

**Touchstone**

MEDICAL IMAGING

Your physician has requested a Low Dose CT Lung Cancer Screening due to your smoking history. We do need a physician's order to complete your scan. You will receive a letter from Touchstone Imaging with your results. If you have any questions, please contact Touchstone Imaging or your referring physician.

For additional information on Low Dose CT Lung Screenings or for help to quit smoking, visit:

American Cancer Society
www.cancer.org

Texas Tobacco Quit Line
1-800-Quit-Now

American Lung Society
www.lung.org