



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



Round Rock

15808 RR 620 N
Suite 110
Austin, Texas 78717

North Austin

11575 Jollyville Road
Austin, Texas 78759

Central Austin

711 West 38th Street
Suite B7
Austin, Texas 78705

South Austin

4316 James Casey Street
Suite E1
Austin, Texas 78745

Kyle

135 Bunton Creek Road
Suite 101
Kyle, Texas 78640

Centralized Scheduling (512) 454-9597

Centralized Fax (512) 459-7449



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