



FLINT

McLaren Flint Imaging Center

501 S. Ballenger Hwy

Flint, MI 48532

Phone: (810) 342-4800 | Fax: (810) 342-4839

Lung Cancer Screening Eligibility Form and Physician Order

Patient Name: _____

Address: _____

Phone: (____) - _____ Alternate Phone: (____) - _____

DOB: ____ / ____ / _____ Sex: FEMALE MALE Height: _____ Weight: _____

Ordering Physician: _____ NPI#: _____

Physician Office Phone: (____) - _____

Physician Signature (Mandatory): _____ Date: _____

Primary Care Physician: _____

YES NO

Patient is between the ages of 55 and 77 and is either a current smoker or have quit smoking within the last 15 years, with at least a 30 pack-year smoking history.

Additional Questions:

Is the patient a smoker? Yes No

How many packs of cigarettes, cigars or pipes does the patient smoke per day? _____

How many years has the patient been a smoker? _____

How many years has it been since the patient has quit smoking? _____

**If your patient's smoking habits varied throughout the years, try using the Smoke Pack Years Calculator found at smokingpackyears.com.

Patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling

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)

Patient was informed of the importance of adherence to annual screening, impact of co-morbidities, and ability/willingness to undergo diagnosis and treatment.

Patient has participated in the shared decision making session during which potential risks and benefits of CT lung screening were discussed.

Fax this completed form to McLaren Flint Imaging Center at (810) 342-4839.

PLEASE PROVIDE A COPY FOR THE PATIENT AND INSTRUCT THEM TO BRING THE ORDER FORM TO THEIR LUNG SCREENING APPOINTMENT.