

**PHYSICIAN REFERRAL/ORDER FORM**



Please fax completed form to Central Scheduling:

- Piedmont Atlanta  Fayette  Henry  Mountainside  Newnan: **404.367.4417**  
 Piedmont Athens  Newton  Rockdale  Walton: **706.475.2105**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Ordering Physician: \_\_\_\_\_ NPI # \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ (P) \_\_\_\_\_ (F) \_\_\_\_\_

**SPECIAL REQUEST**

*Check all that apply*

- Wheelchair Assistance  
 Language Services  
 Weight > 450 lbs

**ELIGIBILITY** *(all must be completed)*

Patient's Current Age: \_\_\_\_\_  
 Avg. packs per day \_\_\_\_\_ x # yrs. smoked \_\_\_\_\_ = \_\_\_\_\_ pack-years  
 Smoking Status:  Current Smoker  
 Former Smoker If Former, # years since quit \_\_\_\_\_  
 Current Symptoms of Lung Cancer?  Yes  No

*CMS Criteria: (Must meet all 4)*

- Age 55-77
- ≥ 30 pack-years
- Current Smoker or Quit within last 15 years
- No lung cancer symptoms

*Criteria for other Insurers may differ. Patients not meeting criteria, may be responsible for payment.*

**PHYSICIAN ORDERS**

*(Check correct order below and enter diagnosis code(s))*

**CT Lung Screen: Baseline and Annual (IMG2004)**

- Baseline  Annual Screening

Prior Screen LungRad:  1  2

**CT Lung Screen Diagnosis Code**

- Z87.891 Personal history, nicotine dependence  
 Nicotine dependence, cigarettes:  
 F17.210 – uncomplicated  
 F17.211 – in remission  
 F17.213 – with withdrawal  
 F17.218 – with other nicotine-induced disorders  
 F17.219 – with unspecified nicotine-induced disorders  
 Other \_\_\_\_\_

**CT Lung Screen Large Nodule Follow Up (IMG3568)**

*(Scans done to Follow nodule(s) ≥6mm identified on prior lung screen(s))*

Prior Screen LungRad Category (please check one):  3  4a

**PET-CT Follow Up (IMG2010)**

Nodule(s) with ≥8mm solid component. Prior Screen LungRad:  4b

**Lung Screen Follow Up Diagnosis Code**

- R91.1 – Solitary Pulmonary Nodule  
 R91.8 – Other non-specific abnormal finding of lung field  
 Other \_\_\_\_\_

**Location of prior scan:**

- Piedmont  Other (indicate location) \_\_\_\_\_

**By signing this order, you are certifying that:**

- The patient meets appropriate payor eligibility guidelines for LDCT lung screening.
- The patient has not received a Chest CT in the last 12 months.
- The patient has no symptoms of lung cancer. (such as upper respiratory infection/pneumonia in the last 12 weeks, coughing up blood, or unexplained weight loss of 15lbs or more)
- The patient was seen for a shared decision making visit during which potential risks and benefits of CT Lung Screening were discussed (Required by CMS for Initial Screening only)
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment if necessary.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence. Current smokers were provided information regarding smoking cessation and available classes.

**Ordering Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_\_  a.m.  p.m.

For Assistance Please Contact Piedmont's Lung Screening Program at 404.605.LUNG (5864) • Piedmont Athens questions, please contact 706.475.5982