

Low Dose (LDCT)
Lung Cancer Screening
with CT

For scheduling, call:
(973) 912-0404

Order Form

Medicare Beneficiary eligibility criteria:

- Age 55-77
- Asymptomatic (*no signs or symptoms of lung cancer*)
- Tobacco smoking history of at least 30 “pack-years”
(*one “pack-year” = smoking one pack per day for one year*)
- Current Smoker or one who has quit smoking within the last 15 years
- Has undergone an initial counseling and shared decision-making visit
(*elements detailed on back*)

Patient Name: (Last, First) _____

Date of Birth: _____ Patient Phone: _____

Packs/day (20 cigarettes/pack) _____ x Years smoked: _____ = Pack years : _____

Currently smoking? Y N If not smoking, how many years quit? _____

Ordering MD (print name): _____ Phone: _____

NPI: _____ Fax: _____

CT LUNG SCREENING EXAM (initial, repeat or follow-up)

Comments: _____

By Signing this order, you are certifying that:

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The 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).

Clinician Signature: _____

Date: _____



MILLBURN
MEDICAL
IMAGING, P.A.

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A lung cancer screening counseling and shared decision-making visit includes the following elements (and is appropriately documented in the beneficiary's medical records):

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of co-morbidities and ability and willingness to undergo diagnosis and treatment;
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing or information about tobacco cessation interventions; and
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT (see front of this form).