Fred Hutch Cancer Center

CT Lung Cancer Screening Order Form

Scheduling Tel: (206) 606-1434 Scheduling Fax: (206) 606-6729

Patient Name: _____ Patient Phone: _____ Language: _____

Date of Birth: ___/___/____ Age: _____ Height: _____ Weight: _____

Lung Cancer Screening Low Dose Chest CT ☐ Reason for exam: Lung Cancer Screening

Shared Decision-Making visit, (as needed)*: I have completed ☐ Defer to LCS Program to complete ☐

Preference for follow-up care, (if required): I will manage ☐ Defer to LCS Program to provide ☐

☐ Current Smoker ☐ Former Smoker: Quit Year: _____

☐ Maximum Packs per day: _____ ☐ Years Smoking: _____

☐ Pack Year History: _____

By signing this order, you are certifying that (Please check below):

- ☐ The patient is between the ages of 50-77 for Medicare insurance and 50-80 for Medicaid/private insurance.
- ☐ The patient is a current or former smoker with at ***least*** a 20 pack year history **AND** has smoked within the last 15 years.
- ☐ The patient is asymptomatic for lung cancer (patients that have symptoms for lung cancer should typically receive a diagnostic CT).
- ☐ The patient is willing to undergo diagnosis and treatment should a lung cancer be found.
- ☐ The patient does not have any co-morbidities that would preclude treatment such as poor lung and cardiac function or chronic supplemental oxygen use.
- ☐ The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation consulting services, if applicable.
- ☐ A fax of the most recent clinic note has been sent to: Radiology Scheduling at (206) 606-6729

A one-time shared decision-making session, discussing the risks and benefits associated with screening (using one of the decision aids below), must be completed for initial scan only.

- University of Michigan lung cancer risk calculator: www.shouldiscreen.com
- American Thoracic Society: https://www.thoracic.org/patients/patient-resources/resources/decision-aid-lcs.pdf
- American Lung Association: www.lungcancerscreeningsaveslives.org

PHYSICIAN SIGNATURE:	ORDERING/ATTENDING PRINTED NAME:	NPI CODE:	DATE:	TIME:
REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED
PHONE NUMBER:		FAX NUMBER:		

UW Medicine

Fred Hutch Cancer Center is an independent organization that also serves as UW Medicine's cancer program.