



CT LUNG SCREENING APPOINTMENT SCHEDULING

651.632.5700 *phone*

651.632.5701 *fax*

Appointment Date and Time _____

Maplewood

Downtown

Patient Name _____

Date of Birth _____ / _____ / _____

E-Mail Address _____

Age _____ (Must be 55-80)

Phone Number _____

Lung Screening Information

Packs Smoked Each Day (20 Cigarettes Per Pack): _____ x Years Smoked: _____ = Pack Years*: _____
*Online pack year calculator: www.smokingpackyears.com (Must be at least 30 pack years)

Currently Smoking? Y N If you quit smoking, how many years ago did you quit? _____

Do you have a personal history of lung cancer? Y N Years since original diagnosis of lung cancer? _____

Insurance Information

Name of Insurance Provider _____

ID/Policy Number _____

Group Number (if applicable) _____

For Physicians

CT Lung Screening

Follow-up

Ordering Physician (print name) _____

Phone Number () - _____

National Provider Identifier (NPI) _____

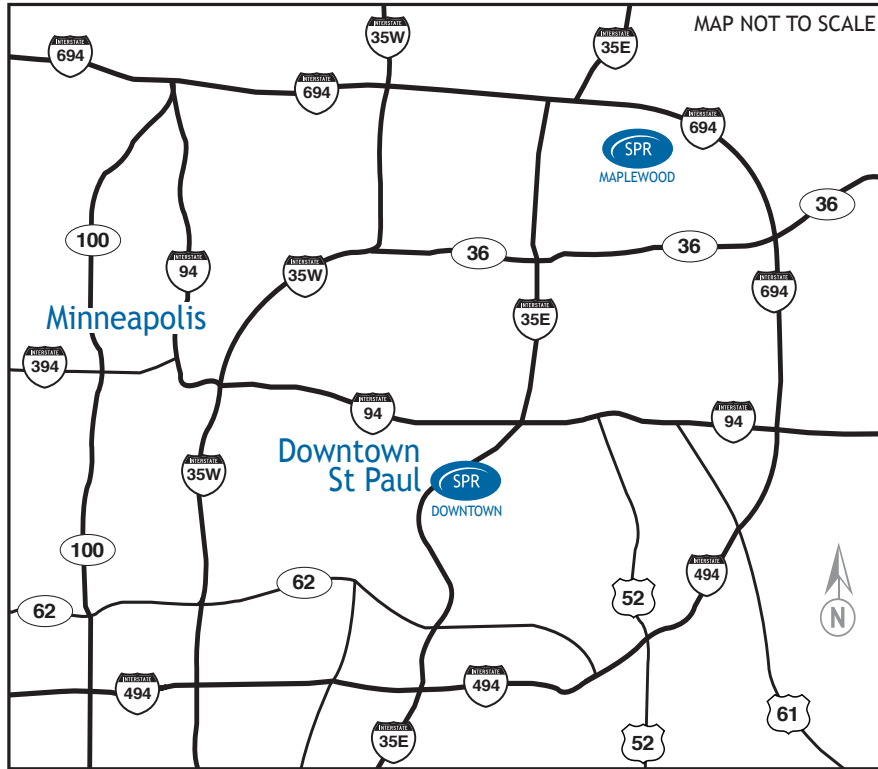
Fax Number () - _____

(For Physicians) By Signing This Order, You Are Certifying That:

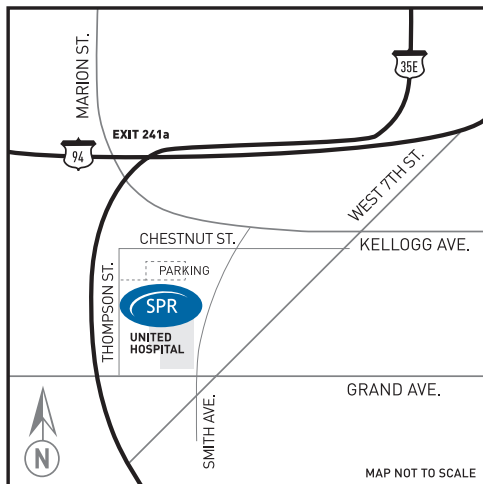
- The patient has participated in a discussion about the potential risks and benefits of CT lung screening.
- The patient was counseled on the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient participated in a shared decision making discussion including 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).

Ordering Physician Signature _____

Today's Date _____ / _____ / _____

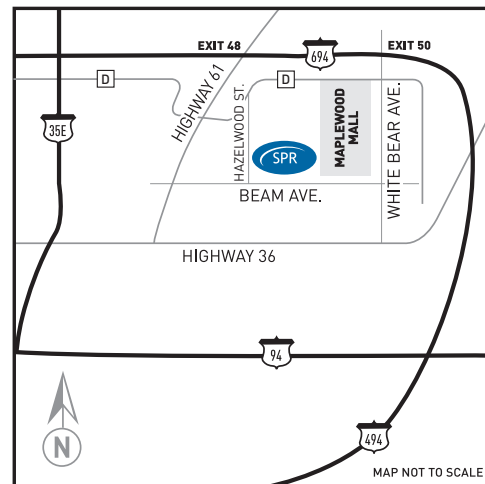


For detailed directions to each imaging center, please visit our website at stpaulradiology.com/contact/imaging-centers



DOWNTOWN

250 Thompson Street
St. Paul, MN 55102
Phone #: 651.602.7200



MAPLEWOOD

2945 Hazelwood Street North, Suite 110
Maplewood, MN 55109
Phone #: 651.747.4500