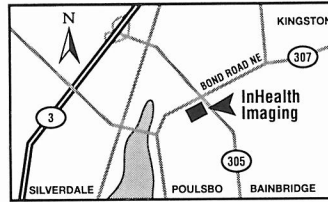




www.inhealthimaging.com

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Poulsbo, WA 98370  
(360) 598-3141

## CT Lung Cancer Screening Order Form

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  M  F

Insurance: \_\_\_\_\_ Authorization #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exam: **Lung Cancer Screening Low Dose Chest CT** Reason for Exam: **Lung Cancer Screening**

Current Smoker:  Yes  No

Former Smoker: Year Quit: \_\_\_\_\_ 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 55-77 for Medicare insurance and 55-80 for Medicaid/private insurance.
- The patient is a current or former smoker with at least a 30 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 lung diagnostic procedures 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.
- If needed, a fax of pertinent notes has been sent to InHealth Imaging at (360)598-3431.

**A one-time shared decision-making session, discussing the risks and benefits associated with screening (using one of the decision aids below), has been completed for initial scan only:**  YES  NO

- University of Michigan lung cancer risk calculator: [www.shouldiscreen.com](http://www.shouldiscreen.com)
- American Thoracic Society:  
[www.thoracic.org/patients/patient-resources/decision-aid-for-lung-cancer-screening-with-ct.php](http://www.thoracic.org/patients/patient-resources/decision-aid-for-lung-cancer-screening-with-ct.php)
- American Lung Association: [www.lungcancerscreeningsaveslives.org](http://www.lungcancerscreeningsaveslives.org)

### Additional Information:

- Some insurers may recognize NCCN Group 2 criteria for lung cancer screening which expands the high-risk population to those who are: greater than or equal to 50 years old, have at least a 20 pack year smoking history, and have one additional risk factor for lung cancer. Additional risk factors for lung cancer can include family history of lung cancer, occupational exposure, history of lung disease, or prior history of head/neck/thoracic cancer. Please have the patient contact their insurer to verify eligibility.

### Informational Handouts:

- American Cancer Society:  
[www.cancer.org/cancer/lung-cancer/prevention-and-early-detection.html](http://www.cancer.org/cancer/lung-cancer/prevention-and-early-detection.html)
- Lung Cancer Alliance: [www.lungcanceralliance.org/risk-early-detection/risk-factors/](http://www.lungcanceralliance.org/risk-early-detection/risk-factors/)
- National Comprehensive Cancer Network: [www.nccn.org/patients/guidelines/lung\\_screening](http://www.nccn.org/patients/guidelines/lung_screening)

PHYSICIAN SIGNATURE:	PHYSICIAN PRINTED NAME:	NPI CODE:	DATE:
PHONE NUMBER:		FAX NUMBER:	

**INHEALTH IMAGING, BUILDING B, 20700 BOND ROAD NE, POULSBO, WA 98370**  
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