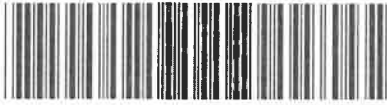




# Advanced Medical Imaging

Bozeman Health & Intercity Radiology

905 Highland Blvd. Suite 4100 Bozeman, MT 59715 Phone: (406) 414-5200 Fax: (406) 414-5205



Orders Prov

**Centralized Appointment Scheduling**  
**Scheduling (Radiology): (406) 414-5201**  
**Fax (Film Library): (406) 414-1657**

Appointment Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

**Low Dose Chest CT / Lung Cancer Screen**  
ICD 10: Z12.2

**Lung Cancer Screening/ Low Dose Chest CT SCAN Patient Criteria:**

- Ages 55 to 77 years
- Current or former smoker (within the past 15 years)
- A smoking history of at least 30 packs-years (1 pack a day for 30 years, 2 packs a day for 15, etc.)
- No history of lung cancer

*\*If patients are symptomatic, they may benefit from standard CT with contrast.*

Patient Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_/\_\_\_/\_\_\_  Male  Female

Physician's Name: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax#: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

By signing this order, I certify that:

- The patient has participated in a shared decision making session during which potential risk 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).

Physician's Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Required