DERRY IMAGING

Scheduling: 603.537.1378 | **Fax:** 604.434.3749

❍ **Derry Imaging Center**
6 Tsienneto Road, Suite 100LL, Derry, NH 03038

❍ **MRI & CT Center at Bedford**
160 South River Road, Suite 101B, Bedford NH 03110

Low Dose Computed Tomography (LDCT) Lung Screening Requisition

Requested date of exam _____ ❑ Self-Referral ❑ Provider Referral

Patient Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone _____ Sex _____ SSN _____ Insurance _____

Group# _____ Member ID _____ Auth. Yes/No # _____

Please note: We can obtain insurance authorization for your patient on your behalf as permitted by the payer.

Ordering Provider (print name) _____

Date _____ Time _____ Signed (Provider) _____

NPI _____ Phone results to _____ Fax _____

Screening Criteria / Diagnosis: High Risk Patient Qualifying for CT Lung Screening

(Must meet all required guidelines of USPSTF or CMS to qualify for LDCT screening)

USPSTF GUIDELINES: PRIVATE INSURANCE / SELF-PAY

❑ Age: _____ (Between 55-80 years old)

Check ONLY one:
- ❑ Currently a smoker
- ❑ Quit within the past 15 years

❑ Calculated pack-years:
(Equal to a pack of cigarettes a day for 30+ years or 30-pack-years

❑ No known health problem that substantially limits life expenctancy or the ability or willingness to have curative lung surgery.

CMS GUIDELINES: MEDICARE

❑ Asymptomatic

❑ Age: _____ (Between 55-77 years old)

Check ONLY one:
- ❑ Currently a smoker
- ❑ Quit within the past 15 years

❑ Calculated pack-years:
(Equal to a pack of cigarettes a day for 30+ years or 30-pack-years

❑ Initial Screen: The patient needs a written order obtained during a "lung cancer screening counseling and shared decision-making visit" from a physician, physician assistant, nurse practitioner or clinical nurse specialist

❑ Follow-Up Screen: The written order could be from an annual wellness visit, tobacco cessation counseling session or other visit.

Services provided by

ALLIANCE HEALTHCARE | RADIOLOGY