



# CHESAPEAKE MEDICAL IMAGING

## LUNG CANCER SCREENING PROGRAM ORDER FORM

### PATIENT'S INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ DOB \_\_\_\_\_

**ANNUAL**  
 Screening Date \_\_\_\_\_  
 **71271** Low-dose for lung cancer screening  
 **Z87.891** for former smokers (personal history of nicotine dependence)  
 **F17.21** for current smokers (nicotine dependence)

**FOLLOW-UP**  
 Screening Date \_\_\_\_\_  
 Reason for Order \_\_\_\_\_  
 **CPT 71250** Low-dose Chest CT  
 **CPT 71250** Chest CT without contrast  
 **CPT 71260** Chest CT with contrast  
 Other \_\_\_\_\_

### Required Information to Determine Eligibility for Lung Cancer Screening:

- Does the patient have symptoms of lung cancer? YES  NO
- Smoking Status:**  
 CURRENT SMOKER     FORMER SMOKER     NEVER SMOKER     UNKNOWN     SMOKER, STATUS UNKNOWN  
 Number of pack years \_\_\_\_\_ Number years since quit \_\_\_\_\_
- Has the patient had a Low-dose Chest CT (screening) within the past year? YES  NO   
 If YES, please see the FOLLOW-UP section above

### By signing this order, you are certifying that:

- The patient has participated in a shared decision-making session, during which potential risks 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 and of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic for acute pulmonary disease (no fever, no chest pain, or new or changing cough and no change in quantity/color of sputum).
- The patient is free of signs or symptoms of lung cancer such as new shortness of breath, coughing up blood, new sputum production or significant unexplained weight loss. Patients with lung cancer signs or symptoms should receive a chest CT with contrast (not a low-dose without contrast lung cancer screening CT).

### PROVIDER INFORMATION

ORDERING PROVIDER \_\_\_\_\_ NPI \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## IMAGING PREP INSTRUCTIONS

Please arrive **30 minutes prior to your exam time**. Please bring:

- Photo ID
- Insurance card
- Script/order from your doctor

### CT (exams requiring IV contrast)

- Nothing to eat 2 hours prior to your exam
- Drink plenty of fluids
- Medication may be taken the day of the exam

### DEXA

- Refrain from calcium supplements 24 hours prior to your exam
- Inform us of any recent barium, nuclear medicine and/or contrast injections

### MAMMOGRAPHY

- Refrain from applying powders, perfumes, lotions or deodorants prior to your exam

### MRI

Please inform us at the time of scheduling if you have any of the following:

- Aneurysm Clips
- Pacemaker/Defibrillator
- Metallic Implants in the body
- Spinal Devices or Pain Pumps
- Ear (Cochlear) Implants
- IUD
- Shunts
- Stents

### NUCLEAR MEDICINE

- These exams require the special order of an isotope prior to your study
- CMI offers speciality scheduling for your specific exam
- Receipt of your CMI Imaging Order either from you or your physician will ensure the accurate scan is scheduled

### PET/CT

- These exams require the special order of an isotope prior to your study
- CMI offers speciality scheduling for your specific exam
- Based on cancer type, oncology exams are conducted for either the Whole Body or Skull-base to Mid-thigh. Receipt of your CMI Imaging Order either from you or your physician will ensure the accurate scan is scheduled
- Whole Body PET/CT – for melanoma, t-cell lymphoma, multiple myeloma and sarcoma of the extremities
- Skull to Mid-thigh PET/CT – for all other cancer types
- **If you have not had a diagnostic CT within the last 90 days please inform our staff**

### ULTRASOUND

- Pelvic/Renal/Obstetric exams, drink 24 oz of water 1 hour prior to exam and refrain from voiding
- Abdominal/Gallbladder exams, nothing to eat 6 hours prior to exam

**PATIENT SCHEDULING 855.455.8900**

**IMAGING ORDERS — FAX TO 855.455.8222**

For additional resources and prep instructions please visit our website at [cmirad.net](http://cmirad.net)

## CHESAPEAKE MEDICAL IMAGING LOCATIONS

### ANNE ARUNDEL COUNTY

#### ANNAPOLIS

122 DEFENSE HWY, SUITE 102  
3T MRI • 1.5T MRI • OPEN MRI • CT •  
ULTRASOUND • 3D MAMMOGRAPHY •  
DEXA • XRAY • WOMENS IMAGING

810 BESTGATE ROAD, SUITE 100  
CT • PET/CT • ULTRASOUND

WEEMS CREEK MEDICAL CENTER  
600 RIDGELY AVE, SUITE 100  
CT

#### GLEN BURNIE

7801 ELVATON RD, SUITE 1  
3T MRI • 1.5T MRI • CT • PET/CT •  
ULTRASOUND • XRAY • NUCLEAR MEDICINE

### BALTIMORE REGION

#### CATONSVILLE

910 FREDERICK RD  
3T MRI

#### LUTHERVILLE/TOWSON

1312 BELLONA AVE, SUITE 102  
3T MRI • CT • PET/CT • ULTRASOUND • XRAY

#### WHITE MARSH

8114 SANDPIPER CIR, SUITE 106  
1.5T MRI • XRAY

### EASTERN SHORE REGION

#### CHESTERTOWN

6602 CHURCH HILL RD, SUITE 150  
1.5T MRI • OPEN MRI • ULTRASOUND

#### EASTON

401 PURDY ST, SUITE 104  
3T MRI • CT • PET/CT • ULTRASOUND •  
3D MAMMOGRAPHY • DEXA •  
WOMENS IMAGING

#### STEVENSVILLE

130 LOVE POINT RD, SUITE 105  
1.5T MRI • XRAY • ULTRASOUND

### HOWARD COUNTY

#### FULTON (Maple Lawn)

11810 WEST MARKET PL, SUITE 102  
3T MRI

### PRINCE GEORGE'S COUNTY

#### BOWIE

4201 NORTHVIEW DR, SUITE 105  
1.5T MRI • CT • PET/CT • ULTRASOUND •  
XRAY • HYSTEROSALPINGOGRAPHY (HSG)