Order for Low-dose CT (LDCT) Chest for Lung Cancer Screening

Last Name   First Name  DOB   Phone  
UVA MRN (if known)  Insurance  Policy No.  Height  Weight

Expected date of LDCT:

Check one of the following orders (required):
- □ LDCT chest (CPT code: G0297) – BASELINE
- □ LDCT chest (CPT code: G0297) – ANNUAL

Check one of the following (required):
- □ ICD 10 - Z87.891: Current smoker with at least a 30 pack year smoking history
- □ ICD 10 – F17.210: Former smoker with at least a 30 pack year smoking history who quit within the last 15 years. If former, then year quit:_______

By signing this order, you are certifying that (please check below):
- □ Patient is between the ages of 55 and 77.
- □ Patient is currently free from symptoms of lung cancer.
  - Symptoms include chest pain, new SOB, new or changing cough, hematemesis, unexplained significant weight loss. Patients who are symptomatic should receive a diagnostic CT.
- □ Prior to the baseline scan, the patient participated in a one-time shared decision session during which potential risks/benefits of lung cancer screening with LDCT were discussed, and this was documented in the patient’s medical record.
- □ The patient was informed of the importance of adherence to annual screening, impact of comorbidities, 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 tobacco cessation counseling services if applicable.
- □ The patient has NOT had a CT chest within the last 365 days.

Clinic Name:     Ordering provider signature:

Ordering provider printed name:   NPI:   Date:  
Phone:       Fax:

To schedule: Fax form to: 434-244-9408. Radiology will call the patient directly to schedule. For any questions, please call UVA Imaging 434-243-0321, Opt. 1, 1.

For more information: https://uvahealth.com/services/lung-cancer/refer-a-patient