

Patient Information:

Patient Name _____ DOB _____

Phone _____

Diagnosis:

- _____ Z87.891 for former smokers (personal history of nicotine dependence)
- _____ F17.210 Nicotine dependence, cigarettes, uncomplicated
- _____ F17.211 Nicotine dependence, cigarettes, in remission
- _____ F17.213 Nicotine dependence, cigarettes, with withdrawal
- _____ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- _____ F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

Exam Requested:

_____ CT Lung Cancer Screening CPT code 71271

Patient Criteria for CT Lung Cancer Screening:

- Age 50-77 years Y N
- Asymptomatic (no signs or symptoms of lung cancer) Y N
- Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes) Y N
- Current smoker or one who has quit smoking within the last 15 years Y N

As the referring provider, I have completed the Lung Cancer Screening Counseling exam with the patient (G0296).

Referring Provider's Signature

Date Ordered

Referring Provider's Printed Name

- If patient has any significant lung nodule findings requiring follow-up sooner than one year, please forward to Lung Cancer Navigator with SCL Health/Intermountain Healthcare for followup.
 - Lutheran Medical Center
 - Saint Joseph Hospital
 - Good Samaritan Medical Center
 - Platte Valley Medical Center

Please fax signed orders, demographics, insurance and clinicals.

Touchstone Medical Imaging Locations

📍 AURORA

3055 South Parker Road, Suite 103
Aurora, CO 80014
Phone: 303.632.2222
Fax: 303.632.2210

📍 CASTLE ROCK

3911 Ambrosia St. #104
Castle Rock, CO 80109
Phone: 303.214.9290
Fax: 303.214.9287

📍 DRY CREEK

125 Inverness Drive East, Suite 140
Englewood, CO 80112
Phone: 303.662.1674
Fax: 303.662.1601

📍 LAFAYETTE

390 Empire Road, Suite 102
Lafayette, CO 80026
Phone: 303.253.3280
Fax: 303.253.3281

📍 LAKEWOOD

14062 Denver West Parkway
Bldg 52, Suite 180
Lakewood, CO 8041
Phone: 303.216.9000
Fax: 303.216.2101

📍 SUPERIOR

3 Superior Drive, Suite #150
Superior, CO 80027
Phone: 720.378.5014
Fax: 3720.889.2812

📍 THORNTON

12021 Pennsylvania Street, Suite 106
Thornton, CO 80241
Phone: 303.991.2021
Fax: 303.991.2026

📍 UPTOWN

1007 E. Colfax Avenue
Denver, CO 80218
Phone: 303.248.5355
Fax: 303.248.5354

📍 WHEAT RIDGE

7615 West 38th Avenue, Suite B115
Wheat Ridge, CO 80033
Phone: 303.318.2900
Fax: 303.463.4838

Smoking Cessation Information

Your physician has requested a Low Dose CT Lung Cancer Screening due to your smoking history. We do need a physician's order to complete your scan. You will receive a letter from Touchstone Medical Imaging with your results. If you have any questions, please contact Touchstone Imaging or your referring physician.

For additional information on Low Dose CT Lung Screenings or for help to quit smoking, visit:

American Cancer Society
www.cancer.org

Colorado Tobacco Quitline
1-800-QUIT-NOW

American Lung Society
www.lung.org