HAWAIʻI PACIFIC HEALTH
KAPIʻOLANI
PALI MOMI
STRAUB BENIOFF
WILCOX

CT Lung Cancer Screening Program Order Form

Patient Name: _____ **Date of Birth:** _____

MRN: _____ **Phone Number:** _____

Procedure:

☐ **CT LUNG SCREENING (LOW DOSE) WITHOUT CONTRAST [IMG1449] [CPT: 71271]**
(Select order for annual CT Lung Screening, to be ordered once per year)

☐ Baseline ☐ Annual

Please select one ICD-10: ☐ F17.210 Cigarette Smoker (Current) ☐ Z87.891 Former Smoker

Currently Smoking? YES / NO If NO, years since quitting: _____ (Must be ≤15 years ago to qualify)

Pack Years: _____ (20 pack years or more required)

*To calculate Pack Years: Number of years smoked x Average number of packs smoked per day

☐ **CT LUNG FOLLOW-UP WITHOUT CONTRAST [IMG1812] [CPT: 71250]**
(Select order for short-term follow-up, such as 1, 3, 6 month follow-up)

Reason for exam: _____

By signing this order, you are attesting that:

-The patient has participated in a shared decision making visit during which at least one or more shared decision aids were used to discuss the risks and benefits of CT lung screenings.

-The patient has been informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.

-The patient has been informed of the importance of smoking cessation and/or maintaining smoking abstinence.

-The patient is asymptomatic (no symptoms such as significant chest pain, hemoptysis, active pneumonia, or unexplained significant weight loss).

Ordering Provider Signature: _____ Date: _____

Ordering Provider (print name): _____ Phone: _____

Fax: _____ National Provider Identifier (NPI): _____

Performing Location:

☐ Kapiʻolani Medical Center for Women & Children
1319 Punahou Street, Honolulu HI 96826
808-983-8630 Fax 808-983-8133

☐ Pali Momi Medical Center
98-1079 Moanalua Road, ʻAiea, HI 96701
808-535-7733 Fax 808-485-3843

☐ Straub Benioff Medical Center
888 South King Street, Honolulu, HI 96813
808-522-4221 Fax 808-522-4240

☐ Wilcox Medical Center
3-3420 Kūhiō Highway, Līhuʻe, HI 96766
808-245-1030 Fax 808-246-2914