



Tucson Location
 2492 E. River Rd
 Tucson, AZ 85718
*See reverse side for map and modality information

Sierra Vista Location
 155 Calle Portal, Ste 500
 Sierra Vista, AZ 85635

**Southern Arizona
 Radiology Associates**
 www.sararadiology.com
 NPI: 1518344639
 TAX ID: 47-3840514

CT Lung Screening Order Form
Scheduling: 520-335-6849 Fax: 520-459-2191

Requesting Provider: _____ Prov Ph: _____ Prov Fax: _____

Patient Name: _____ DOB: _____ Contact phone: _____ Next Appt: _____

Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Pack years* _____
*pack year calculator: www.shouldiscreen.com/pack-year-calculator/

Currently Smoking? Y N If not smoking, how many years quit? _____

____ CT Lung Screening Exam (initial, repeat or follow-up)
 ____ Other

Comments: _____

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 the 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, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Ordering Provider Signature: _____ Date: _____

National Provider Identification (NPI): _____