

**Low Dose CT Lung Cancer Screening Criteria**  
**& Requisition Form**

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ \*Diagnosis Code\* \_\_\_\_\_ (required)

Services to be provided:

- Low Dose CT Lung Cancer Screening

**Patients must meet ALL of the following criteria to be eligible for low dose CT (LDCT) Lung Cancer Screening:**

- Current Smoker OR  
 Former Smoker, (#) \_\_\_\_\_ of years since quitting smoking (must be 15 years or less)  
 History of at least 30 pack years  
(#packs/day X #years smoking = \_\_\_\_\_ actual pack years)  
 Age 55-74 years  
 Asymptomatic (no signs or symptoms of lung cancer)  
 Risks and benefits of LDCT education provided to patient  
 Tobacco risk and smoking cessation materials and counseling provided

Provider NPI # \_\_\_\_\_

Provider Name (Please Print) \_\_\_\_\_

Provider Signature \_\_\_\_\_

Provider Phone/Fax \_\_\_\_\_

**Please fax this requisition form to St. Joseph Hospital Eureka at (707) 445-3210**