## STANFORD RADIOLOGY SCHEDULING CENTER Tel: (650) 723-6855 Fax: (650) 723-6036

Scheduling Hours: Monday - Friday 7:30am - 5:00pm

Website: stanfordhealthcare.org/imaging



### **CT Lung Cancer Screening Requisition**

Last Name:	First Name:		☐ Male ☐ Female ☐ Other				
Address:	P}	one #					
MRN: Date of	Birth: Weiş	ght # Height #	f (required for CT)				
Specify other considerations (e.g. interpre-							
Please provide Pre-Authorization Assistan							
Insurance Provider & Policy #			Authorization Required				
CII : /O.M.			•				
Clinic/Office:	Phone #	Fax #	Pager #				
Ordering Physician: Signatu			Date				
Attending: Print Name		ntact:Print					
Preferred Date:							
CT Lung Cancer Screening Baseline Comments:		11 Lung Cancer Screening Ai	nnual (IMIGC 10136)				
Select Relevant ICD-10 Diag  Z87.891 Personal histor  F17.210 Nicotine deper  F17.211 Nicotine deper  F17.213 Nicotine deper  F17.218 Nicotine deper  F17.219 Nicotine deper  Other:  CT Chest w/o contrast, Lung Cancer	gnosis Code/s: Ty of tobacco use/personal history idence, cigarettes, uncomplicated idence, cigarettes, in remission idence, cigarettes, with withdrawardence, cigarettes, with other nicot idence, cigarettes, with unspecified idence, cigarettes, with unspecified idence, cigarettes, with unspecified idence, cigarettes, with unspecified idence idence, cigarettes, with unspecified idence identified idence.  Screening follow-up (IMGCTO)  Griteria for insurance coverage.  Serverage is USPSTF and between identified ide	of nicotine dependence  I time-induced disorders d nicotine-induced disorders  601)  50 – 77 years of age.					
<ol> <li>What is the patient's current smoking ☐ Current smoker ☐ Quit with</li> <li>Does the patient have a history of at least the patient's current smoking ☐ Quit with the patient have a history of at least the history of at least the history of at least the histo</li></ol>	nin last 15 years  Quit mo east 20 "pack years" of smoking?		e for screening)				
Packs/day (20 cigarettes/pack):  4. Does the patient have clinical signs of (This exam should not be used for path or weight loss of more than 15 lbs. in	r symptoms of lung cancer? Tyee ients that exhibit clinical symptom	s No s of lung cancer, such as unexp					
<ul> <li>Exclusion criteria for study:</li> <li>Acute respiratory infection treate</li> <li>CT scan of the thorax within the</li> </ul>	d with antibiotics in the 12 weeks past 12 months						
• The patient has participated in a sh potential risks and benefits of CT I	ared decision making session during	STA	TANFORD HEALTH CARE NFORD, CALIFORNIA 94305				

- The patient was informed of the importance of adherence to 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.



SCREENING REQUISITION



#### Stanford Health Care Imaging Services

**Stanford Radiology Scheduling Center** 

Phone: (650) 723-6855 Fax: (650) 723-6036

Website: stanfordhealthcare.org/imaging

Patient Financial Clearance Phone: (650) 724-4445

(insurance and/or authorization inquiries)

City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammogram	DEXA/ Bone Density	Nuclear Medicine	PET/CT	PET/MR	Flouroscopy	Musculoskeletal Procedures	Image Library
Emeryville	Stanford Health Care at Emeryville	5800 Hollis St., Emeryville, CA 94608	/		\	/	<b>✓</b>	S/D, 3D	<b>✓</b>	✓					
Emeryville	Stanford Health Care at Emeryville	6121 Hollis St., Ste. 400, Emeryville, CA 94608	>		<b>\</b>	>					>				
Palo Alto	Stanford Medicine Imaging Center	451 Sherman Ave., Palo Alto, CA 94306	1		1										<b>\</b>
Palo Alto	Hoover Pavilion 1	211 Quarry Rd., Palo Alto, CA 94304					✓	S, 3D							
Palo Alto	Stanford Neuroscience Health Center	213 Quarry Rd., Palo Alto, CA 94304	\		\	>						>			>
Redwood City	Stanford Medicine Outpatient Center	420-450 Broadway St., Redwood City, CA 94063	/		/	/	/		/					/	/
San Jose	Stanford Cancer Center South Bay	2589 Samaritan Dr., San Jose, CA 95124	1		1	1	1	S/D, 3D			1				1
Stanford	Hospital	300/500 Pasteur Dr., Stanford, CA 94305	1	1	/	/	1		1	/	/		/		/
Stanford	Blake Wilbur Outpatient Clinic	900 Blake Wilbur Dr., Stanford, CA 94305	/	1	/	/	1	S, 3D							
Stanford	Stanford Medicine Cancer Center	875 Blake Wilbur Dr., Stanford, CA 94305	/				1	S/D, 3D							

#### **Stanford Health Care Tri-Valley**

Stanford Health Care Tri-Valley Imaging Services Phone: (925) 734-3376 Fax: (925) 373-4104

Website: stanfordhealthcare.org/trivalley-imaging

Patient Financial Clearance Phone: (650) 724-4445

(insurance and/or authorization inquiries)

City	Imaging Center	Address	3T MRI	1.5T MRI	CT	Ultrasound	X-Ray (Walk In)	Mammogram	DEXA/ Bone Density	Nuclear Medicine	PET/CT	PET/MR	Flouroscopy	Musculoskeletal Procedures	Image Library
Livermore	Stanford Health Care Tri-Valley Livermore	1133 E. Stanley Blvd., Livermore, CA 94550				1	1	S/D, 3D	/						1
Pleasanton	Stanford Health Care Tri-Valley Pleasanton	5555 W. Las Positas Blvd., Pleasanton, CA 94588	1	1	1	1	1			/	1		1		1
Pleasanton	Breast Imaging Center, Stanford Health Care Tri-Valley Pleasanton	5725 W. Las Positas Blvd., Pleasanton, CA 94588					1	S/D, 3D							✓

S = Screening Mammogram

D = Diagnostic Mammogram

3D = Mammogram Tomosynthesis 3-D Like

# MedLink

medlink.stanfordhealthcare.org

Our online physician portal, Stanford MedLink, offers you and your delegates the ability to create a referral or an order. You can also access your patients' charts, physician notes, test results, and images, to stay up-to-date on your patient's care.