



**Western Maryland Health System  
Low Dose Lung Cancer Screening Order Form**

Centralized Scheduling: (240) 964-8888 Toll Free: (866) 369-1122

Location of Appointment: Outpatient Diagnostic Center  
12400 Willowbrook Road

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Patient

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Eligibility Requirements for Annual Low Dose Lung Cancer Screening:**

- Patient must be between the ages of 55-77 years
- They have a smoking history of at least 30 “pack years” (an average of one pack a day for 30 years)
- They are either a current smoker or have quit smoking in the last 15 years
- The patient should have no signs or symptoms of lung disease and eligibility for coverage by CMS and other payers is dependent on the patients being asymptomatic.

**Please provide the following information:**

- The number of pack-years of smoking \_\_\_\_\_
- Does the patient smoke currently? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If no, how many years since the patient quit smoking? \_\_\_\_\_
- **The CPT code for the Low Dose Lung Cancer Screening is 71250**

**Eligibility Statement:**

- The patient has no signs or symptoms of lung disease \_\_\_\_\_ (Practitioner’s Initials)

**Ordering Practitioner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_