



Patient Information:

Patient Name _____ DOB _____
Phone _____

Diagnosis:

- _____ Z87.891 for former smokers (personal history of nicotine dependence)
- _____ F17.210 Nicotine dependence, cigarettes, uncomplicated
- _____ F17.211 Nicotine dependence, cigarettes, in remission
- _____ F17.213 Nicotine dependence, cigarettes, with withdrawal
- _____ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- _____ F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

Exam Requested:

_____ CT Lung Cancer Screening CPT code 71271

Patient Criteria for CT Lung Cancer Screening:

- Age 50-77 years Y N
- Asymptomatic (no signs or symptoms of lung cancer) Y N
- Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes) Y N
- Current smoker or one who has quit smoking within the last 15 years Y N

Referring Provider's Signature

Date Ordered

Referring Provider's Printed Name

Please fax signed orders, demographics, insurance and clinicals.

Your physician has requested a Low Dose CT Lung Cancer Screening due to your smoking history. We do need a physician's order to complete your scan. You will receive a letter from Touchstone Medical Imaging with your results. If you have any questions, please contact Touchstone Imaging or your referring physician.

For additional information on Low Dose CT Lung Screenings or for help to quit smoking, visit:

Touchstone Medical Imaging Locations

📍 SAN ANTONIO

MEDICAL CENTER

7220 Louis Pasteur, Suite 115
San Antonio, TX 78229-4537

Phone: 210.614.0600

Fax: 210-614-1611

📍 SAN ANTONIO STONE OAK

18802 Meisner Drive
San Antonio, TX 78258-4251

Phone: 210.614.0600

Fax: 210-614-1611