

Prescription for

Low Dose CT Lung Screening

Your doctor has ordered a Lung Screening CT. Your procedure will last 5-10 minutes. Results will be sent to your healthcare provider. You may be recommended to have further testing, depending on the results of your screening. Your procedure will be conducted at the Goshen Outpatient Imaging Center located at 1115 Professional Drive, Goshen, IN 46527.

Patient Name: _____

Patient Date of Birth: _____/_____/_____

Height and Weight:: _____

Current Smoker
____Y ____N

Date: _____/_____/_____

Phone Number:(_____)_____

GROUP 1

If patient is a current smoker he/she must first meet two criteria. If patient has quit smoking he/she must meet all three criteria below.

____ 55 years or older

____ Smoked at least
30 pack years*

____ Quit smoking within the last
15 years

GROUP 2

Patient must meet first two criteria PLUS one additional risk factor listed below.

____ 50 years or older

____ Smoked at least
20 pack years*

____ Have one or more risk factors
other than second-hand smoke

* Pack years is the number of cigarette packs smoked every day, multiplied by the number of years smoking.

- History of smoking
- Chronic Obstructive Pulmonary Disease (COPD) or Pulmonary Fibrosis
- Having had certain cancers
- A parent, sibling or child with lung cancer
- Major contact with radon, asbestos, arsenic, beryllium, cadmium, chromium, nickel, coal smoke, soot, silica or diesel fumes

NOTE: Patients that are symptomatic or have a history of lung cancer do not qualify for screening. If patient has had a chest CT within the last year, a waiting period of one year between chest CT and low dose CT lung screening is recommended.

Referring Provider Signature: _____

Referring Provider: _____

(Please print)

Referring Provider Phone Number: _____



To schedule a Low Dose CT Lung Screening call
(574) 364-2400 and fax order to **(574) 364-2410**.