

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: (____) _____

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.

____ 50 to 80 years old

____ Smoked at least 20 pack years*

____ Quit smoking within the last 15 years

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

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**.