

Low Dose Chest CT History Form (Procedure Code 71271)

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Today's Date: ____/____/____ Patient Name: _____

Tracking Number: _____ Date of Birth: ____/____/____

Clinical Questions

Has the patient had a Screening or Diagnostic CT Chest (with or without contrast) in the past 12 months?

YES NO

Is this exam being requested for the evaluation of suspected or known Pulmonary nodules?

YES NO

Is the patient between the ages of 50 and 80 years old (50 to 77 years old if Medicare)?

YES NO

Is the patient currently asymptomatic (excluding baseline symptoms)?

YES NO

Does the patient have a 20+ pack-year smoking history?

YES NO

Is the patient a current smoker or has quit smoking within the previous 15 years?

YES NO

By making this submission I attest, either as the ordering provider or as authorized by the ordering provider, that all statements made herein are true and verified by specific documentation in the medical record of the applicable patient, and I/the ordering provider understand(s) that misrepresentations made in this submission may be investigated for fraud and/or abuse.

I attest that standard initial clinical work-up (physical examination, laboratory testing, and review of prior abnormal imaging reports) has been completed and treatment has failed to improve the patient's clinical condition.