



## CT Lung Screening Referral

*All candidates for CT Lung Screenings should be asymptomatic, have no metastatic disease and should not have a diagnosis of lung cancer within the past five years.*

### PATIENT INFORMATION

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

### INSURANCE

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

### REFERRING PROVIDER INFORMATION

Referring Provider: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### ADDITIONAL INFORMATION

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**\*PLEASE INCLUDE ALL LABS, RADIOLOGY, PROGRESS NOTES, DEMOGRAPHICS AND INSURANCE CARDS\***

**\*\*PLEASE FAX RECORDS TO (New Patient Department): (559)326-1228**

**\*\*QUESTIONS, PLEASE CALL (New Patient Department): (559)326-1905**

East Location: 1791 E. Fir Ave. Fresno, CA 93720 \* West Location: 7130 N. Millbrook Ave. Ste#100 Fresno, CA 93720  
(559)326-1905 New Patient Dept. (559)326-1228 Facsimile