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National Lung Cancer Screening Program
Low-dose CT imaging request form

Appointment details	
Date:	Time:

Patient details		
Name:		DOB:
Address:		Telephone:
Suburb:	Postcode:	Medicare no:

Examination required
☐ Low dose non contrast CT scan of chest for Lung Cancer Screening (MBS Item Number 57410, see criteria overleaf)
☐ Follow-up Low dose non contrast CT scan of chest for Lung Cancer Screening (MBS Item Number 57413)

Clinical information - mandatory	Yes	No
Family history of lung cancer (parents, siblings or children ONLY))	☐	☐
History of any malignancy	☐	☐
Pre-existing respiratory disease (COPD, asthma, emphysema, etc.)	☐	☐
Has the patient previously had a Lung Cancer Screening CT Scan?	☐	☐
If "Yes", where was the Lung Cancer Screening CT Scan performed?		

Clinical notes (esp. any history of respiratory disease):

Referrer details		Copy To: National Cancer Screening Register (NCSR)
Referrer name:		Provider number
Address:		Telephone:
Suburb:	Postcode:	

Signature:	Date:

For appointments call 03 4333 0333
F: 03 5303 0218
E: info@sovereignradiology.com.au

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Medicare rebate criteria	Yes	No
Aged 50 to 70 years	☐	☐
Asymptomatic of lung cancer	☐	☐
AND		
30+ pack years of cigarette smoking and still smoking	☐	☐
OR		
30+ pack years of smoking and quit smoking in the last 10 years	☐	☐

"Pack-Years" definition

This is the average number of cigarette packs smoked per day multiplied by the number of years the patient has smoked.

For example, a patient smoking an average of 20 cigarettes (1 pack) per day for 10 years will have a smoking history of 10 pack years.

Office use only	Time out check...	Yes	No
Verbal consent given: Yes ☐ No ☐	1. Correct Patient:	☐	☐
Procedure:	2. Correct exam:	☐	☐
Justified and approved by:	3. Correct side	☐	☐
Date:	4. Pregnant	☐	☐

For more information regarding your procedure please refer to sovereignradiology.com.au

Lucas
Ground floor,25 Merz Street, Lucas VIC 3350

Sebastopol
Ground Floor, 49-51 Albert St, Sebastopol VIC 3356

Wendouree
1017 Howitt Street, Wendouree VIC 3355

Please bring this request form and your medicare card to your appointment

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