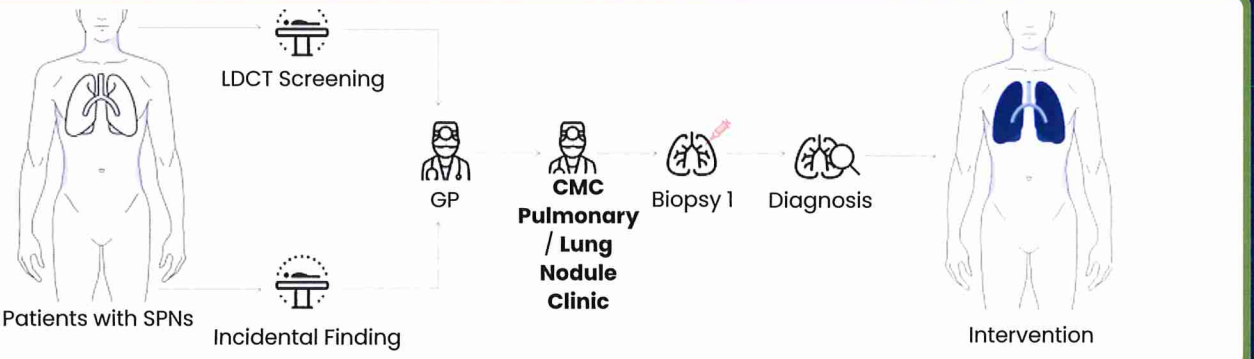
# Lung Nodule or Mass?

## Refer to CMC Pulmonary & Sleep Medicine at Conway Medical Center

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*Workflow*




## Referral Indications

- Incidental pulmonary nodule on CT
- Lung- RADS 3, 4
- Solid Nodule ≥ 6mm
- Any enlarging nodule
- High-risk smoker with suspicious imaging
- Patient concerned, wants consult

## Referral Instructions

To refer a patient, please include the following documentation:

- Most recent CT report
- Patient demographics
- Insurance information
- Referring provider note

Please send referrals to:

- **Fax:** 843-234-6889
- **Phone:** 843-234-8652

***Our goal is to reduce the time to diagnosis for lung nodule patients to under 21 days.***

**We coordinate the *entire* pathway. We manage the process from identification to *resolution*. We assume care coordination to ensure timely follow-through.**

CMC
CONWAY MEDICAL CENTER
with Novant Health

# CMC Pulmonary & Sleep Medicine Referral Form

Phone: (843) 234-6888
Fax: (843) 234-6889

## Office Use

Date: _____ Phone: _____

Referring Provider: _____

Fax: _____

## Patient Information

Full Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Reason for Referral: _____

## Notes

CMC
CONWAY MEDICAL CENTER
with Novant Health

# Lung Cancer Screening

CMC
CONWAY MEDICAL CENTER
with Novant Health

If you have any questions, we're here to help.
Our dedicated Lung Health Navigator is ready to provide support.

**Call:** 843-234-8652 Fax: 843-234-6889

## Documentation Required for Eligibility Verification:

- Age 50-80? **Yes or No**
- Current Smoker? **Yes or No**
- How many Packs per year? _____

☐ No (Patient Quit > 15 Years Ago) ☐ Yes (Patient Quit < 15 Years Ago)

If No, number of years since quit: _____ Year that you quit: _____

- Patient is asymptomatic (no signs or symptoms) for lung cancer: **Yes or No**
- Counseling and decision-making occurred at provider's office with MD/NP/PA; included adherence to LDCT screening, cigarette smoking abstinence/cessation: **Yes or No**

## Exclusion Criteria:

- Chest CT in the past 12 months
- Symptomatic for lung cancer e.g. unexplained persistent cough, worsening of chronic cough, hemoptysis, chest pain of unknown origin, new hoarseness, and or inexplained weight loss
- Lung cancer diagnosed within past 5 years

## Physician Order:

☐ CT Lung Screening Annual **F17.210**: Current smoker, nicotine dependence, cigarettes, uncomplicated

☐ CT Lung Screening Annual (LDCT) **Z87.891**: History of smoking, personal history of nicotine dependence

☐ Referral to Pulmonary

**Physician Signature:** **Date:**