

The low-dose CT (LDCT) scan is fully funded under Medicare however your doctor may charge a consultation fee for the request and any follow up required.

### Patient Details (or affix label)

Patient name:

Address:

DOB:   /   /

Phone:

Medicare number:           MBI

Aboriginal/Torres Strait Islander origin:

- ☐ No
 ☐ Yes, Aboriginal
 ☐ Yes, Torres Strait Islander
 ☐ Yes, both Aboriginal and Torres Strait Islander
   
☐ Prefer not to answer

### Clinical Information

☐ This patient meets the eligibility criteria of the National Lung Cancer Screening Program

Type of screening test:

☐ 2 yearly scan:
 ☐ New participant
 OR
 ☐ Participant returning for two-year scan

OR

☐ Interval scan to monitor previous findings  
 (1,2,3, 6 or 12 month interval scan as determined in previous NLCSP LDCT report)

☐ Any previous chest CT
 Date (if known):   /   /

Radiology provider/location (if known):

☐ Family history of lung cancer in a first-degree relatives (only required for first/baseline LDCT)  
 (First-degree relatives include parents, siblings or children)

History of any cancer ☐ No ☐ Yes (if yes, provide details)

Additional clinical / other notes, if required

### Requesting Practitioner (or affix label)

Name:

Provider Number:

Address:

Phone:

Fax:

Signature:

Date:   /   /

Send copy to: