

Lung Cancer Screening Referral Form & Pulmonary Nodule Clinic Referral Form

Date: _____

Patient Information

Patient Name: _____

DOB: _____

Patient Phone: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Insurance: _____

Referring Provider (please print): _____

Phone: _____

Provider Signature: _____

Who is at High Risk?

1. Individuals ages 50-80 years of age
2. Current smoker or have quit within 15 years.
3. If you have a smoking history of:
 - 1 pack per day over 20 years OR
 - 2 packs per day over 15 years.

For more information, call 1.855.LUNG.SCREEN (1.855.586.4727).

Annual low-dose CT lung cancer screening for high risk individuals is covered by Medicare and insurance.

Check to include Calcium Scoring

Pulmonary Nodule Clinic Referral Form

Location and size of nodule/mass: _____

Medical facility where imaging was completed: _____

Lung Cancer Screening Sites

St. Joseph's Hospital and Medical Center | 350 W. Thomas Rd., Phoenix, AZ 85013

Chandler Regional Medical Center | 1955 W. Frye Rd., Chandler, AZ 85224

Mercy Gilbert Medical Center | 3555 S. Val Vista Dr., Gilbert, AZ 85296

St. Joseph's Westgate Medical Center | 7300 N. 99th Ave., Ste. 125, Glendale, AZ 85307

Arizona General Hospital Mesa | 9130 E. Elliot Rd., Mesa, AZ 85212

Arizona General Hospital Laveen | 7171 S. 51st Ave., Laveen, AZ 85339

Cancer Institute at St. Joseph's Hospital and Medical Center | 625 N. 6th St., Phoenix, AZ 85004

Phone: 602.406.4551 | Fax: 602.798.0188



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