



Lung Cancer Screening Program

A Department of Rutland Regional Medical Center

160 Allen Street, Rutland, VT 05701 | 802.775.2036 | www.RRMC.org

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LUNG CANCER SCREENING CLINIC REFERRAL FORM

Referring Provider: _____

Phone: _____ Fax: _____

Patient Name: _____ DOB: _____ SSN: _____

Address: _____

Preferred Phone: _____

Actively Smoking? Y N

Qualifying indications for entry into the Lung Cancer Screening Program include (all must be Yes)

Y N

- Age 50 - 77
- Asymptomatic for Lung Cancer
(No fevers, chest pain, dyspnea, cough, hemoptysis, weight loss)
- 20 pack years of smoking (Avg. packs/day X years smoked)
- Current smoker or quit less than 15 years ago
- Willing and able to undergo possible treatment for lung cancer including surgery



Form # 4786 Rev. 9.16, 10.18, 9.21, 4.22

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Patient Label

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