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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone Number \_\_\_\_\_

PCP Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of image lung nodule was found on:

CT                       CXR                       MRI

Date of finding \_\_\_\_\_

Current or former smoker? \_\_\_\_\_

Personal or family history of lung cancer? \_\_\_\_\_

Preference on pulmonologist if referral is needed: \_\_\_\_\_