



Lung Care

Lung Cancer Screening Program Referral Form

Lung Screening Centre: 345 Doncaster Road, Balwyn North

719 Burwood Hwy, Ferntree Gully VIC 3156

Suite 2a Knox Private Hospital, 262 Mountain Hwy, Wantirna VIC 3152

Suite 2, Epworth Camberwell, 888 Toorak Road, CAMBERWELL, 3124

2a, Bridge Rd, RICHMOND 3121

Phone: 1300 773 210

Email: info@lungcare.au

Website: lungcare.au



LCSP

Lung Cancer Screening Program

Name:

DOB:

Medicare #:

Phone:

Address:

Diagnostic Request Diagnostic Services Requested

☐ Low Dose non contrast CT Scan of Chest for Lung Cancer Screening (MBS Item Number 57410)

☐ Follow-up Low Dose non contrast CT Scan of Chest for Lung Cancer Screening (MBS Item Number 57413)

Referral Details Reason for Referral and Clinical History

☐ Patient meets criteria for LCSP

☐ I consent to my CT Scan findings be discussed in Multi-Disciplinary Meeting (MDM),
if it was thought to be necessary and the results be communicated with my referring doctor.

Referring Practitioner's Details (include Practitioner's name and provider number)

Signature :

Copy to :

Internal use only

- ☐ Y ☐ N Patient identification verified
☐ Y ☐ N Procedure and consent verified
☐ Y ☐ N Patient checklist form verified

Correct Patient data and side markers

Thank you for referring your patient to Radiology LCSP

PLEASE BRING YOUR REQUEST FORM and PREVIOUS Chest CT Scans



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LCSP

Lung Cancer Screening Program

(To be Filled by Patient)

Age: 50-70 years old? ☐ Yes ☐ No

Any Symptoms? ☐ Yes ☐ No

☐ Breathlessness

☐ Cough

☐ Phlegm

☐ Chest pain or discomfort

☐ Wheeze

☐ Weight loss

☐ Others (include):

Current Smoker? ☐ Yes ☐ No

If you stopped smoking, did you stop less than 10 years ago: ☐ Yes ☐ No

Packsmeter (Pack-Years): _____

Please refer to
lungcare.au for calculator
or scan QR code:



Have you had a CT Scan of chest within last 12 months? ☐ Yes ☐ No

The MBS item numbers for the National Lung Cancer Screening Program (NLCSP) are 57410 for the initial low-dose CT scan and 57413 for any follow-up/interval scans. These items are mandatory bulk-billing and exempt from certain CT fee adjustments

☐ I consent to my CT Scan findings be discussed in Multi-Disciplinary Meeting (MDM),
if it was thought to be necessary and the results be communicated with my referring doctor.

Signature :

Thank you for referring your patient to Radiology LCSP

PLEASE BRING YOUR REQUEST FORM and PREVIOUS Chest CT Scans