

Lung Diagnostic Assessment Referral Letter



Lung Cancer Screening Program
Michael Garron Hospital, T2-150 CHEST Centre
825 Coxwell Ave Toronto, ON, M4C 3E7
Phone 416-469-6580 ext. 3475 Fax 416-469-7753
lungcancerscreening@tehn.ca

Patient Label

Date (YYYY/MM/DD):

TO: Referring Provider First and Last Name

CC: Primary Care Provider First and Last Name

Re: Patient status update for the Ontario Lung Screening Program

Patient Name:

Patient Date of Birth (YYYY/MM/DD):

The patient named above had a low-dose computed tomography (LDCT) scan as part of the Ontario Lung Screening Program on LDCT Scan Date (YYYY/MM/DD)

The results of this LDCT scan showed findings that could be lung cancer. The patient has been notified of their screening results. Please refer to the table below for their LDCT scan results and information on referral to lung diagnostic assessment. A member of the lung diagnostic assessment team will contact the patient to determine the most appropriate next steps.

If you have any questions or concerns about the patient's scan or these results, please contact us.

Sincerely,

Lung Cancer Screening Navigator, Michael Garron Hospital

PATIENT SUMMARY	
Lung-RADS® Version 2022 Score ¹	<input type="checkbox"/> 4B <input type="checkbox"/> 4X
Lung Diagnostic Assessment Location	Michael Garron Hospital CHEST Centre
Lung Diagnostic Assessment Team Contact Number	As above
Date of Clinic Appointment for Lung Diagnostic Assessment	

¹For more information on Lung-RADS® please refer to the American College of Radiology website:
[acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-RADS](https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-RADS)