

CT Scan Order Form

Please Print (except signature):

Patient Name: _____ Date of Birth: _____

Ordering Physician: _____ Phone: _____

Signature: _____

Requested Exam: **Please scan following the *ConformMIS Protocol***

- CT Right Lower Extremity
- CT Right Lower Extremity with contrast (CT Arthrogram Knee)
- CT Left Lower Extremity
- CT Left Lower Extremity with contrast (CT Arthrogram Knee)

Please note: An arthrogram should NOT be ordered when considering a ConformMIS iTotal knee implant

Indications: 1. _____ 2. _____

Notes: _____

Imaging Center: Phone: _____ Date & Time: _____

Address: _____

Attention: Radiologist / CT Technologist

This patient will be receiving an implant derived from your CT images. In order to ensure that the implant can be properly manufactured, it is essential that the images are acquired using the scan protocol defined in the ***CT Protocol Reference Guide***. The guide is available for download at:

www.conformis.com/imaging

Once you have acquired the images, please send a copy of all knee exams in uncompressed DICOM format to ConforMIS. Images can be uploaded through our secure website or via a direct connection from your modality or PACS system. Alternatively they may be sent on a CD or DVD. Detailed image transfer instructions are available in the ***CT Protocol Reference Guide and on the website***.

If you have any questions or would like additional information, please call Imaging Support at:

1-781-345-9170