

_____ **Makoplasty Total Hip Replacement CT Scan Protocol**

Dx: Hip Arthritis for Mako Total Hip Replacement

Right / Left Hip Replacement

_____ **D.O.**

Insight Imaging

10721 Main St. Suite G1 Fairfax VA 22030 P (703) 591-8020 F (703) 591-0722

Please fax results to: 703-391-2945

Patients Name: _____

DOB: _____

Phone: _____

Surgery Date: _____

Any questions or pre-auth concerns please call Dr. Boyd's secretary Jean Beard at 703-620-3090 ext 150