

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

Dx: Knee Arthritis for Mako Total Knee Replacement

Right / Left Knee 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: 703-391-29

mako-total-knee-
ct-scan-
prescription.pdf

Patients Name:

DOB:

Surgery Date: