

\_\_\_\_\_ **Makeoplasty Partial Knee Replacement CT Scan Protocol**

**Dx: Knee Arthritis for Mako Partial Knee Replacement**

**Right / Left Partial 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: 703-391-2945*

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*