

# Blueprint<sup>®</sup> CT protocol Imaging center order form

**Adobe Acrobat Reader app is required to fill out form on mobile devices.**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Insurance: \_\_\_\_\_ Ins. Phone: \_\_\_\_\_ ID#: \_\_\_\_\_

CT Shoulder w/o contrast     Left     Right    **\*Please mail, courier, or upload images to the cloud**

Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
(Signature) (Print name)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

## Required Blueprint scanning parameters

Blueprint uses only the thin axial images. Reformatted images will not be accepted. Start the scan a few slices above the AC joint and include the entire scapula. The medial border of the scapula must be included in the scan.

Parameter	Recommended
Modality	CT
Kernel / Algorithm	Bone or Bone+
kVp	120 or 140kVp
mA	Use auto-mA
Matrix	512 x 512

Parameter	Recommended
Image Thickness	- Helical slice thickness 1.25 mm or thinner - Detector coverage should be maximum - Pitch 0.9 or less - Rotation time 1 sec or less
DFOV	- Must be between 25 cm and 32 cm
Exposure time	- 1000ms

Complete Blueprint scan protocol and cloud upload instructions can be found at [shoulderblueprint.com/scan-protocol](https://shoulderblueprint.com/scan-protocol)  
For assistance, email [blueprint\\_us@stryker.com](mailto:blueprint_us@stryker.com)