



Adobe Reader App required to fill out form on mobile devices

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

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

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

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

Workers Comp-Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_ Claim#: \_\_\_\_\_

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

Parameter	Recommended
Image Thickness	- Detector Coverage should be maximum - Helical Thickness 0.625mm or 1.25mm - Pitch 0.9 or less - Rotation time 1 sec or less
Exposure time	1000ms
Matrix	512 x 512

Complete BLUEPRINT scan protocol and cloud upload instructions can be found at [shoulderblueprint.com/scan-protocol](http://shoulderblueprint.com/scan-protocol)

For assistance, email [blueprint\\_us@wright.com](mailto:blueprint_us@wright.com)