

Triathlon® AS-1 CT order form

Patient name: _____ DOB: _____

Imaging center name: _____

Imaging center address: _____

Phone #: _____

CT scan needed by: _____

Important information for imaging center

This patient needs a CT scan for a Triathlon AS-1 total knee replacement. Below are the parameters that need to be followed:

Scan type	Protocol type	CT transmission method	
		Nuance or Ambra	NOT Nuance or Ambra
CT Scan	Stryker Protocol 200004	Send CT scan to Triathlon AS-1 channel	Follow your existing procedures

Important information for your patient

The patient should **bring this form with them** to the imaging facility for the CT scan. The CT scan is the first step in the preparation process for surgery. The CT scan is used to create a customized surgical plan.

The information contained in this document is intended for healthcare professionals only.

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

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