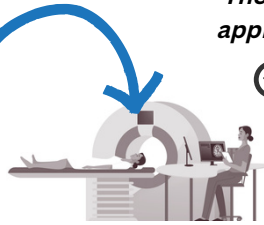


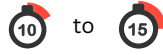


Step 1: Read

A CT (computerized Tomography) Scan gives your doctor a much better view of your body's structure
Pain-Free!
Fast!



The actual scan takes approx. this much time



Step 1: Get CT Scan*

You'll come to OSS and work with our licensed radiological technologist. You'll lay on a table that slides you into the CT Scan; the tube spins around you to take the image based on the doctor's instructions (orders). Next, our trusted board-certified MSK radiologist partners will review the image(s) and give the official CT reading to OSS within 3 business days.



Benefits

- Takes multiple, detailed, cross body images that are combined by a computer to give a more detailed image.
- Safe if you have an orthopaedic implant or electrical implants like cardiac pacemaker, aneurism clips, defibrillator, stimulator device, certain valves, or stents.



Step 2: Follow Up with Provider

About a week later, you'll meet with your doctor, either virtually (telehealth) or in person (at our office). During this visit, the provider explains the radiologists' findings and gives you the treatment plan.



Please **CANCEL** the **CT Scan appointment** if you:

- Are **pregnant or possibly pregnant?**

Step 2. Fill out CT Scan Safety / Consent form + Follow Checklist

Before Imaging Appointment

- Complete [CT Scan Safety / Consent Form \(1 page\)](#)

Day of imaging:

- **What to wear?** Wear comfortable, loose fitting clothes to your exam. Avoid wearing metal (zipper, buckles, metal clasps). Remove piercings. Wearing eye contacts is okay. Please do not wear jewelry. Please understand that you may be asked to change into a gown provided by OSS, if required.
- Arrive **15 minutes early** to OSS (3413 W. Pacific Ave, Suite 100, Burbank, CA 91505)
- Please bring your insurance card, photo ID, and payment (if and as discussed).

Bring the CT SCAN SAFETY / CONSENT form to your appointment.



Imaging
 3413 W. Pacific Ave, Suite #100
 Burbank, CA 91505
 T (818) 841-3936 | F (818) 841-5974
 ossburbank.com

CT Scan Safety / Consent Form

Please complete this required form.


Orthopaedic Surgery Specialists is the registered business official name of OSS.


Patient Name Last First M.I. Date of Exam MM/DD/YYYY Sex

Female Male

Weight _{lbs} Date of Birth MM/DD/YYYY Age Name of the provider who ordered the study?

IMPORTANT. Please mark **Yes** or **No** so we can make sure you are safe.

Box 1 

	For Females:	Yes	No	
	Are you pregnant or possibly pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are you currently breastfeeding ?	<input type="checkbox"/>	<input type="checkbox"/>	
	When was your last period? _____			

Patient Consent.

By signing this consent, I agree that I have read this form and/or I have received oral communications of all the information provided in this form. I understand the information, and have had my questions answered regarding this procedure and who will read the exam. In addition, I agree that I 1) understand the purpose of the procedure; 2) have been informed of how long the procedure will take; 3) understand the risks, benefits, and complications associated with the procedure; 4) have truthfully informed Orthopaedic Surgery Specialists (OSS) Imaging of my current medical condition 5) am aware of possible alternatives; and 6) have been given the right to refuse to consent to the procedure.

I have not been pressured to sign this consent and do so voluntarily. I understand that I may contact OSS at the address and phone number provided if I have any further questions about this form or the procedure. I am at least 18 years of age, of sound mind and not under the influence of alcohol or hallucinogenic drugs. I have no reservations and give my consent to start and complete the exam(s) by my signature and date here.

Patient Name: _____
Print Signature + Date

OSS Imaging Team Member (Witness): _____
Print Signature + Date

Technologist Notes: _____