

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT BLUEPRINT SHOULDER	3D ROBOTIC SURGICAL PLANNING
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; HEAD FIRST, ARM ON CHEST. PLACE A TOWEL OR SPONGE BETWEEN HUMERUS AND TRUNK. UNAFFECTED ARM ABOVE HEAD
SCOUT	S200 / I 200, 120 KVP @ 10 MA AP S200 / I200, 120 KVP @ 80 MA LAT BREATH HOLD
TECHNIQUE	HELICAL; 120 / 140 KVP @ 240 MA, 0.5 PITCH, 1.0 SEC ROTATION FOV 25 / 32 CM, ASIR 0% 0.625 / 1.25 MM BONE PLUS W2500/L250 BREATH HOLD SCAN TOP OF SHOULDER THRU SCAPULA
RECONS	NONE
REFORMATIONS	NONE
PACS	SCOUT SHOULDER BLUEPRINT
CHARGE	CT SHOULDER BLUEPRINT W/O
REMARKS	BURN A CD FROM THE MACHINE – LEAVE AT CORA CT TECH AREA IN BIN -CALL REP FOR PICKUP ON MONDAYS AT CORA. ON PACS, MARK AS READ AND TO BE ARCHIVED.