

PATIENT NAME: [patient name]

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

CT BRAIN STEALTH	
CONSENT FORMS	Consent to Contrast Material Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NONE
IV CONTRAST	ONLY IF ORDERED - 2.5 CC/SEC FOR 100 CC
POSITIONING	SUPINE; HEAD ON SPONGE WITH NOTHING TOUCHING THE FIDUCIALS, CENTER PERPENDICULAR TO OM BASELINE
SCOUT	S150 / I 150, 120 KV @ 10 MA, LAT & AP
TECHNIQUE - 16/64 SLICE	AXIAL 1.0 SEC; 1.25 MM/16i, 20 MM INTERVAL, 140 KVP @ 270 MA, 30 ASIR, STD W124/L45 SFOV - HEAD /DFOV - 25 CM SCAN TO INCLUDE ALL FIDUCIALS (NEAR EAR TO TOP OF SKULL)
RECONS	NONE
REFORMATIONS	NONE
PACS	SCOUTS 1.25 MM = STEALTH BRAIN
CHARGE	BRAIN STEALTH WO OR BRAIN STEALTH WITH
REMARKS	BURN CD FROM MACHINE, AND PUT IN SURGEON'S BOX. VERY IMPORTANT TO NOT HAVE ANY MOVEMENT. VERY IMPORTANT TO INCLUDE THE NOSE AND BACK OF HEAD. ON PACS, MARK AS READ AND TO BE ARCHIVED.