

PATIENT NAME: [patient name]

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

CT CALCIUM SCREENING	64 SLICE ONLY
CONSENT FORMS	Pregnancy Status Form (Female Patients) CMI Calcium Screening Form (Outpatients)
ORAL CONTRAST	NO
IV CONTRAST	NO
POSITIONING	SUPINE; FEET FIRST; ARMS UP & OUT OF WAY; CENTER MANUBRIAL NOTCH
SCOUT	S60/I300, 120 KVP @ 20 MA, AP S60/I300, 120 KVP @ 30 MA, LAT USE CARDIAC BREATHING SEQUENCE
TECHNIQUE	CINE SEGMENT, 2.5MM/ 8i/ 20 MM INTERVAL, 40% ASIR 120 KVP @ 300 MA (VARIES WITH PATIENT SIZE) SFOV - LG BOD/DFOV - 25 CM SCAN FROM THE CARINA TO THE BASE OF THE HEART
RECONS	NONE
REFORMATIONS	NONE
PACS	SCOUT SMARTSCORE CALCIUM
CHARGE	CARDIAC CALCIUM SCREENING
REMARKS	PERFORM SCORING IN TERA RECON, THEN ATTACH DICOM IMAGE