

PATIENT NAME: [patient name]

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

CT CERV SPINE WO	Rule out Fracture, neck pain, pain down arms, numbness/weakness in arms
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS W/CONTRAST
POSITIONING	SUPINE; HEAD FIRST; ARMS DOWN BY SIDE; HEAD IMMOBILIZED; CENTER AT SN
SCOUT	S250/I 50, 120 KVP @ 10 MA, AP & LAT CENTER AT STERNAL NOTCH
TECHNIQUE – 16/64 SLICE	HELICAL; 1.25 MM, BONE, W2500/L250 120 KVP @ AUTO/SMART MA/30% ASIR SFOV-LGE BODY/DFOV-15 CM FROM SKULL BASE TO T1
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE: 1.25MM/INT 0.625MM BONE W/2500/L250 (DMPR) 64 SLICE: 0.625 MM BONE W2500/L250 (DMPR) 2.5 MM STD W400/L40
REFORMATIONS	SAGITTAL & CORONAL, AVG 1.25 MM THICK / 1.25 MM SPACING, W2500/L250
PACS	SCOUT 1.25 MM = C SPINE WO 2.5 MM = STD SPINE COR & SPINE SAG
CHARGE	CT CERVICAL SPINE WITHOUT
REMARKS	