

**PATIENT NAME:** [patient name]

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

<b>CT CERV SPINE STEALTH</b>	
CONSENT FORMS	Consent to Contrast Material
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; HEAD FIRST, NOT USING HEAD HOLDER, CENTER AT STERNAL NOTCH
SCOUT	S250/I 60, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	AXIAL; 1.25 MM/16i, 20 MM INTERVAL, STD W400/L40 120 KVP @ AUTO/SMART MA - 30% ASIR SFOV-LGE BODY/DFOV-18 CM FROM SKULL BASE TO T1
TECHNIQUE - 64 SLICE	AXIAL; 1.25 MM/16i, 20 MM INTERVAL, STD W400/L40 120 KVP @ AUTO/SMART MA - 30% ASIR SFOV-LGE BODY/DFOV-18 CM FROM SKULL BASE TO T1
RECONS	NONE
REFORMATIONS	NONE
PACS	SCOUTS 1.25 MM = CERVICAL STEALTH
CHARGE	CT CERVICAL SPINE STEALTH
REMARKS	BURN CD FROM MACHINE AND PUT IN SURGEON'S BOX VERY IMPORTANT TO NOT HAVE ANY MOVEMENT  ON PACS, MARK AS READ AND TO BE ARCHIVED.