

PATIENT NAME: [patient name]

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

CT FACIAL BONES WITH	Indication: Cellulitis/abscess.
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	INJECT 2.5 FOR 75 CC/NS 50 CC & 60 SEC DELAY
POSITIONING	SUPINE; HEAD FIRST IN HEAD HOLDER; ARMS DOWN BY SIDE; CENTER PERPENDICULAR TO OM BASELINE
SCOUT	S 150/I 150, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL, 1.25 MM, STD W400/L40 KVP 120 @ AUTO/SMART 200 MAX -30% ASIR, SFOV - HEAD / DFOV - 19 CM; DELAY 60 SEC SCAN FROM CALVARIUM DOWN THROUGH MANDIBLE
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, 30% ASIR, STD W400/L40 KVP 120 @ AUTOSMART 200 MAX MA; SFOV-HEAD/DFOV - 16 TO 19 CM DELAY 60 SEC SCAN FROM CALVARIUM DOWN THROUGH MANDIBLE
TECHNIQUE - 128 SLICE	
RECONS	16 SLICE-1.25 MM BONE W3000/L300 16 SLICE-0.625 MM STD 64 SLICE-1.25 MM STD 64 SLICE-1.25 MM BONE W3000/L300
REFORMATIONS	SAGITTAL & CORONAL AVG 0.6 MM THICK / 1.5 MM SPACING, W400/L40
PACS	SCOUT 1.25 MM – FACIAL W 1.25 MM – BONE SINUS COR & SINUS SAG
CHARGE	FACIAL BONES WITH
REMARKS	