

**PATIENT NAME:** [patient name]

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

CT FOOT WO	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS WITH CONTRAST
POSITIONING	IMMOBILIZE FOOT WITH TAPE SUPINE, FOOT- FLAT ON TABLE IF POSSIBLE. IF NOT, POSITION HEEL ON TABLE WITH TOES STRAIGHT UP
SCOUT	S100/I 100, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL; 0.625 MM/INT 0.25 MM, BONE PLUS W2500/L250 120 KVP @ SMART/AUTO 200 MAX MA, 30% ASIR DFOV- 18 CM (FIT TO ANATOMY)  SCAN FROM ANKLE TO TOES, MAKE SURE AND GO HIGH ENOUGH, IF FX IS ABOVE ANKLE
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, 120 KVP @ SMART/AUTO 200 MAX MA, 30% ASIR DFOV-18 CM (FIT TO ANATOMY)  SCAN FROM ANKLE TO TOES, MAKE SURE AND GO HIGH ENOUGH, IF FX IS ABOVE ANKLE
TECHNIQUE - 128 SLICE	
RECONS	16 SLICE-1.25 MM BONE W2500/L250 16 SLICE: 1.25 MM STD W400/L40 64 SLICE-1.25 MM STD W400/L40 64 SLICE-1.25 MM BONE W2500/L250
REFORMATIONS	METATARSAL FRACTURE: OBL SHORT AXIS OF FRACTURED METATARSAL, OBL LONG AXIS OF FRACTURED METATARSAL, OBL SAGITTAL OF FRACTURED METATARSAL, AVG 0.6 MM THICK/1.5 MM SPACING, W2500/L250 LISFRANC FRACTURE; LONG AXIS, SHORT AXIS & OBL SAGITTAL OF FRACTURED BONE. AVG 0.6 MM THICK/1.5MM SPACING, W2500/L250 If fracture - 3D with right to left rotation
PACS	SCOUT

	1.25 MM - FOOT WO 1.25 MM - STD EXT COR & EXT SAG XR ORIENTATION TOES UP OBL AXIAL
CHARGE	CT FOOT WITHOUT CONTRAST
REMARKS	IF PT HAS METAL IMPLANTED OR CAST ON, INCREASE TECHNIQUE TO 140 KVP CHANGE THE ALGORITHM TO BONE FOR ANATOMY WITH HARDWARE TO SOFTEN THE IMAGES