

**PATIENT NAME:** [patient name]

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

<b>CT IACs - TEMPORAL BONE WITH</b>	Indication: Mass
<b>CONSENT FORM</b>	Consent to Contrast Material
<b>IV CONTRAST</b>	2.5 CC/SEC FOR 75 SEC - 30 SECOND DELAY
<b>POSITIONING</b>	SUPINE; HEAD FIRST IN HEAD HOLDER; ARMS DOWN BY SIDE, CENTER PERPENDICULAR TO INFRAORBITAL BASELINE
<b>SCOUT</b>	S 150/I 150, 120 KVP @ 10 MA, AP & LAT
<b>TECHNIQUE – 16 &amp; 64 SLICE</b>	HELICAL; 0.625 MM, STD, IQ ENHANCE, FULL, W400/L40 140 KVP @ FIXED MA FOR CTDiVOL 50-70 mGy, 30% ASIR SFOV - HEAD/DFOV - 16 CM 30 SEC DELAY SCAN THROUGH TOP TO BOTTOM OF TEMPORAL BONE - CENTER AT EAC
<b>TECHNIQUE – 128 SLICE</b>	
<b>RECONS</b>	0.625 MM; STD W400/L40 - BOTH EAC FOV - 10 CM FOR RT AND LT EAC 0.625 MM, BONE PLUS W3000/L300 – BOTH EAC FOV - 10 CM FOR RT AND LT EAC 0.625 MM, BONE PLUS W3000/L300
<b>REFORMATIONS</b>	CORONAL - AVG 0.5 MM THICK / 0.5 MM SPACE, FOV 10 CM, RIGHT & LEFT IN BOTH BONE W/3400/L600 & STD W400/L40
<b>PACS</b>	SCOUT 0.625 MM – IAC W 0.625 MM – RT IAC W & LT IAC W (STD & BONE) 0.625 MM - BONE RT IAC COR & LT IAC COR - BONE & STD
<b>CHARGE</b>	CT IACs WITH
<b>REMARKS</b>	INJECT 2.5 CC FOR 75 CC/NS 50 CC WITH 30 SEC DELAY. If exam is for osseous dehiscence, please include FOV 10

cm in bone plus views with parallel and perpendicular to petrous ridges.