

PATIENT NAME: [patient name]

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

CT IACs - TEMPORAL BONE	Indication: Hearing loss.
CONSENT FORM	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; HEAD FIRST IN HEAD HOLDER; ARMS DOWN BY SIDE, CENTER PERPENDICULAR TO INFRAORBITAL BASELINE
SCOUT	S 150/I 150, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE – 16 & 64 SLICE	HELICAL; 0.625 MM, BONE PLUS, FULL, IQ ENHANCE, W3000/L300 140 KVP @ FIXED MA for a CTDiVol of 50-70 gy 30% ASIR SFOV - HEAD/DFOV - 16 CM SCAN THROUGH TOP TO BOTTOM OF TEMPORAL BONE - CENTER AT EAC
TECHNIQUE – 128 SLICE	
RECONS	0.625 MM; BONE PLUS W3000/L300 - BOTH EAC FOV - 10 CM FOR RT AND LT EAC
REFORMATIONS	CORONAL - AVG 0.5 MM THICK / 0.5 MM SPACE W3400/L600, FOV 10 CM, RIGHT AND LEFT
PACS	SCOUT 0.625 MM –IAC WO 0.625 MM – RT IAC WO & LT IAC WO RT IAC COR & LT IAC COR
CHARGE	CT IACs WITHOUT
REMARKS	If exam is for osseous dehiscence, please include FOV 10 cm in bone plus views with parallel and perpendicular to petrous ridges.