

PATIENT NAME: [patient name]

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

LUMBAR SPINE STEALTH	
CONSENT FORMS	Consent to Contrast Material Form Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; FEET FIRST; CENTER AT ILIAC CREST
SCOUT	S250/I 150, 120 KVP @ 10 MA, AP S250/I 150, 120 KVP @ 10 MA, LAT
TECHNIQUE – 16/64 SLICE	AXIAL; 1.254 MM/16i, 20 MM INTERVAL, STD W400/L40 120 KVP @ AUTO/SMART MA - 30% ASIR SFOV - LGE BODY/DFOV - 18 CM SCAN TWO LEVELS ABOVE AND TWO LEVELS BELOW THE AREA OF INTEREST
RECONS	NONE
REFORMATIONS	NONE
PACS	SCOUT 1.25 MM – LUMBAR STEALTH
CHARGE	CT STEALTH LUMBAR SPINE
REMARKS	ARCHIVE TO CD AND PUT IN SURGEON'S BOX VERY IMPORTANT TO NOT HAVE ANY MOVEMENT. ON PACS, MARK AS READ AND TO BE ARCHIVED.