

PATIENT NAME: [patient name]

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

LUMBAR SPINE WITHOUT	
CONSENT FORMS	Consent to Contrast Material Form Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS WITH CONTRAST
POSITIONING	SUPINE; FEET FIRST; ARMS UP AND AWAY, CENTER AT ILIAC CREST
SCOUT	S250/I 200, 120 KVP @ 10 MA, AP S250/I 200, 120 KVP @ 10 MA, LAT NO BREATH HOLD
TECHNIQUE – 16/64SLICE	HELICAL; 2.5 MM, BONE W2500/L250 120 KVP @AUTO/SMART MA - 30% ASIR SFOV - LGE BODY/DFOV - 16 CM NO BREATH-HOLD; SCAN LOWER T12 TO SACRAL NOTCH
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE: 2.5 MM, STD W400/L40 16 SLICE: 1.25 MM/INT .625 MM, BONE W2500/L250 (DMPR) 64 SLICE: 2.5 MM, STD W400/L40 64 SLICE: 0.625 MM, BONE W2500/L250 (DMPR)
REFORMATIONS	SAGITTAL & CORONAL, AVG 1.25 MM THICK / 1.25 MM SPACING W2500/L250
PACS	SCOUT 2.5 MM – L SPINE WO 2.5 MM - STD SPINE COR & SPINE SAG
CHARGE	CT LUMBAR SPINE WITHOUT
REMARKS	