

**PATIENT NAME:** [patient name]

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

<b>CT MANDIBLE LTD</b>	<b>FOR SALIVARY STONE EVALUATION</b>
CONSENT FORMS	NONE
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS WITH CONTRAST Consent to Contrast Material Form, 82-8216 Medication Reconciliation Form (Outpatients)
POSITIONING	SUPINE; HEAD FIRST IN HEAD HOLDER; ARMS DOWN BY SIDE; CENTER PERPENDICULAR TO OM BASELINE
SCOUT	S 150/I 150, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL, 1.25 MM, BONE W2500/L250 KVP 120 @ AUTO/SMART 200 MAX -30% ASIR, SFOV - HEAD / DFOV - 19 CM SCAN THROUGH MANDIBLE INCLUDING SOFT TISSUE UNDER CHIN
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, KVP 120 @ AUTO/SMART 200 MAX MA, BONE W2500/L250 SFOV-HEAD/DFOV - 16 TO 19 CM 30% ASIR SCAN FROM TOP TO BOTTOM OF MANDIBLE INCLUDING SOFT TISSUE UNDER CHIN.
RECONS	16 SLICE-0.625 MM / BONE <del>64 SLICE</del> -1.25 MM STD <del>64 SLICE</del> -1.25 MM BONE
REFORMATIONS	SAGITTAL & CORONAL AVG 0.6 MM THICK / 1.5 MM SPACING W3000/L300
PACS	SCOUT 1.25 MM – FACIAL WO 1.25 MM - STD SINUS COR & SINUS SAG
CHARGE	FACIAL BONES WITHOUT
REMARKS	