

**PATIENT NAME:** [patient name]

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

<b>CT ORBITS WITH</b>	Eye pain, swelling, vision issues (muscle/nerve), ect
<b>CONSENT FORMS</b>	Consent to Contrast Material Pregnancy Status Form (Female Patients)
<b>ORAL CONTRAST</b>	NONE
<b>IV CONTRAST</b>	2.5 CC/SEC FOR 75 CC/NS 50 CC, 60 SEC DELAY
<b>POSITIONING</b>	SUPINE; HEAD FIRST IN HEAD HOLDER, ARMS DOWN BY SIDE; CENTER PERPENDICULAR TO INFRAORBITAL BASELINE.
<b>SCOUT</b>	S150 / I 150, 120 KVP @ 20 MA, AP & LAT
<b>TECHNIQUE - 16 SLICE</b>	HELICAL; 1.25 MM, STD W400/L40 120 KVP @ AUTO/SMART 200 MAX MA, 30% ASIR SFOV - HEAD / DFOV - 19 CM 60 SEC DELAY, SCAN TOP OF FRONTAL SINUS TO MAXILLA
<b>TECHNIQUE - 64 SLICE</b>	HELICAL; 120 KVP @ 200 MAX MA, 30% ASIR, STD 400/L40 SFOV HEAD/DFOV 19 CM 60 SEC DELAY, SCAN FROM TOP OF FRONTAL SINUS TO MAXILLA
<b>TECHNIQUE – 128 SLICE</b>	
<b>RECONS</b>	0.625 MM, STD W400/L40 (DMPR) 1.25 MM, BONE W3000/L300 64 SLICE-1.25 MM STD W400/L40 64 SLICE-1.25 MM, BONE W3000/L300
<b>REFORMATIONS</b>	CORONAL AND SAGITTAL - AVG 0.6 MM/1.25 MM W400/L40
<b>PACS</b>	SCOUT 1.25 MM – FACIAL W 1.25 MM - BONE SINUS COR & SINUS SAG
<b>CHARGE</b>	CT ORBITS WITH CONTRAST
<b>REMARKS</b>	