

PATIENT NAME: [patient name]

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

ORBITS WITHOUT	
CONSENT FORMS	Consent to Contrast Material Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; HEAD FIRST IN HEAD HOLDER, ARMS DOWN BY SIDE; CENTER PERPENDICULAR TO INFRAORBITAL BASELINE.
SCOUT	S150 / I 150, 120 KVP @ 20 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL; 1.25 MM, BONE W3000/L300 120 KVP @ AUTO/SMART 200 MAX MA, 30% ASIR SFOV - HEAD / DFOV - 19 CM SCAN TOP OF FRONTAL SINUS TO MAXILLA
TECHNIQUE - 64 SLICE	HELICAL; 0.625MM, BONE W3000/W300 120 KVP @ AUTO/SMART 200 MAX MA, 30% ASIR, SFOV HEAD/DFOV 19 CM SCAN FROM TOP OF FRONTAL SINUS TO MAXILLA
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE- 0.625 MM, STD W400/L40 (DMPR) 16 SLICE- 1.25 MM, BONE W3000/L300 64 SLICE-1.25 MM STD W400/L40 64 SLICE-1.25 MM, BONE W3000/L300
REFORMATIONS	CORONAL AND SAGITTAL - AVG 0.6 MM/1.25 MM W3000/L300
PACS	SCOUT 1.25 MM – FACIAL WO 1.25 MM - STD SINUS COR & SINUS SAG
CHARGE	CT ORBITS WITHOUT CONTRAST
REMARKS	