

PATIENT NAME: [patient name]

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

CT SHOULDER WO	Pain, eval fracture
CONSENT FORMS	Consent to Contrast Material
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS W/CONTRAST
POSITIONING	SUPINE; HEAD FIRST; AFFECTED ARM DOWN OR ACROSS CHEST; UNAFFECTED ARM UP & OUT OF WAY; CENTER AT SHOULDER INSPIRATION BREATH HOLD
SCOUT	S60 / I200, 120 KVP @ 10 MA, AP S60 / I200, 120 KVP @ 80 MA, LAT BREATH HOLD
TECHNIQUE - 16 SLICE	HELICAL; 1.25 MM, BONE PLUS W2500/L250 120 KVP @ AUTO/SMART MA (380 MA NI 16.33), 30% ASIR FOV - 25 CM BREATH HOLD SCAN FROM TOP OF SHOULDER TO BOTTOM OF SCAPULA
TECHNIQUE - 64 SLICE	HELICAL; 2.5 MM, BONE PLUS W2500/L250 120 KVP @ AUTO/SMART MA FOV-25 CM 30% ASIR 2.5 MM, BONE PLUS W2500/L250 BREATH HOLD SCAN FROM TOP OF SHOULDER TO BOTTOM
TECHNIQUE - 128 SLICE	
RECONS	16 SLICE-1.25 MM STD W400/L40 16 SLICE-0.625 MM BONE PLUS W2500/L250 64 SLICE-1.25 MM, BONE PLUS W2500/L250 64 SLICE- 1.25MM, STD W400/L40 64 SLICE – 0.625MM, BONE, W2500/L250 (DMPR)
REFORMATIONS	OBL CORONALS & OBL SAGITTAL TO THE HUMERAL GLENOID JOINT, AVG 0.6 MM THICK / 1.5 MM SPACING W2500/L250 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM – SHOULDER WO

	1.25 MM- STD EXT COR & EXT SAG
CHARGE	CT SHOULDER WITHOUT CONTRAST
REMARKS	IF METAL IMPLANT, USE 140 KVP.