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

CTA BRAIN W/	(CIRCLE OF WILLIS)
CONSENT FORMS	Consent to Contrast Material Medication Reconciliation Form (Outpatients)
ORAL CONTRAST	NONE
IV CONTRAST	4-5 CC/SEC, PREFER 18g IV. REFER TO W09803 TIMING BOLUS 4.0-5.0 PER SEC FOR 20 CC 4-5 CC/SEC FOR 80-100 CC CONTRAST 4-5 CC/SEC FOR 20-40 CC SALINE
POSITIONING	SUPINE; HEAD FIRST, ARMS DOWN BY SIDE, HEAD HOLDER; CENTER AT STERNAL NOTCH
SCOUT	S250 / I 150, 120 KVP @ 20 MA, AP & LAT
TECHNIQUE - TIMING BOLUS	AXIAL; 0.625 MM STD KVP 120 @ AUTO/SMART MA - 30% ASIR, W800/L100 SFOV-LG BODY/DFOV- 25 CM AT BASE OF SKULL IN THE NECK
TECHNIQUE - ANGIO 16 & 64 SLICE	HELICAL; 1.25 MM, W800/L100 KVP 120 @ AUTO/SMART MA, 30% ASIR TIMING BOLUS PEAK (COUNT TICKS X2) FOR SCAN DELAY TIME SCAN FROM TOP OF CEREBRUM TO BASE OF SKULL
TECHNIQUE – 128 SLICE	
RECONS	0.625 MM, W800/L100 (DMPRS)
REFORMATIONS	SAGITTAL & CORONAL 1.25 MM, AVG W800/L100 3D MIP- 360 RT TO LT & 360 END OVER END THICK AXIAL MIP 10MM THICK/2MM INTERVAL
PACS	SCOUT 1.25 MM -CTA CTA COR & CTA SAG & COW AX MIP 3D IMAGES
CHARGE	CTA BRAIN CONTRAST AND SALINE USED
REMARKS	