

PATIENT NAME: [patient name]

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

CT THORACIC WO	Rule out Fracture
CONSENT FORMS	Consent Form Pregnancy Status Form (Female Patients)
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS W/CONTRAST
POSITIONING	SUPINE; FEET FIRST; ARMS UP AND OUT OF WAY; CENTER AT STERNAL NOTCH INSPIRATION BREATH HOLD
SCOUT	S50/I 400, 120 KVP @ 10 MA, AP S50/I 400, 120 KVP @ 80 MA, LAT
TECHNIQUE – 16/64 SLICE	HELICAL; 2.5 MM, BONE W2500/L250 120 KVP @ AUTO/SMART MA, 30% ASIR SFOV-LGE BODY/DFOV-18 CM SCAN FROM C7 TO L1
TECHNIQUE – 128 SLICE	
RECONS	16 SLICE-1.25 MM/INT 0.625 MM, BONE W2500/L250 16 SLICE-2.5 MM, STD W400/L40 64 SLICE-0.625 MM BONE W2500/L250 64 SLICE-2.5 MM, STD W400/L40
REFORMATIONS	SAGITTAL & CORONAL, AVG 1.25 MM THICK /1.25 MM SPACING, W2500/L250
PACS	SCOUT 2.5 MM –T SPINE WO 2.5 MM - STD SPINE COR & SPINE SAG
CHARGE	CT THORACIC SPINE WITHOUT
REMARKS	