

**PATIENT NAME:** [patient name]

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

<b>CT TIB FIB WITH</b>	Indication: Infection/swelling
<b>FORMS</b>	Consent Form
<b>ORAL CONTRAST</b>	NONE
<b>IV CONTRAST</b>	2.5 CC/SEC FOR 100 CC - MAKE SURE ALL OF CONTRAST IS IN BEFORE SCANNING
<b>POSITIONING</b>	SUPINE, FEET FIRST, WITH TOES STRAIGHT UP CENTER MID TIB FIB
<b>SCOUT</b>	S250/I 250, 120 KVP @ 10 MA, AP S250 / I 250, 120 KVP @ 10 MA, LAT
<b>TECHNIQUE - 16 SLICE</b>	HELICAL; 0.625 MM/INT 0.25 MM, STD W400/L40 120 KVP @ AUTO MA -30% ASIR DFOV- 18 CM (FIT TO ANATOMY) SCAN FROM TOP OF KNEE TO THROUGH THE ANKLE, INCLUDE ALL OF SWELLING/REDNESS/ HARDWARE
<b>TECHNIQUE - 64 SLICE</b>	HELICAL; 0.625 MM, STD W400/L40 120 KVP @ 335 MA 30% ASIR DFOV-18 CM (FIT TO ANATOMY) SCAN FROM TOP OF KNEE TO THROUGH THE ANKLE, INCLUDE ALL OF SWELLING/REDNESS/ HARDWARE
<b>TECHNIQUE – 128 SLICE</b>	
<b>RECONS</b>	1.25 MM BONE PLUS W2500/L250 1.25 MM STD W400/L40
<b>REFORMATIONS</b>	OBLIQUE CORONAL & OBLIQUE SAGITTAL AVG 0.6 MM THICK/1.5 MM SPACING, W400/L40 If fracture - 3D with right to left rotation
<b>PACS</b>	SCOUT 1.25 MM –TIB FIB W 1.25 MM - BONE EXT COR & EXT SAG – BOTH BONE AND STD
<b>CHARGE</b>	TIB FIB WITH CONTRAST
<b>REMARKS</b>	MAKE SURE 100 CC OF CONTRAST IS ALL IN BEFORE SCANNING.