

PATIENT NAME: [patient name]

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

CT TIB FIB WITHOUT	Indication: fracture/ pain
FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE, FEET FIRST, WITH TOES STRAIGHT UP CENTER MID TIB FIB
SCOUT	S250/I 250, 120 KVP @ 10 MA, AP S250 / I 250, 120 KVP @ 10 MA, LAT
TECHNIQUE - 16 SLICE	HELICAL; 0.625 MM/INT 0.25 MM, BONE W2500/L250 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
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, BONE W2500/L250 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
TECHNIQUE – 128 SLICE	
RECONS	1.25 MM BONE PLUS W2500/L250 1.25 MM STD W400/L40
REFORMATIONS	OBLIQUE CORONAL & OBLIQUE SAGITTAL AVG 0.6 MM THICK/1.5 MM SPACING, W400/L40 If fracture - 3D with right to left rotation
PACS	SCOUT 1.25 MM –TIB FIB WO 1.25 MM – STD EXT COR & EXT SAG
CHARGE	TIB FIB WITHOUT CONTRAST
REMARKS	