

**PATIENT NAME:** [patient name]

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

CT SINUS WITHOUT	
CONSENT FORMS	Consent Form
ORAL CONTRAST	NONE
IV CONTRAST	NONE UNLESS PHYSICIAN ORDERS WITH CONTRAST
POSITIONING	SUPINE; HEAD FIRST IN HEAD HOLDER, ARMS DOWN BY SIDE; CENTER PERPENDICULAR TO INFRAORBITAL BASELINE.
SCOUT	S150 / I 150, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL; 1.25 MM, BONE W3000/L300 120 KVP @ 200 MA, NI 12, 30% ASIR FOV - 15 CM SCAN FROM TOP OF FRONTAL SINUS THROUGH CANTHUS
TECHNIQUE - 64 SLICE	HELICAL; 0.625 MM, BONE W3000/L300 120 KVP @ AUTO/SMART 200 MAX, NI 12, 30% ASIR FOV 15 CM, SCAN FROM TOP OF FRONTAL SINUS THROUGH CANTHUS
RECONS	16 SLICE-0.625 MM, BONE W3000/L300 (DMPR) 64 SLICE-1.25 MM BONE 2.5 MM STD W400/L40
REFORMATIONS	CORONAL AND SAGITTAL - AVG 0.6 MM THICK/1.5 MM SPACING W3000/L300
PACS	SCOUT 1.25 MM - SINUS 2.5 MM - STD SINUS COR & SINUS SAG
CHARGE	SINUS COMPLETE WITHOUT CONT

REMARKS	IF THEY WANT CONTRAST, THE EXAM SHOULD BE A MAXIOFACIAL, NOT A SINUS.