

<b>Gerätebezeichnung:</b>	<b>Name:</b>			
<b>Untersuchungsregion</b> <input type="checkbox"/> Schädel <input type="checkbox"/> Hals/HWS <input type="checkbox"/> Thorax <input type="checkbox"/> Abdomen/Becken <input type="checkbox"/> Körperstamm/BWS/LWS <input type="checkbox"/> Obere Extremität <input type="checkbox"/> Untere Extremität <input type="checkbox"/> Herz <input type="checkbox"/> Intervention <input type="checkbox"/> CT-Angio <input type="checkbox"/> Low Dose <input type="checkbox"/> Spezial _____	<b>Fragestellung:</b> (Stichwort)	<b>Gesamtdosis:</b> DLP: _____ CTDI <sub>vol</sub> : _____	<b>Kontrastmittel</b> <input type="checkbox"/> Ja <input type="checkbox"/> Nein _____ml/   _____ml/sec Jodkonzentration: _____	<b>Patient</b> <input type="checkbox"/> weiblich <input type="checkbox"/> männlich Alter: _____   Größe: _____ Gewicht: _____   BMI: _____
	<b>Ergänzungen, Notizen</b> <small>(Lagerung, Lagerungshilfen bei Herz-CT Modus angeben)</small>		<b>Nachbearbeitung</b> <b>2D</b> <b>3D</b> Schichtdicke _____   VR <input type="checkbox"/> Abstand _____   MIP <input type="checkbox"/> <input type="checkbox"/> Cor/Sag <input type="checkbox"/> Curved/Lumen   Spezial: _____	

<b>Serie 1</b>	<input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Modus <input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Rot Zeit in sec _____	Pitch _____	Schicht- dicke _____	Überlappung (Inkrement) _____	<b>kV</b> <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 120 <input type="checkbox"/> 140	<b>mA</b> Dosismodulation <input type="checkbox"/> Ja <input type="checkbox"/> Nein   mA min _____ fix mA _____   mA max _____	Referenz eff mAs _____ Noise Index _____ andere _____	<b>Dosis</b> DLP _____ CTDIvol _____
<b>Serie 2</b>	<input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Modus <input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Rot Zeit in sec _____	Pitch _____	Schicht- dicke _____	Überlappung (Inkrement) _____	<b>kV</b> <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 120 <input type="checkbox"/> 140	<b>mA</b> Dosismodulation <input type="checkbox"/> Ja <input type="checkbox"/> Nein   mA min _____ fix mA _____   mA max _____	Referenz eff mAs _____ Noise Index _____ andere _____	<b>Dosis</b> DLP _____ CTDIvol _____
<b>Serie 3</b>	<input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Modus <input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Rot Zeit in sec _____	Pitch _____	Schicht- dicke _____	Überlappung (Inkrement) _____	<b>kV</b> <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 120 <input type="checkbox"/> 140	<b>mA</b> Dosismodulation <input type="checkbox"/> Ja <input type="checkbox"/> Nein   mA min _____ fix mA _____   mA max _____	Referenz eff mAs _____ Noise Index _____ andere _____	<b>Dosis</b> DLP _____ CTDIvol _____
<b>Serie 4</b>	<input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Modus <input type="checkbox"/> Axial <input type="checkbox"/> Helical <input type="checkbox"/> Cardiac <input type="checkbox"/> DS/DE	Rot Zeit in sec _____	Pitch _____	Schicht- dicke _____	Überlappung (Inkrement) _____	<b>kV</b> <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 120 <input type="checkbox"/> 140	<b>mA</b> Dosismodulation <input type="checkbox"/> Ja <input type="checkbox"/> Nein   mA min _____ fix mA _____   mA max _____	Referenz eff mAs _____ Noise Index _____ andere _____	<b>Dosis</b> DLP _____ CTDIvol _____