**IAC Dental CT Scan Parameter Form**

***This form must contain specific information for the Dental CT case study submitted for review.***

**Patient initials** (first 3 letters of last name, first 3 letters of first name) or **ID** (MRN):

**Cone beam CT unit make and model**:

**Using the table below, record the scan parameters and radiation dose specific to this case study.**

|  |  |
| --- | --- |
| **kVp** |  |
| **mA** |  |
| **Scan Time / Rotation Speed** |  |
| **Field of View / Imaging Volume (mm)** |  |
| **Slice Thickness (mm)** |  |
| **Radiation Dose for the examination performed (e.g. dose length product (DLP), CTDI (vol)) that includes the unit of measurement (mSv, mGy, etc.))** |  |
| **Anatomical Scan Range (anatomy to be included in the volume of tissue imaged – e.g. superior aspect to inferior aspect of anatomy)** |  |
| **Reformats (i.e., 3-D, plane/views)** |  |