

Neuroradiology Protocols

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MRI HEAD

Indications: headache, tumor, lesion, mets, stroke, vertigo, infection, avm, seizure, trauma, dementia

Series	Sequence	FOV	Slice	Gap	Resolution	NEX
Sag T1 FLAIR	T1	24	5.0	1.5	320 x 224	
Ax DWI	DWI	24	5.0	1.5	128 x 128	
Ax T2		24	5.0	1.5	320	2
Ax T2 Flair	T2 Flair	24	5.0	1.5	320 x 224	1.5
Ax T1 SE	T1	24	5.0	1.5	320 x 224	1
Cor T1	MPRAGE					
Ax Swan/SWI	SWI, Swan, GRE	24			320 x 224	
CONTRAST						
Ax T1 SE GD FS	T1 FS	24	5.0	1.5	288 x 192	1
Sag T1 GD volume	MPRAGE	24	1.0	0		
Reformats						
Ax T1 GD			3.0			
Cor T1 GD			3.0			
OLFACTORY BULB						
Cor T2 FS Thin	T2 FS					
Ax T1 FS Thin GD	T1 FS					
Sag T1 FS Thin GD	T1 FS					

Sagittal: craniocervical junction to vertex, temporal lobes on each side, occipital to front lobes



Axial: craniocervical junction to vertex, temporal lobes on each side, occipital to front lobes



Coronal: craniocervical junction to vertex, temporal lobes on each side, occipital to front lobes



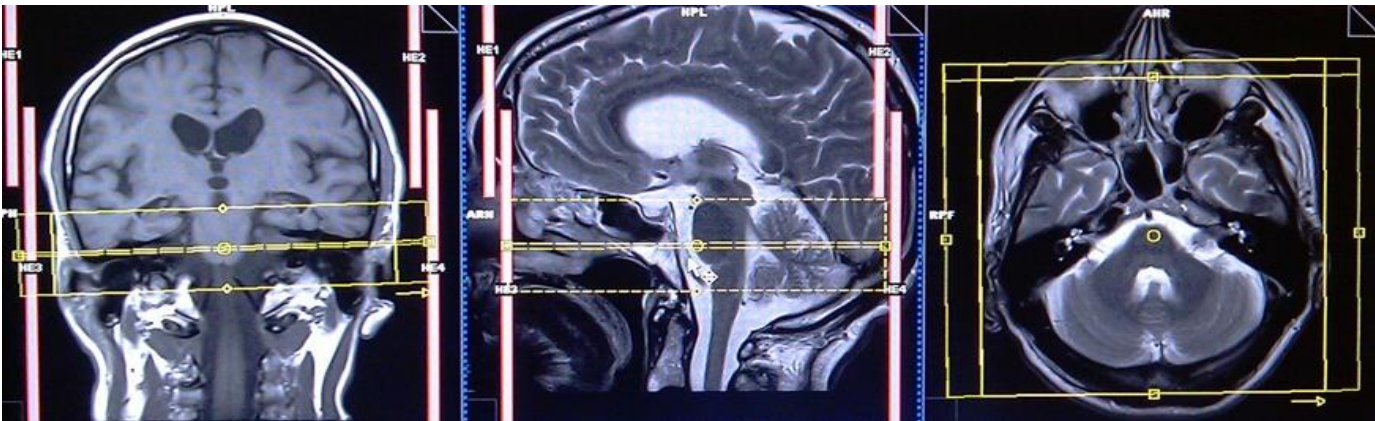
MRI HEAD and IAC

Indications: vertigo, dizziness, tumor, neuroma/schwannoma, sensorineural hearing loss, facial nerve palsy, labyrinthitis, tinnitus

Series	Time	Sequence	FOV	Slice	Gap	Resolution	NEX
Sag T1 FLAIR	3 min	T1	24	5.0	1.5	320 x 224	
Ax DWI	3 min	DWI	24	5.0	1.5	128 x 128	
Ax T2	3 min		24	5.0	1.5	320	2
Ax T2 Flair	4 min	Flair	24	5.0	1.5	320 x 224	1.5
Ax T1 SE	2 min	T1	24	5.0	1.5	320 x 224	1
Ax T1 FSE thin	4 min	T1	18	3.0	0.3	320 x 224	4
Ax 3D Fiesta thin	3 min	FIESTA CISS 3d T2 Drive	18	0.8		288 x 288	1
CONTRAST							
Ax T1 SE GD FS (whole head)		T1 FS	24	5.0	1.5	288 x 192	1
Ax T1 FSE GD thin	5 min	T1	18	3.0	0.3	320 x 224	4
Cor T1 SE GD thin	5 min	T1	18	3.0	0.3	320 x 224	4
Post OP or TUMOR							
Ax T1 FSE GD THIN		T1	18	3.0	0.3	320 x 224	4
Cor T1 FSE GD FS THIN		T1	20	3.0	0.3	320 x 224	4

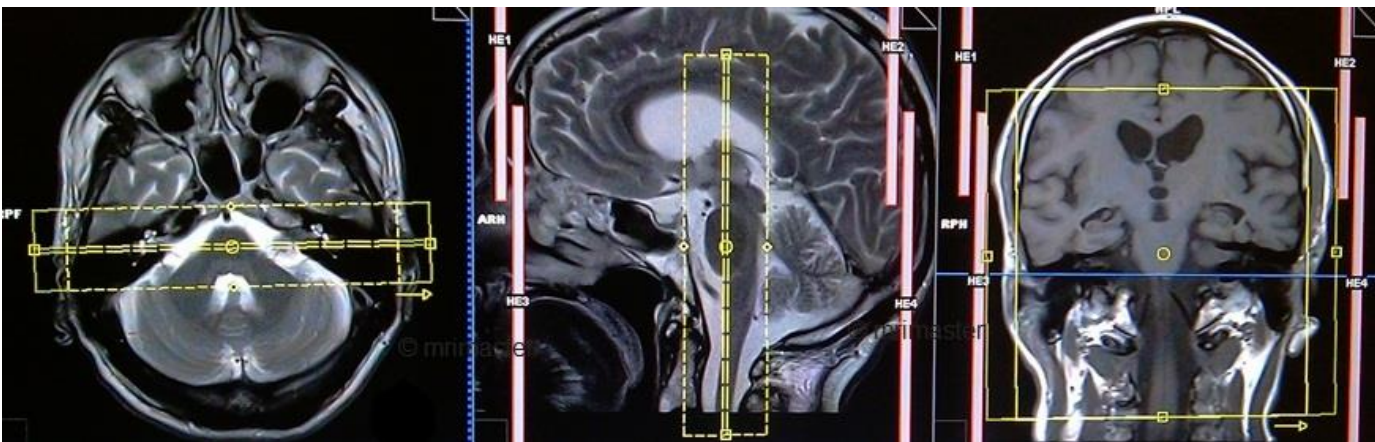
Axial Thin: parallel to IACs, perpendicular to brain stem

Coverage: IAC from posterior sphenoid sinus to fourth ventricle



Coronal Thin: parallel to IACs, perpendicular to brain stem

Coverage: IAC from hippocampus to C1 vertebral body



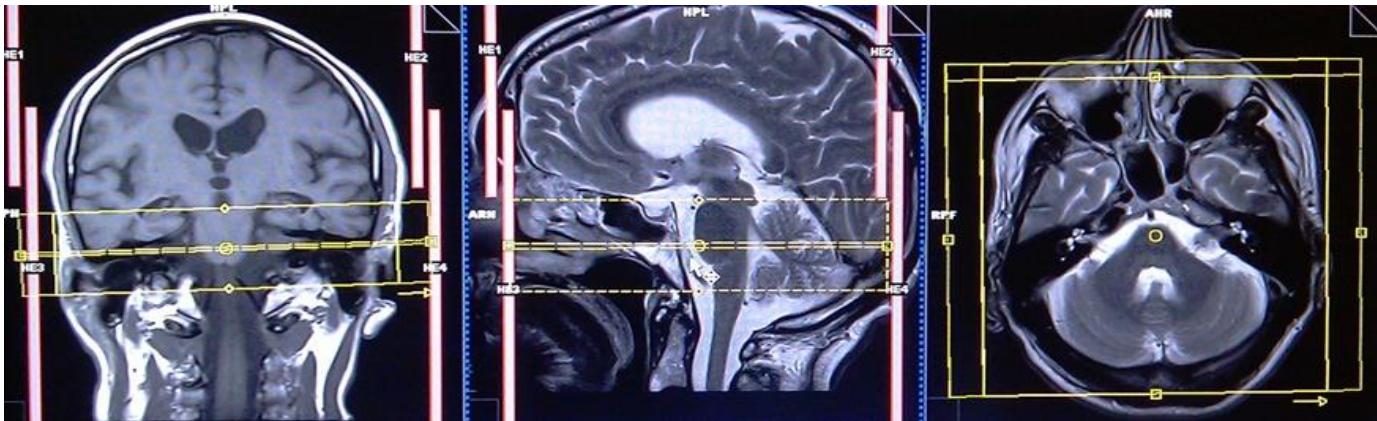
MRI IAC

Indications: only do if patient has been previously diagnosed with tumor, otherwise do MRI Head & IACs

Series	Sequence	FOV	Slice	Gap	Resolution	NEX
Ax T2 FSE	T2	24	5.0	1.0	416 x 256	3
Cor T1 FSE thin	T1	18	3.0	0.3	320 x 224	4
Ax T1 FSE thin	T1	18	3.0	0.3	320 x 224	4
Ax T2 FSE thin	T2	18	3.0	0.3	320 x 224	4
Ax 3D Fiesta thin	FIESTA, CISS, or 3D T2 Drive	18	0.8		320 x 288	1
Cor DWI non-epi (cholesteatoma indication)	HASTE					
CONTRAST						
Ax T1 FSE GD thin	T1	18	3.0	0.3	320 x 224	4
Cor T1 SE GD thin	T1	18	3.0	0.3	320 x 224	4
Post OP or TUMOR						
Ax T1 FSE GD THIN	T1	18	3.0	0.3	320 x 224	4
Cor T1 FSE GD FS THIN	T1	20	3.0	0.3	320 x 224	4

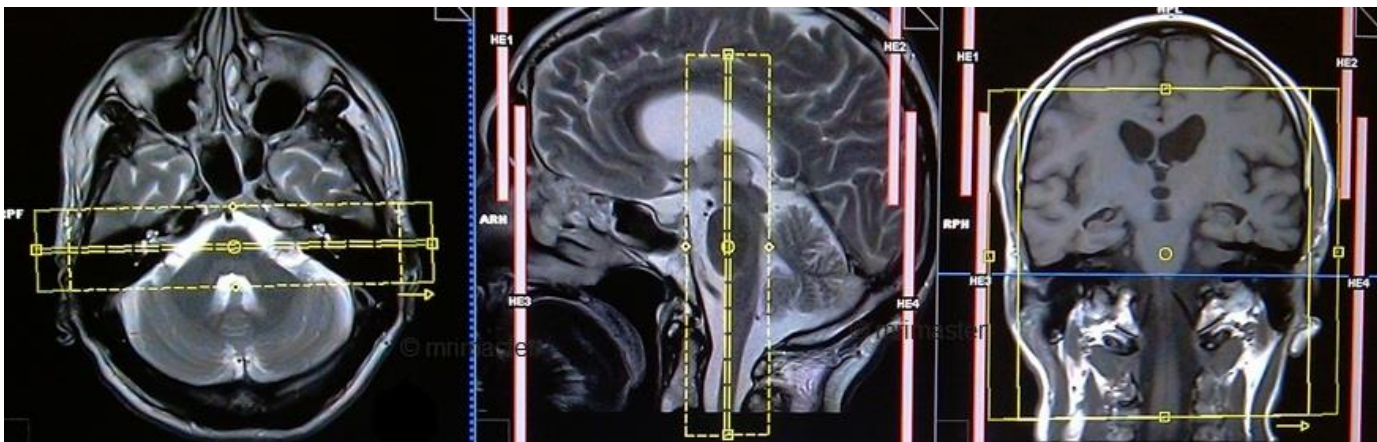
Axial Thin: parallel to IACs, perpendicular to brain stem

Coverage: IAC from posterior sphenoid sinus to fourth ventricle



Coronal Thin: parallel to IACs, perpendicular to brain stem

Coverage: IAC from hippocampus to C1 vertebral body



MRI HEAD MS (Multiple Sclerosis)

Indications: diagnosis of multiple sclerosis, demyelinating disease

Series	FOV	Slice	Gap	Resolution	NEX
Without Only					
Sag T1 3D	24	1	0	320 x 224	2
Sag T2 FLAIR 3DIR	24	3.0	0	288 x 192	1
Reformat FLAIR Ax					
Ax T2	24	4	1	320	1
Ax DWI	24	5.0	1.5	128 x 128	
Ax SWI	24		0		1
Without and With					
Sag T1 3D	24	1	0	320 x 224	2
Ax T2	24	4	1	320	1
Ax DWI	24	5.0	1.5	128 x 128	
Ax SWI	24		0		1
CONTRAST					
Sag T2 FLAIR 3DIR	24	3.0	0	288 x 192	1
Reformat FLAIR Ax					
Ax T1 3D	24	1	0	320 x 224	2
Reformat T1 Sag					

Sagittal: craniocervical junction to vertex, temporal lobes on each side, occipital to front lobes



Axial: craniocervical junction to vertex, temporal lobes on each side, occipital to front lobes



Coronal: craniocervical junction to vertex, temporal lobes on each side, occipital to front lobes



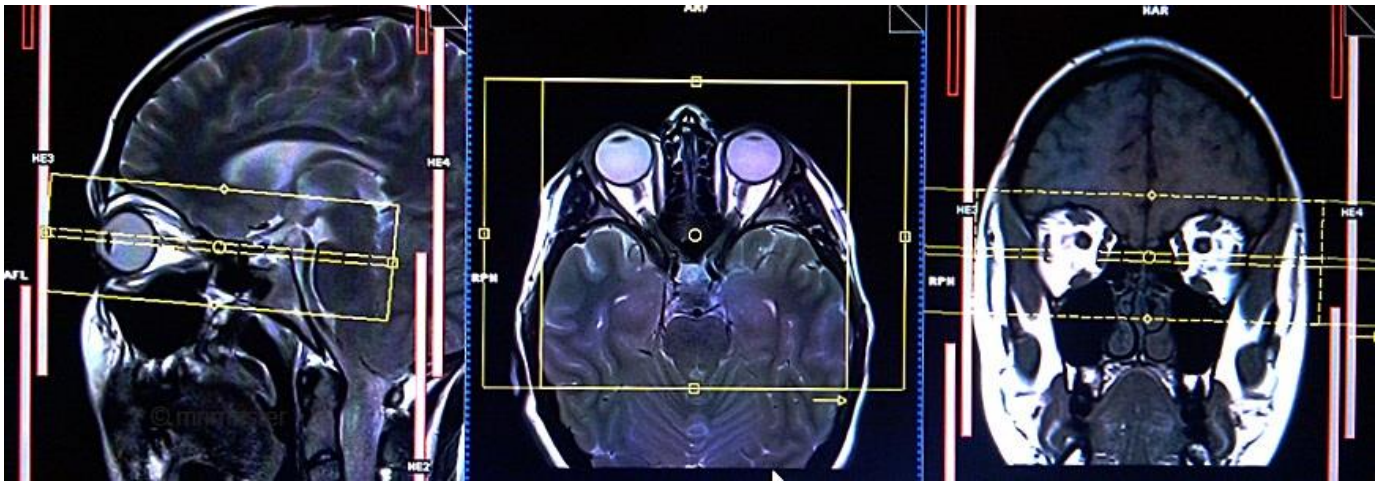
MRI Orbits

Indications: orbital lesions, proptosis, optic disc distortion, infection, inflammation, intra-ocular lesions, retinoblastoma, melanoma, vision loss, optic nerve disorders

Series	Time	Sequence	FOV	Slice	Gap	Resolution	NEX
Sag T1 Flair (whole head)		T1	24	5.0	1.5	320 x 224	1
Ax T2 FS (whole head)		T2	24	5.0	1.5	320 x 224	2
Ax T2 FS thin		T2 FS	18	3.0	1.0	288 x 224	2
Ax T1 thin		T1	18	3.0	1.0	512 x 224	3
Cor STIR		STIR	18	3.0	1.0	288 x 192	3
CONTRAST							
Ax T1 FS GD thin		T1 FS	18	3.0	1.0	512 x 224	3
Cor T1 FS GD thin		T1 FS	18	3.0	1.0	384 x 224	2

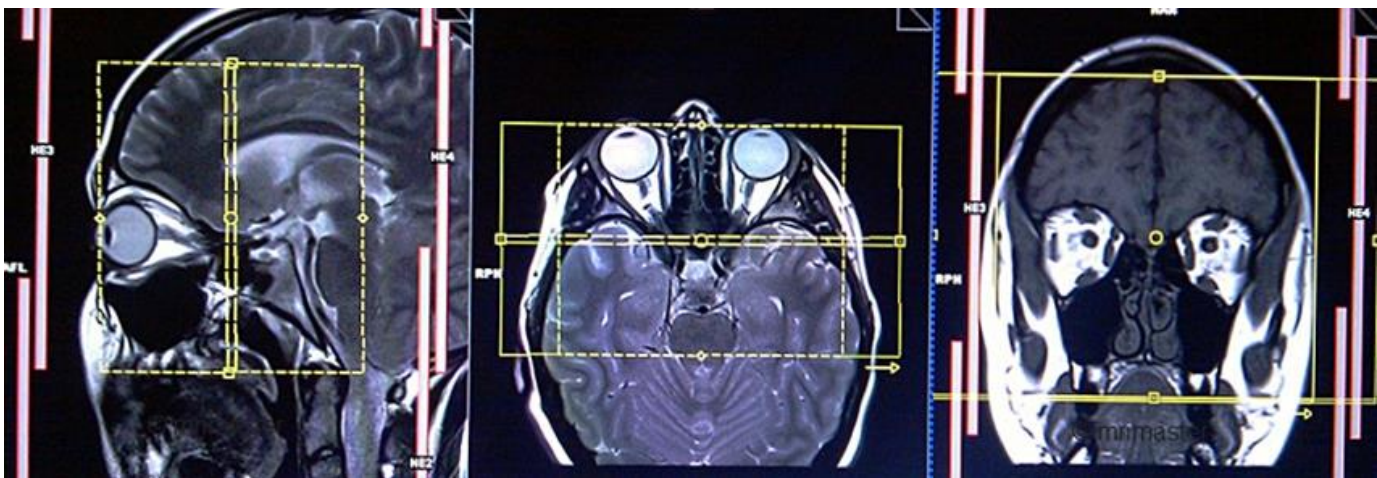
Axial Thin: parallel to line along optic nerve in sagittal and coronal views

Coverage: cover the whole orbits from eye lenses to mid pons



Coronal Thin: parallel to lenses, perpendicular to optic nerve

Coverage: cover the whole orbits from eye lenses to mid pons

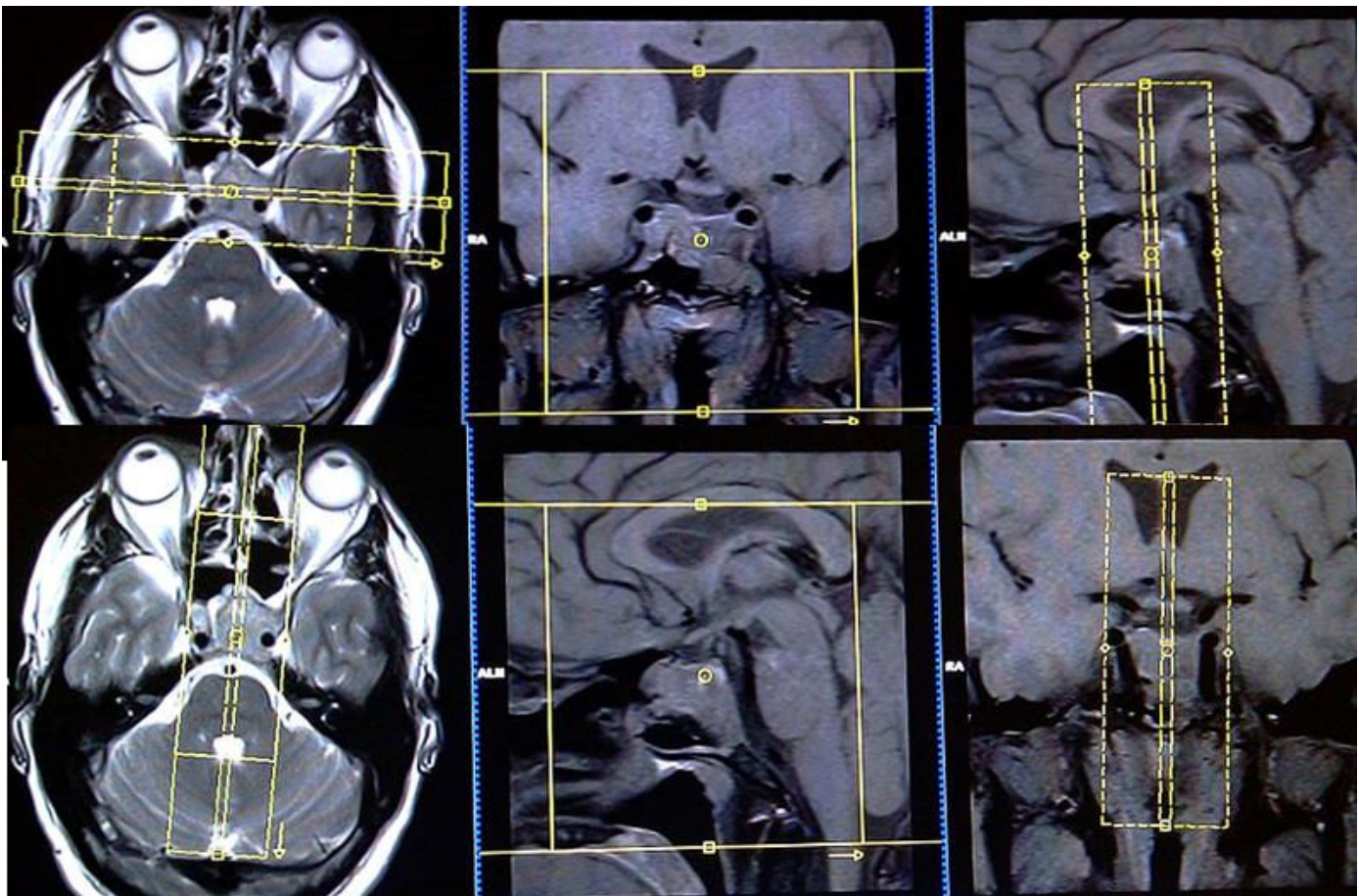


MRI Pituitary

Indications: orbital lesions, proptosis, optic disc distortion, infection, inflammation, intra-ocular lesions, retinoblastoma, melanoma, vision loss, optic nerve disorders

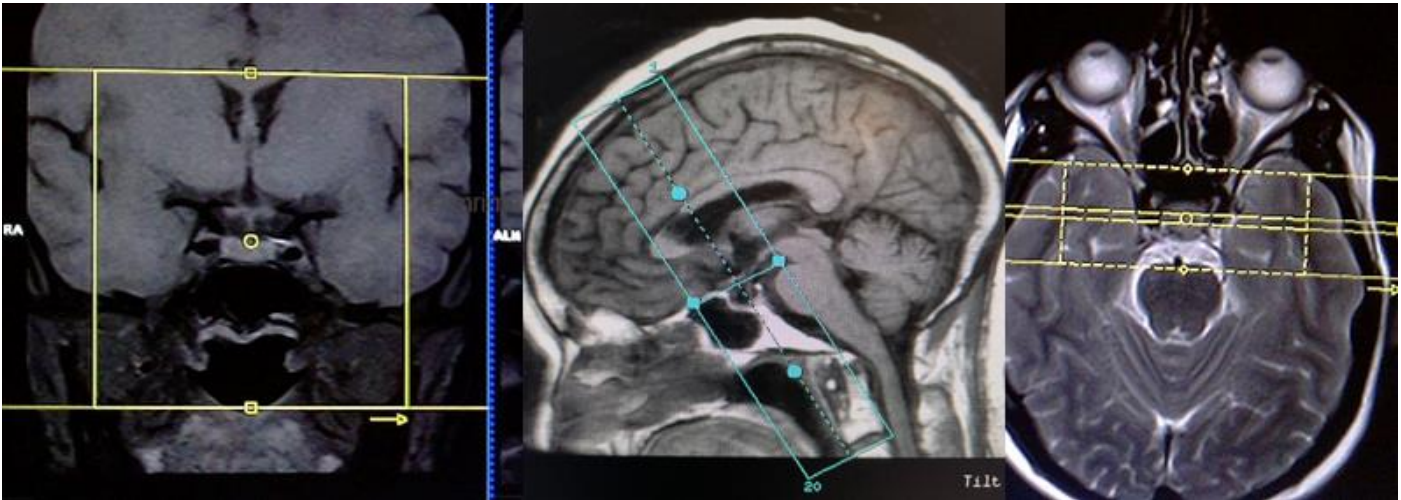
Series	Time	Sequence	FOV	Slice	Gap	TR	NEX
Sag T1 Flair (whole head)	3 min	T1	24	5.0	1.5	2500	1
Sag T1 thin	4 min	T1	18	2.0	0	300-750	4
Cor T2 thin	3 min	T2	18	2.0	0	2300-4500	4
Cor T1 thin	4 min	T1	18	2.0	0	300-750	4
Optional							
Ax T2 thin	4 min	T2	18	2.0	0	2300-4500	4
CONTRAST							
Dynamic T1 Post	2 min	Dynamic					
Cor T1 GD thin	4 min	T1	18	3.0	0	300-750	4
Sag T1 GD thin	4 min	T1	18	3.0	0	300-750	4

Expand coverage if there is a mass:



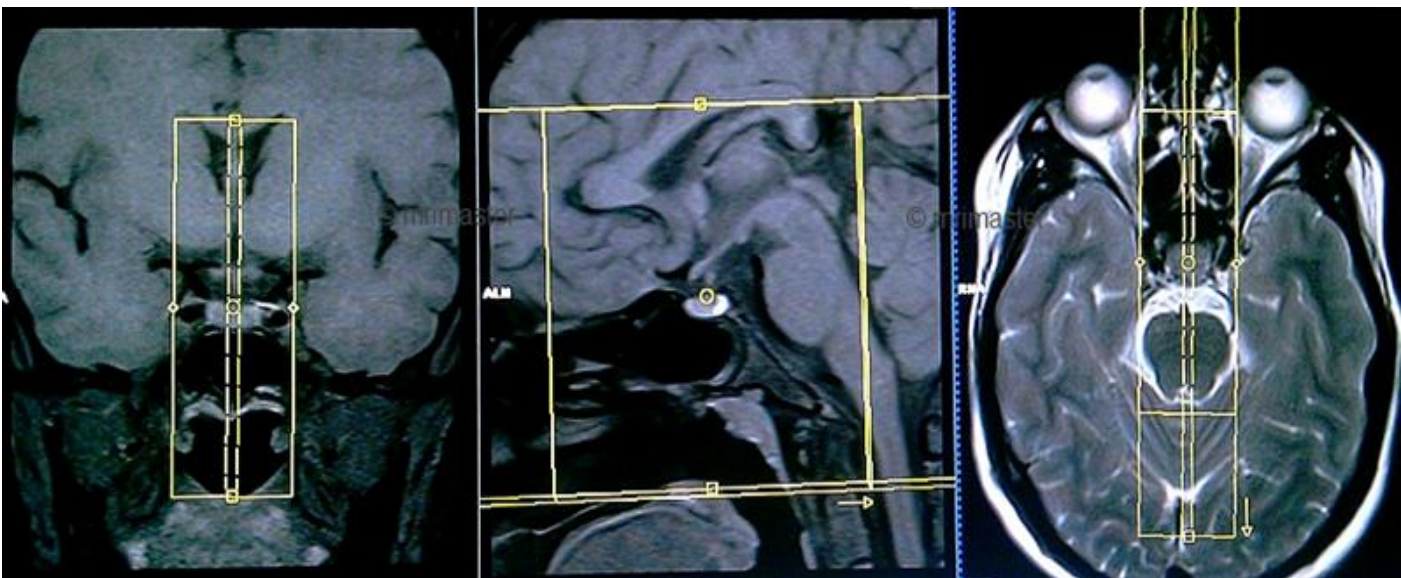
Coronal Thin: perpendicular to sella turcica

Coverage: cover whole pituitary from anterior border of sphenoid sinus to anterior pons



Sagittal Thin: parallel to falx in both coronal and sagittal planes

Coverage: cover the whole pituitary from the RT to LT internal carotid arteries



MRI Temporal Lobe

Indications: epilepsy, partial seizures, loss of seizure control, change in pattern, req by neurologist

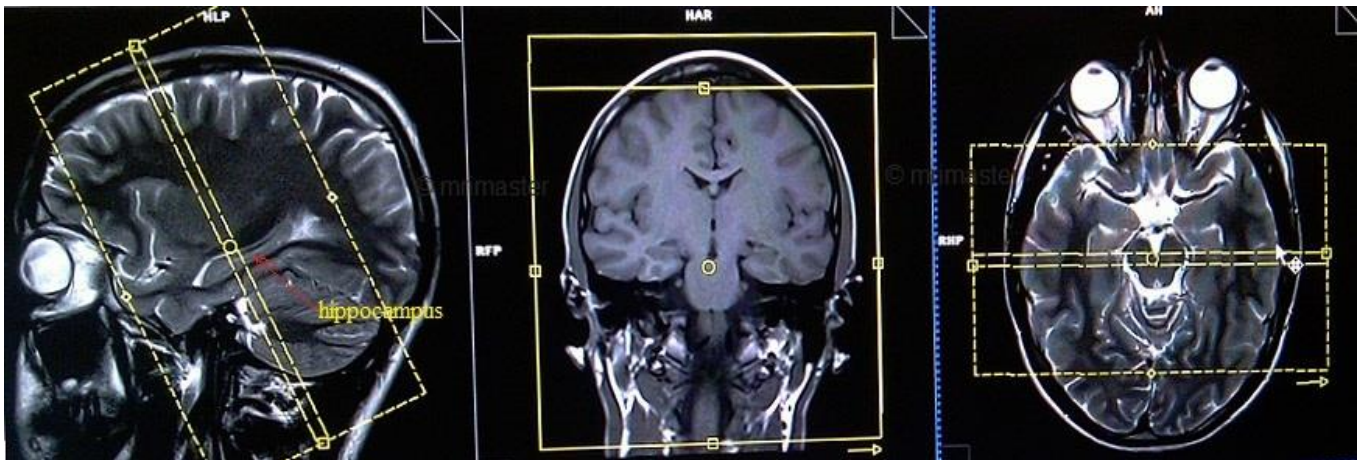
Note: NOT for new onset seizure unless specifically requested

Series	Time	Sequence	FOV	Slice	Gap	Resolution	NEX
Sag T1 Flair	3 min	T1	24	5.0	1.5	320 x 224	1
Axial DWI	3 min	DWI	24	5.0	1.5	128 x 128	
Ax T2 Flair	4 min	T2 Flair	24	5.0	1.5	320 x 224	1
Ax T2	3 min	T2	24	5.0	1.5	384	2
Ax T1 SE	2 min	T1	24	5.0	1.5	320 x 224	1
Ax Swan/SWI	4 min	SWI, Swan, GRE	24			320 x 224	
Cor Obl T2 SE thin		T2	20	3.0	0	512 x 224	2
Cor Obl FSPGR Bravo		FSPGR	18	1.5		256 x 256	1
Cor Obl T2 Flair		T2 Flair	20	5.0	2.5	320 x 192	1
CONTRAST							
Ax T1 SE FS GD		T1 FS	24	5.0	1.5	320 x 192	1
Cor T1 SE GD		T1	24	5.0	2.0	288 x 192	1

Coronal Oblique: Slices are perpendicular to the long axis of the hippocampus.

Appropriate angle in axial plane

Coverage: entire temporal lobe



MRI TMJ

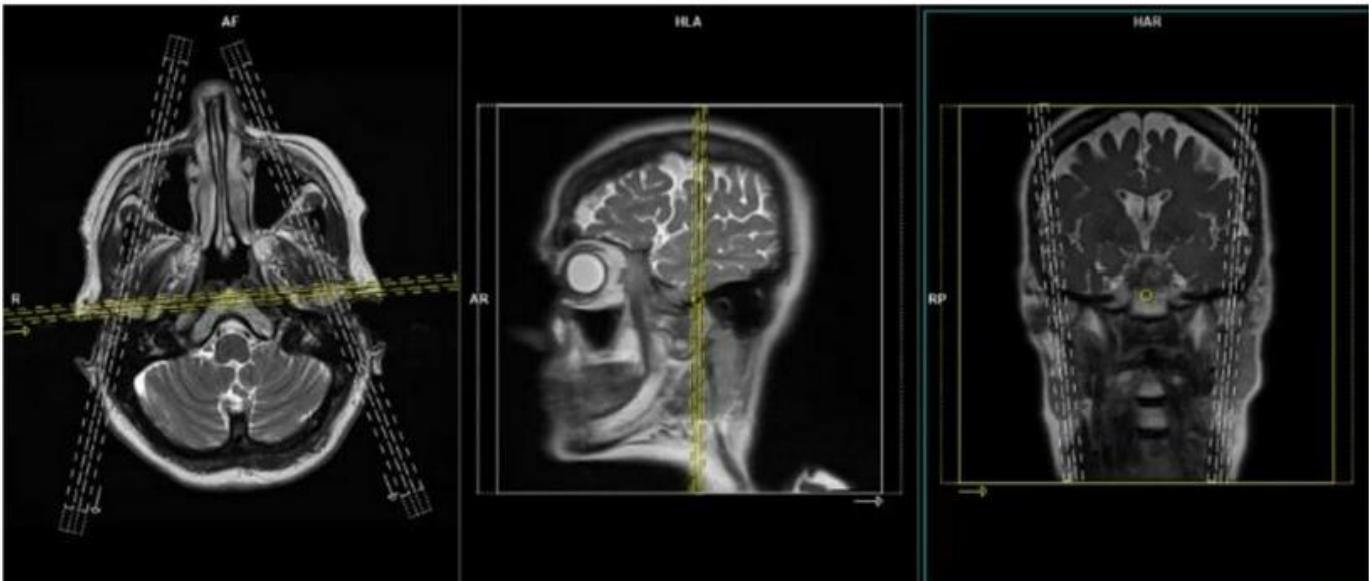
Indications: Irregular jaw movement with difficulty in opening and closing the mouth, Pain in the ear area when speaking,

chewing or opening the mouth wide. Clicking sounds in the jaw joint when opening or closing the mouth, Difficulty in chewing, Ear pain in front of or below the ear without any signs of infection

Series	Time	Sequence	FOV	Slice	Gap	Resolution	NEX
Closed Mouth							
Sag T1		T1	14	3	0.3	256 x 256	2
Sag PD T2		PD	14	3	0.3	256 x 256	2
Sag GRE		Gradient	14	3	0.3	256 x 256	2
Cor GRE		Gradient	14	3	0.3	256 x 256	2
OPEN MOUTH							
Sag T1		T1	14	3	0.3	256 x 256	2
Sag PD T2		PD	14	3	0.3	256 x 256	2
Sag GRE		Gradient	14	3	0.3	256 x 256	2
Cor GRE		Gradient	14	3	0.3	256 x 256	2

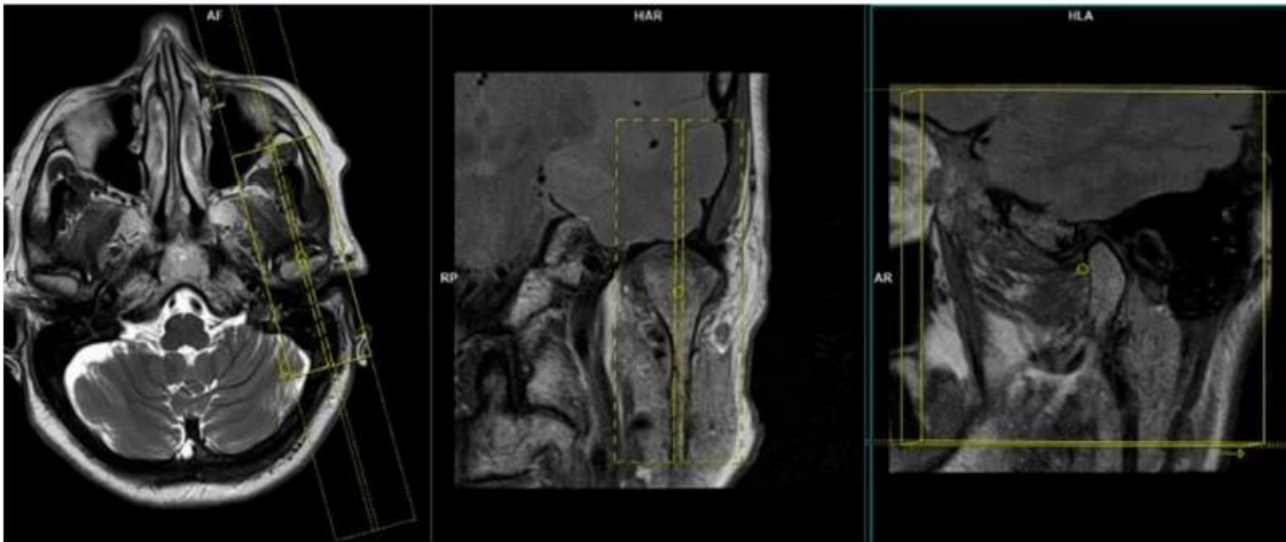
To perform open mouth scans, a bite block must be placed in the patient's mouth. The bite block should be big enough to keep the mouth wide open. If a bite block is not available, a large 50 mL syringe can be used.

Localizer Setup



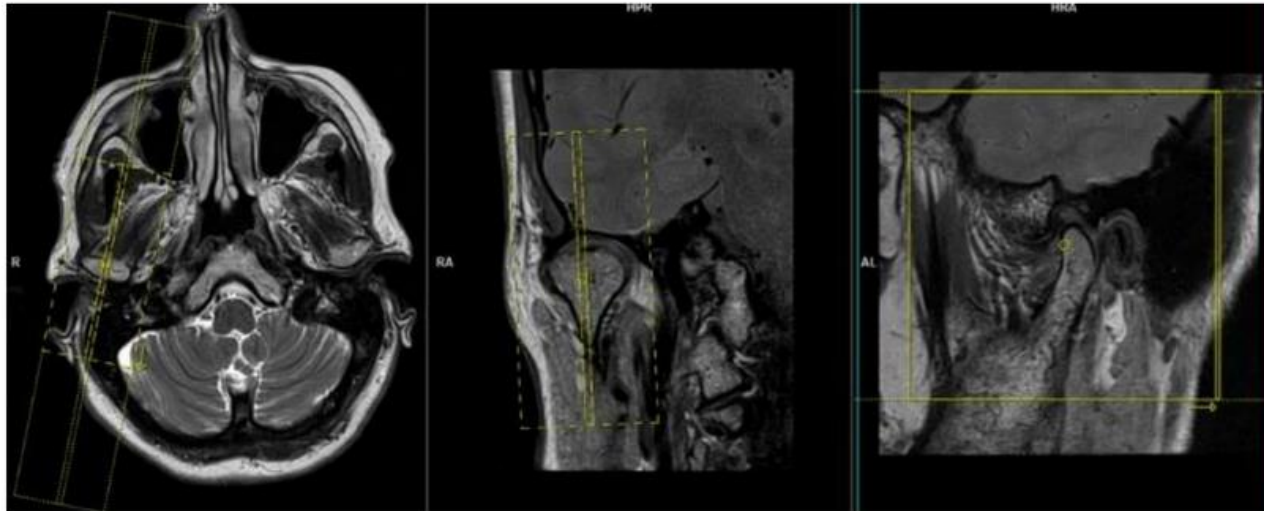
Sagittal Left

Plan the left side sagittal slices on the axial plane; angle the planning block perpendicular to the left condyle of the mandible. Check the planning block in the other two planes. An appropriate angle must be given in the coronal plane (parallel to the line along the left temporal bone and ramus of the mandible). The slices should adequately cover the left temporomandibular joint (TMJ) from one side to the other.



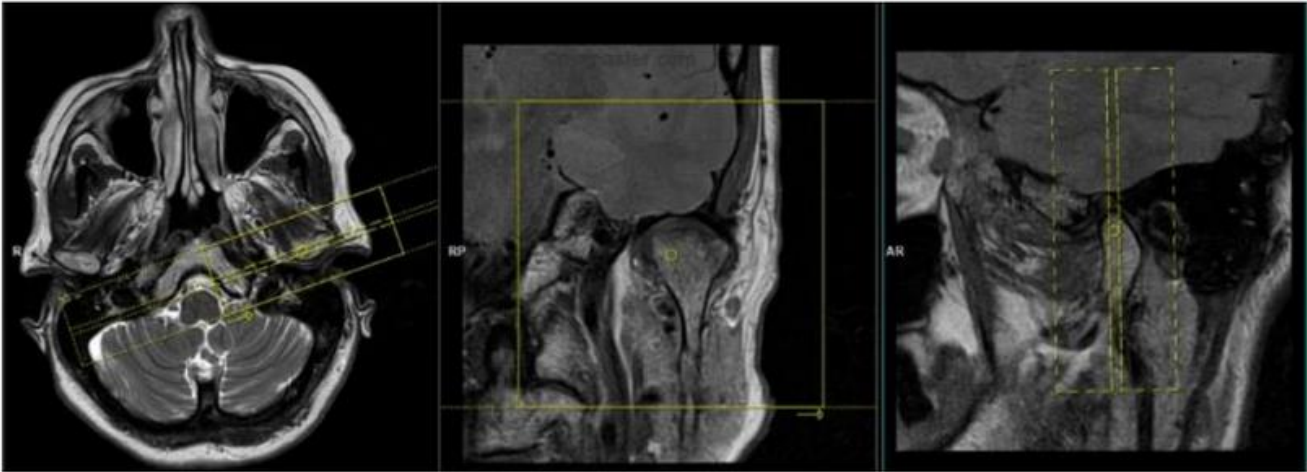
Sagittal Right

Plan the right side sagittal slices on the axial plane; angle the planning block perpendicular to the right condyle of the mandible. Check the planning block in the other two planes. An appropriate angle must be given in the coronal plane (parallel to the line along the right temporal bone and ramus of the mandible). The slices should adequately cover the right temporomandibular joint (TMJ) from one side to the other.



Coronal Left

Plan the left side coronal slices on the axial plane; angle the planning block parallel to the left condyle of the mandible. Check the planning block in the other two planes. Ensure an appropriate angle is given in the sagittal plane, parallel to the line along the ramus and left mandibular condyle. The slices must be sufficient to cover the left temporomandibular joint (TMJ) from the articular eminence up to the line of the internal auditory meatus.



Coronal Right

Plan the right side coronal slices on the axial plane, and angle the planning block parallel to the right condyle of the mandible. Check the planning block in the other two planes. An appropriate angle must be given in the sagittal plane (parallel to the line along the ramus and right mandibular condyle). Ensure that the slices are sufficient to cover the right temporomandibular joint (RT TMJ) from the articular eminence up to the line of the internal auditory meatus.



MRI FACE

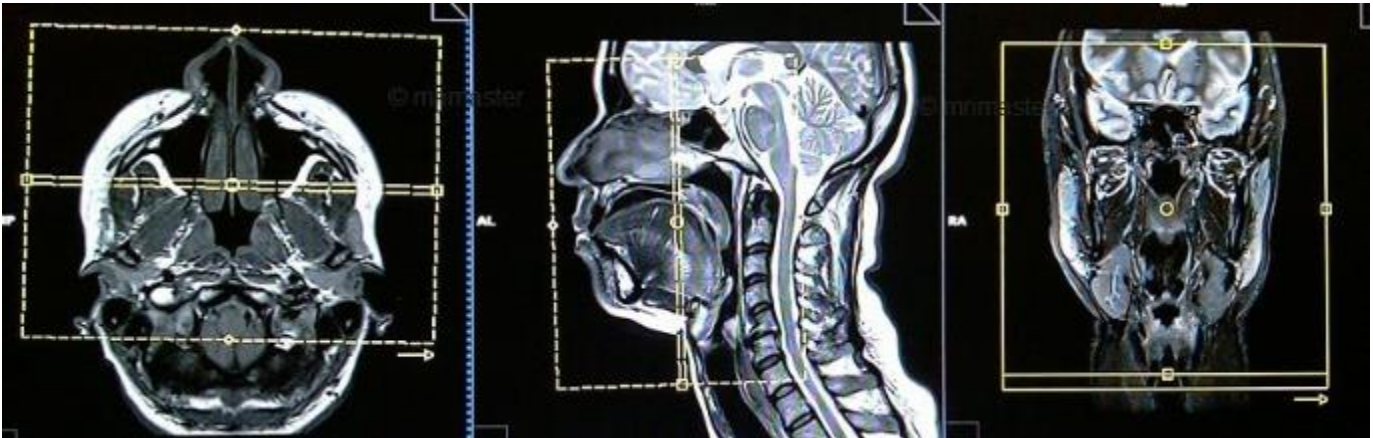
PROTOCOL FORM MUST BE COMPLETED BY RAD PRIOR TO EXAM

Indications: tumor, abscess, infection

Series	Time	Sequence	FOV	Slice	Gap	Resolution	NEX
Cor STIR		STIR	18-20	3	0		
Cor T1		T1	18-20	3	0		
Ax T2 FS		T2 FS	18-20	3	0		
Ax T1		T1	18-20	3	0		
Sag T1		T1	18-20	3	0		
CONTRAST							
Ax T1 FS GD		T1 FS	18-20	3	0		
Cor T1 FS GD		T1 FS	18-20	3	0		
Sag T1 FS GD		T1 FS	18-20	3	0		

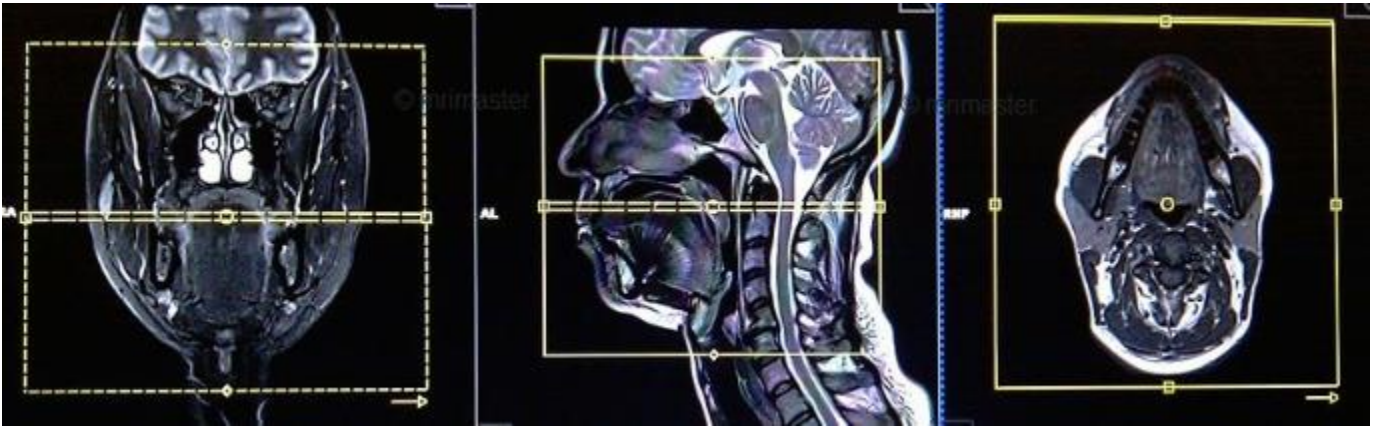
Coronal: perpendicular to hard palate on sagittal, perpendicular to septum on axial.

Coverage: Tip of nose to fourth ventricle



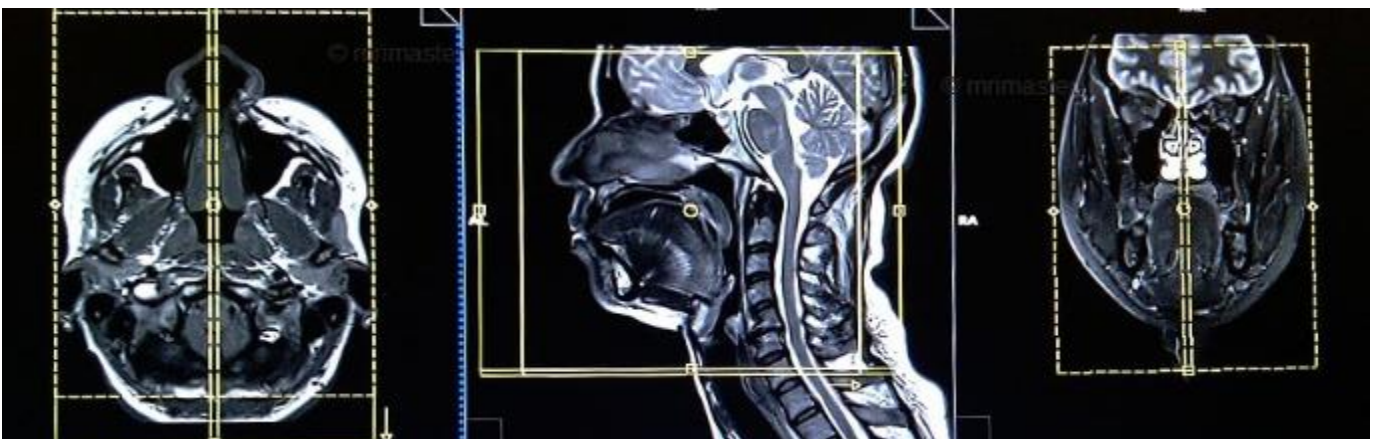
Axial: parallel to hard palate on sagittal, perpendicular to septum on coronal

Coverage: glabella down through larynx



Sagittal: parallel to hard palate on axial, perpendicular to septum on coronal.

Coverage: pinna to pinna

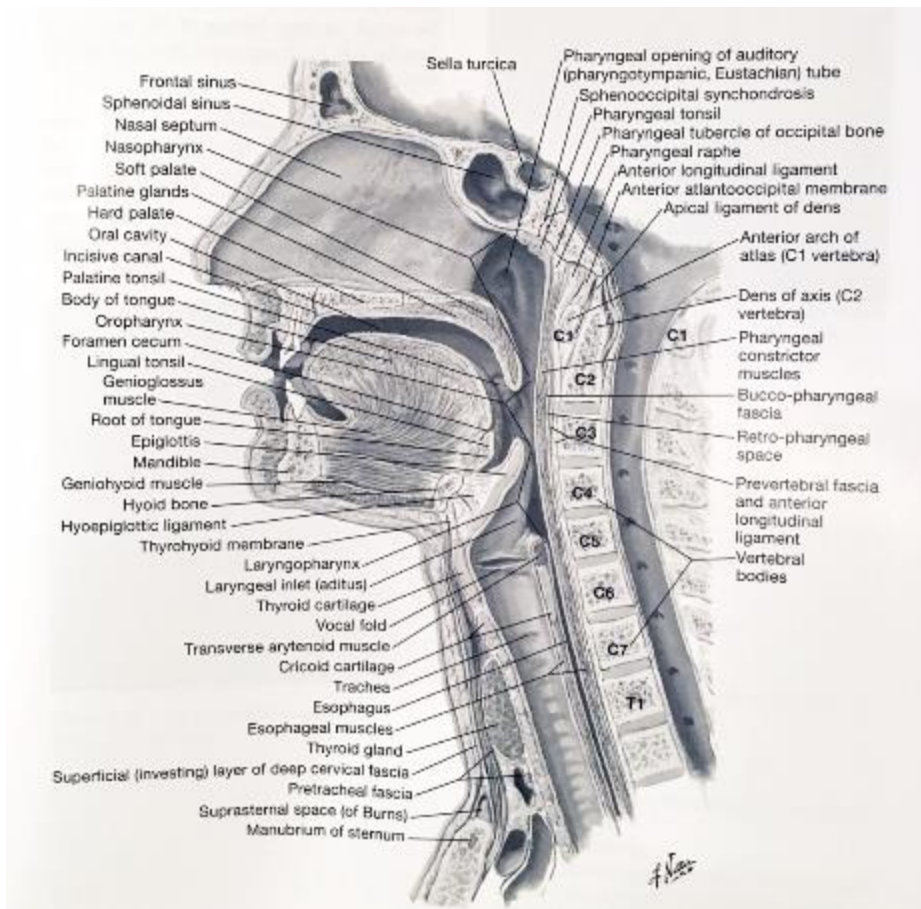


MRI NECK

PROTOCOL FORM MUST BE COMPLETED BY RAD PRIOR TO EXAM

Indications: tumor, abscess, infection, thyroid

Series	Time	Sequence	FOV	Slice	Gap	Resolution	NEX
Cor STIR		STIR	24	4	0		
Cor T1		T1	24	4	0		
Ax T2 FS		T2 FS	20	4	0		
Ax T1		T1	20	4	0		
Sag T1 (optional)		T1	20	4	0		
CONTRAST							
Ax T1 FS GD		T1 FS	20	4	0		
Cor T1 FS GD		T1 FS	24	4	0		
Sag T1 FS GD (optional)		T1 FS	20	4	0		



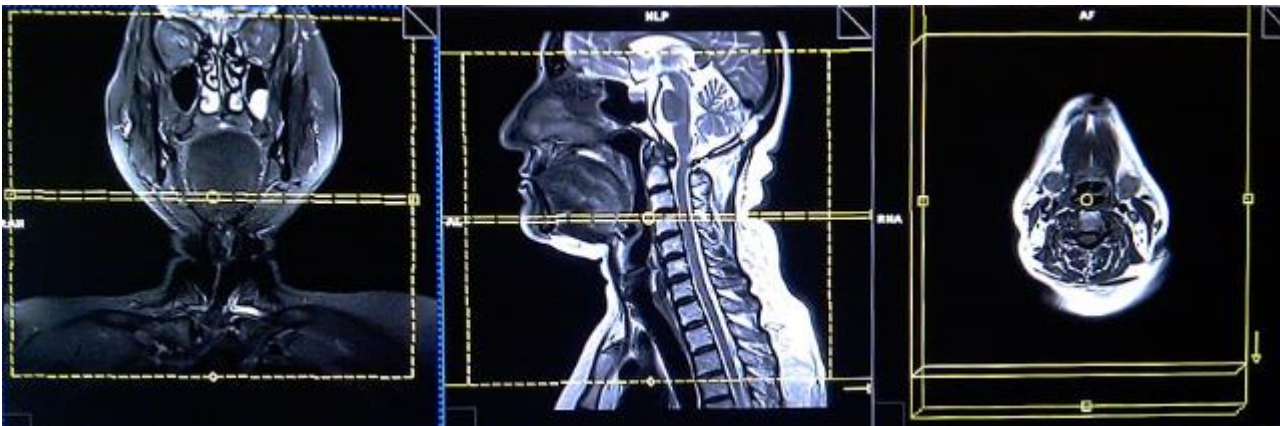
Coronal: parallel to cervical sagittal, check other planes.

Coverage: EAM to EAM, frontal sinus to clavicles/apices



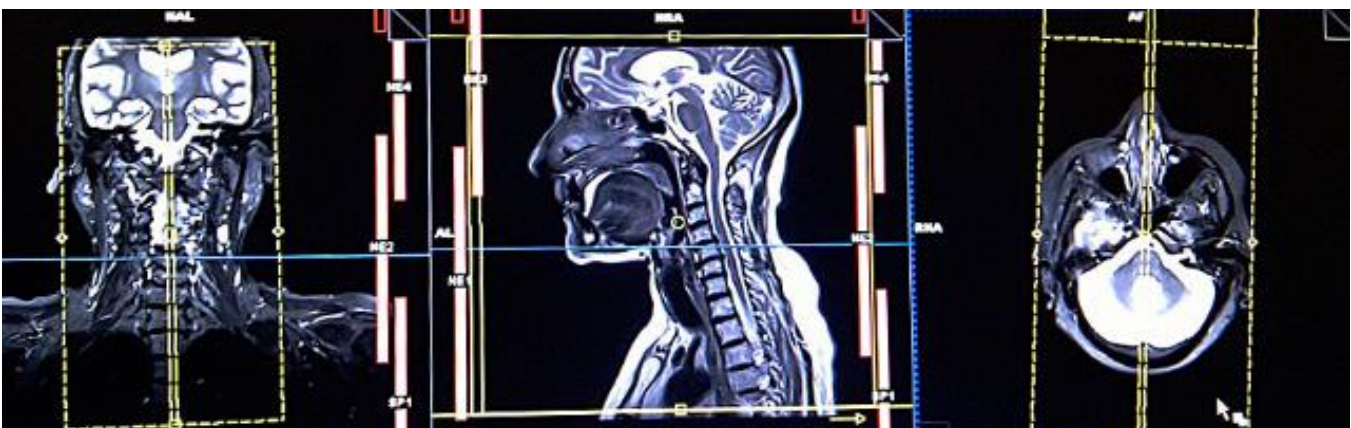
Axial: perpendicular to cervical on axial, check other planes

Coverage: frontal sinus to clavicles



Sagittal: parallel to cervical on coronal, check other planes

Coverage: pinna to pinna



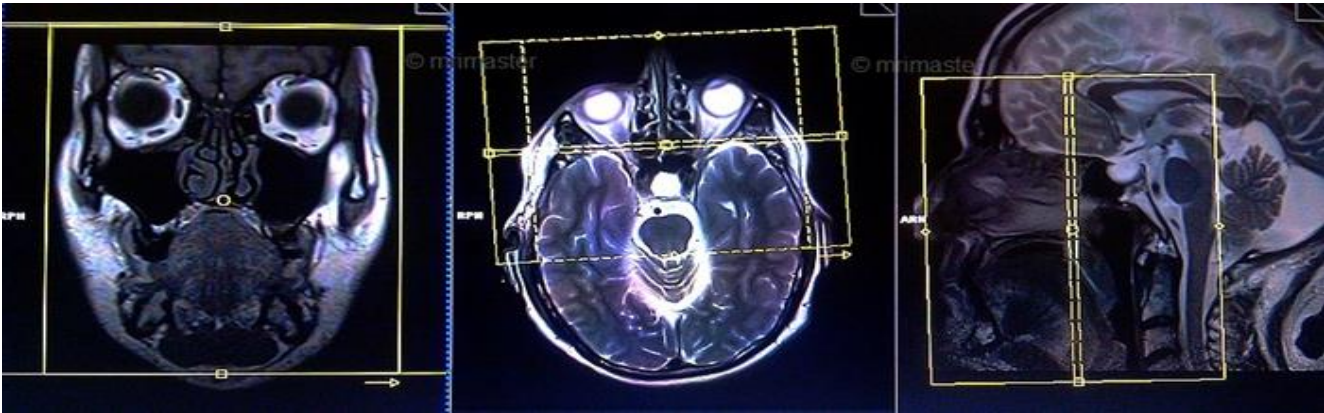
MRI HEAD - Trigeminal

Indications: trigeminal neuralgia, facial pain +/- facial spasm, mass, neuroma, infection

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
Whole Head								
Sag T1 FLAIR	3 min	T1	24	5.0	1.5	320 x 224	2500	
Ax DWI	3 min	DWI	24	5.0	1.5	128 x 128	8000	
Ax T2	3 min		24	5.0	1.5	320	5200	2
Ax T2 Flair	4 min	Flair	24	5.0	1.5	320 x 224	9000	1.5
Ax T1 SE	2 min	T1	24	5.0	1.5	320 x 224	300-700	1
Cranial Nerves								
Ax 3D Fiesta	3 min	Fiesta, CISS	18	0.8		288 x 224		1
Cor 3D Fiesta	3 min	Fiesta, CISS	18	1.2		288 x 224		1
Sag 3D Fiesta	3 min	Fiesta, CISS	18	1.2		288 x 224		1
Ax Cube T2		T2	18	1.4		288 x 288	1300	1
CONTRAST								
Ax T1 SE GD FS		T1 FS	24	5.0	1.5	288 x 192	300-700	1
Cor T1 FS GD thin		T1 FS	18	3.0	0	288 x 192	300-700	4
Ax T1 FS GD thin		T1 FS	18	3.0	0	256 x 256	300-700	1

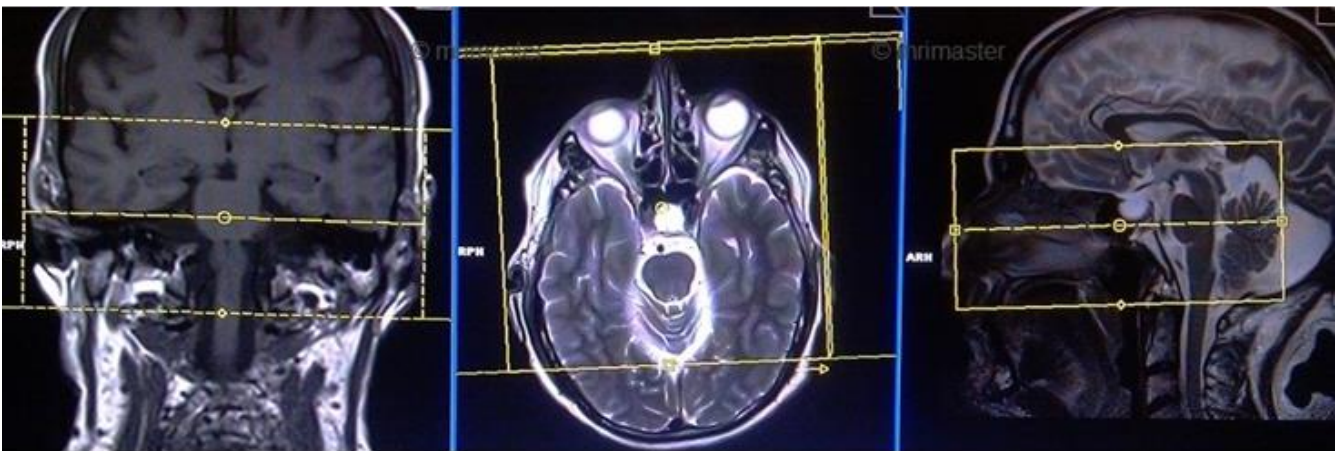
Coronal Thin: parallel to the brainstem / perpendicular to nasal septum.

Coverage: Pons to nose, including sinuses and mandible



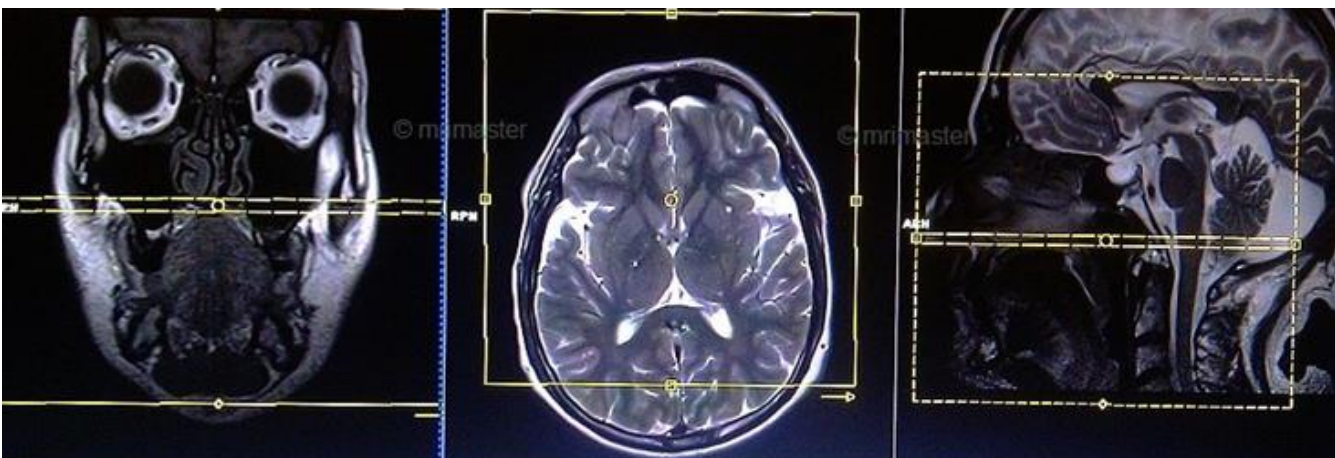
Axial Fiesta: perpendicular to brainstem, parallel to hard palate

Coverage: glabella down through hard palate



Axial Thin: perpendicular to brainstem, parallel to hard palate.

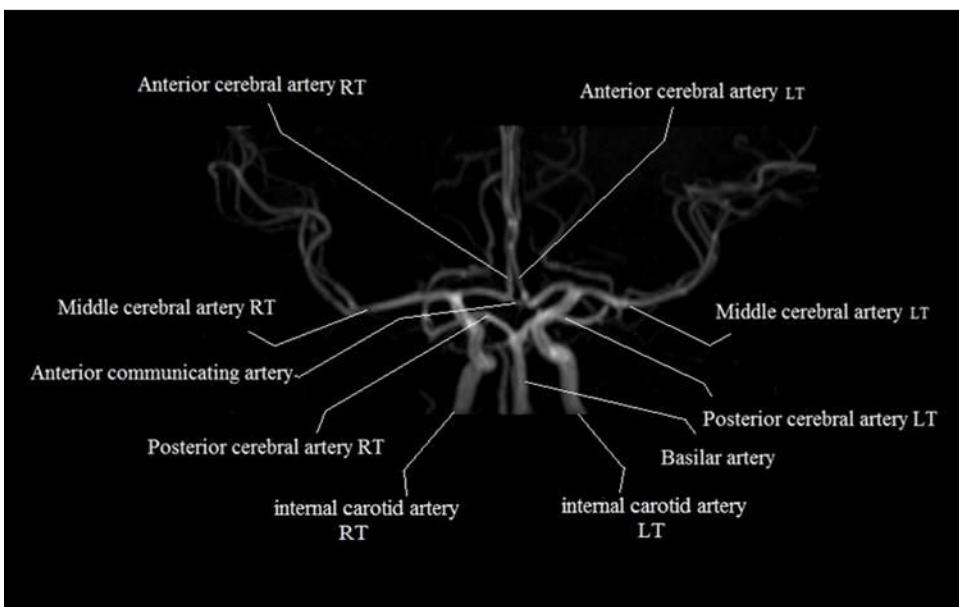
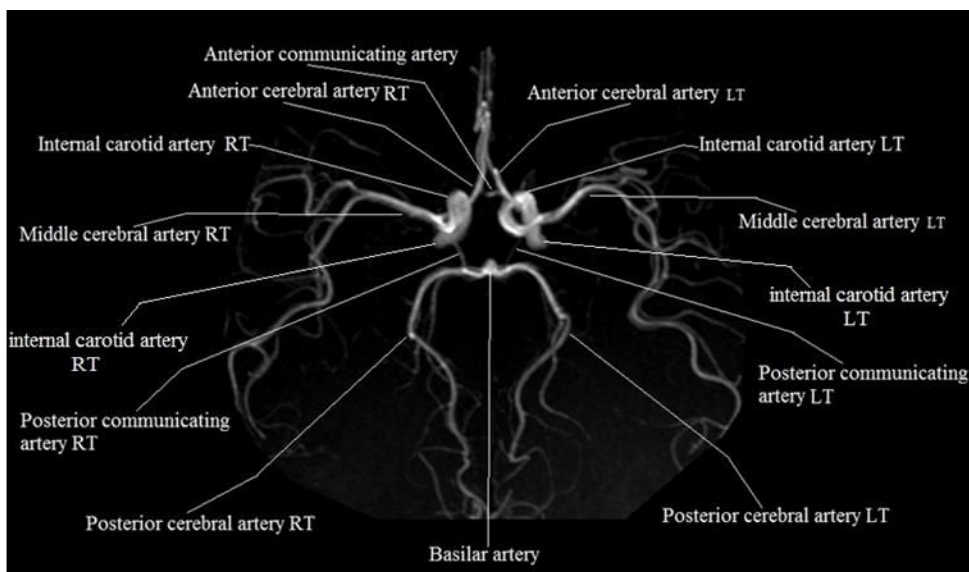
Coverage: glabella down to angle of jaw

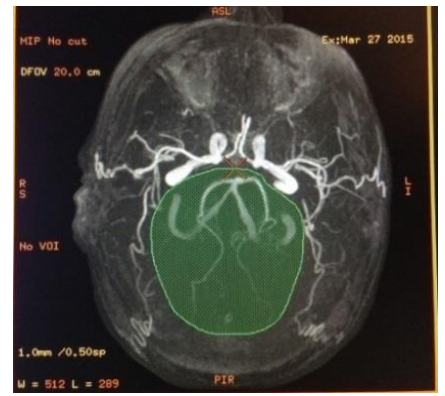
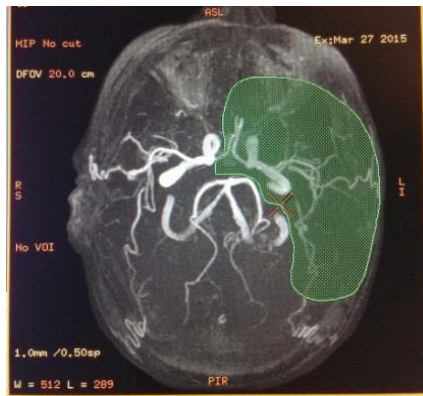
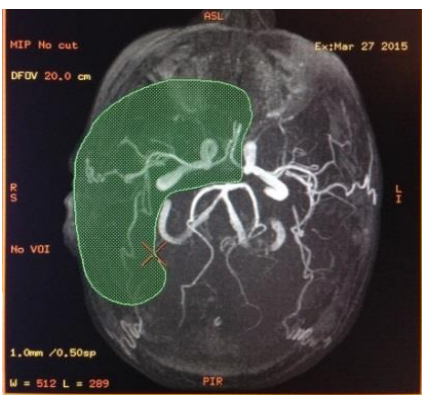
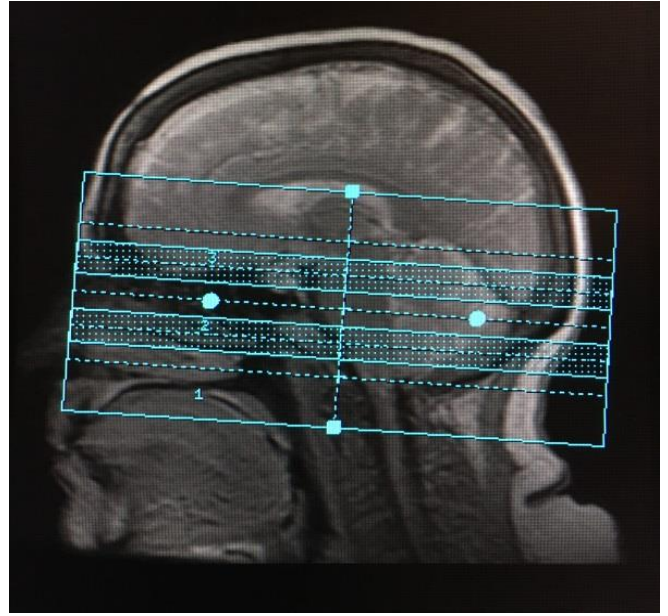
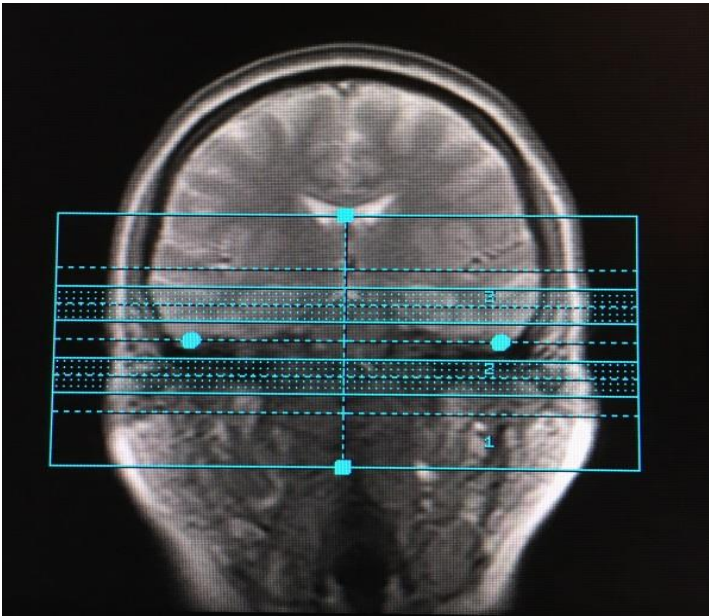


MRA HEAD

Indications: aneurysm, stroke, vasospasm, vasculitis, internal carotid artery occlusion or stenosis, AVM, cerebral or basilar artery occlusion & stenosis, atherosclerotic disease

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
3D TOF 3 SLAB MT FS	8 min	3D TOF	24	10		256 x 128	5200	1
Post Processing								
Entire COW	Anterior to Posterior (tumble)							
Right Anterior	Left to Right (twirl)							
Left Anterior	Left to Right (twirl)							
Posterior	Left to Right (twirl)							
CONTRAST	Dr. Agola and treated aneurysm.							
3D TOF 3 SLAB MT FS	Repeat whole head with contrast (hand inject)							





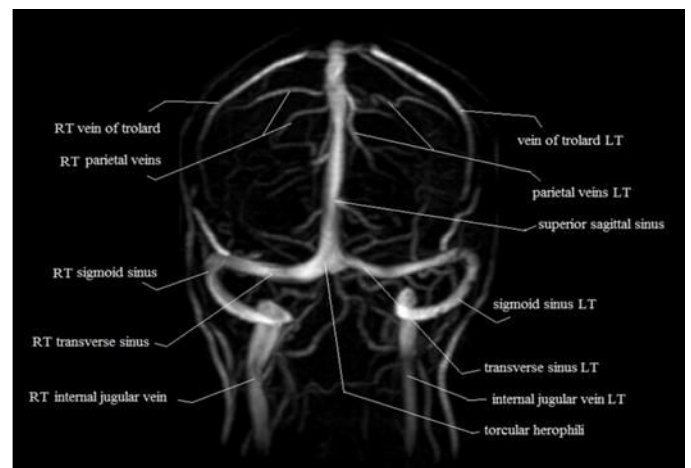
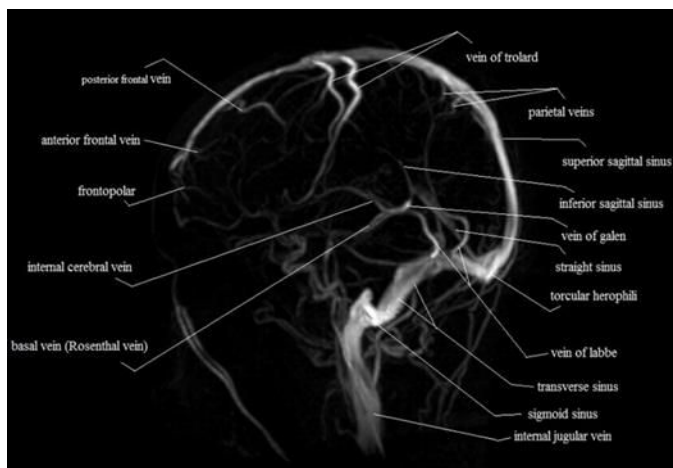
MRV Head

Indications: thrombosis, pregnancy, non contrast

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
Sag T1 Flair (whole head)	3 min	T1	24	5.0	1.0	320 x 224	2500	1
Sag 2D PC (Midline)	6 min	PC	20	30		256 x 256		10
Cor 2D TOF	6 min	TOF	20	1.5		256 x 192		1
Sag 2D TOF		TOF	23	1.5		256 x 160		1
Post Processing								
Rotate TOF								
Tumble TOF								

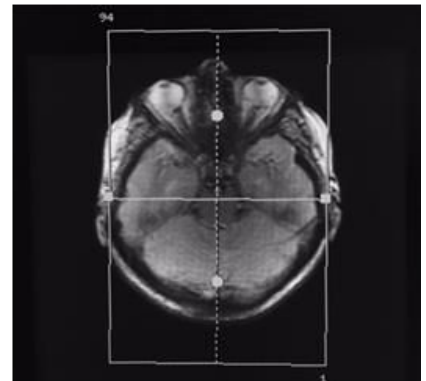
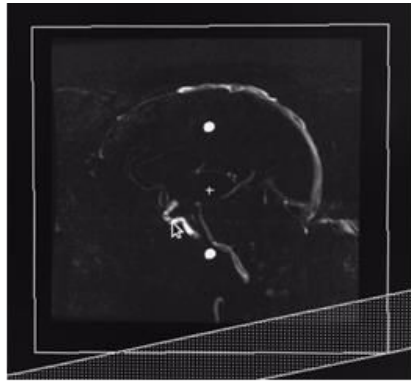
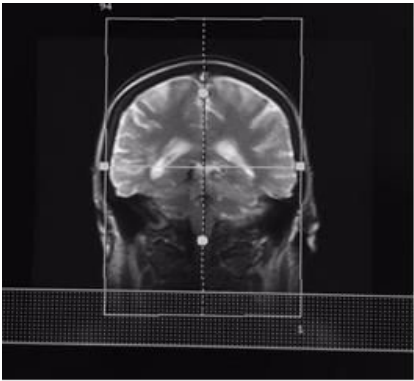
Indications: thrombosis

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
Sag T1 Flair (whole head)		T1	24	5.0	1.0	320 x 224	2500	1
Cor SPGR		SPGR	24	1.2		256 x 256		1
CONTRAST								
Cor SPGR GD		SPGR	24	1.2		256 x 256		1
Cor SPGR GD repeat immediately		SPGR	24	1.2		256 x 256		1
Post Processing								
Rotate TOF								
Tumble TOF								



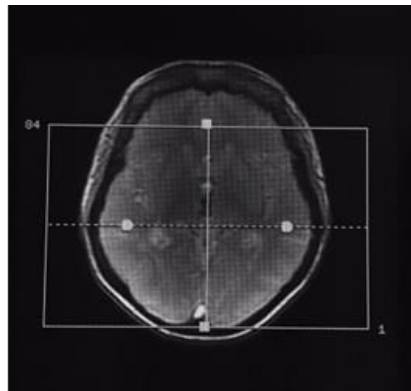
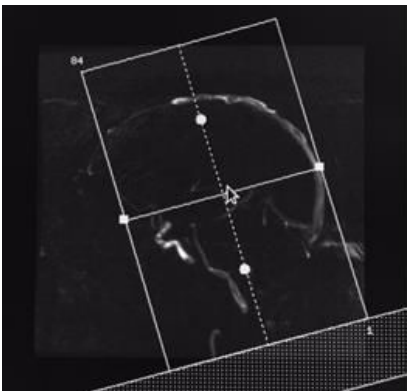
Sag T2 TOF: straight sagittal, inferior sat band below anatomy

Coverage: whole brain from temporal lobe to temporal lobe



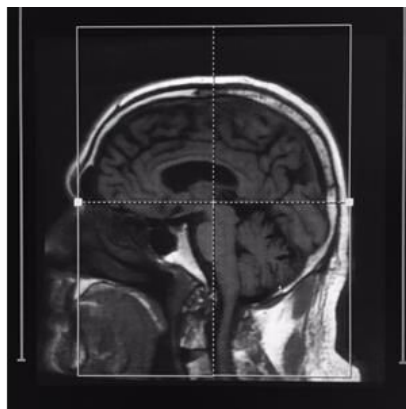
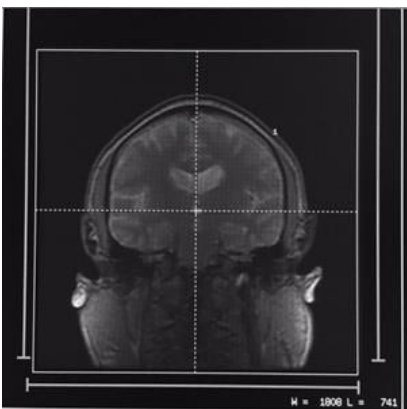
Cor T2 TOF: angle coronal on sagittal image to include all venous anatomy, check other planes

Coverage: all venous anatomy



Cor SPGR: straight coronal, check axial plane and angle if necessary for true coronal

Coverage: whole brain



MRI Brachial Plexus

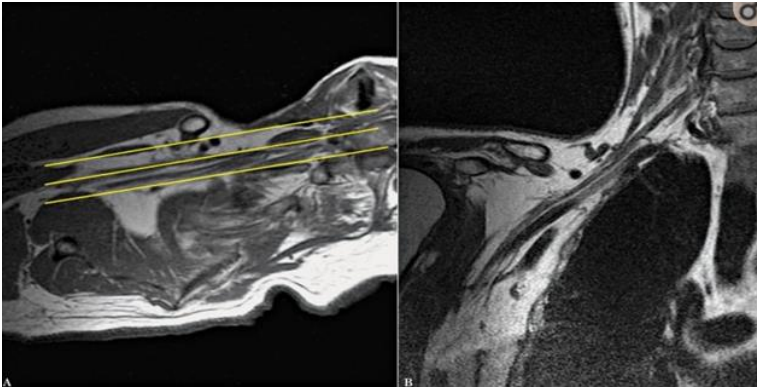
Indications: weakness/numbness of upper extremity, tumor, peripheral neuropathy, trauma

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
Localizer								
Cor STIR bilateral		STIR	40	3.0	0	320 x 192	2000-5000	2
Cor T1 Obl unilateral		T1	24	3.0	0	352 x 224	300-750	3
Ax T1 Obl unilateral		T1	24	3.0	1.5	320 x 192	300-750	2
Ax T2 FS Obl unilateral		T2 FS	24	3.0	0	288 x 192	2500-3600	2
Sag T1 Obl unilateral		T1	20	3.0	0	320 x 192	320 x 192	2
Sag STIR Obl unilateral		STIR	20	3.0	0	256 x 192	2000-5000	2
CONTRAST								
Ax T1 GD FS Obl unilateral		T1 FS	24	3.0	0	288 x 192	300-750	2
Sag T1 GD FS Obl unilateral		T1 FS	20	3.0	0	288 x 192	300-750	2
Cor T1 GD FS Obl unilateral		T1 FS	24	3.0	0	288 x 192	300-750	3

Coronal Oblique: parallel to the brachial plexus on axial view.

Coverage: include vertebrae to SC joint, include spine to affected shoulder joint

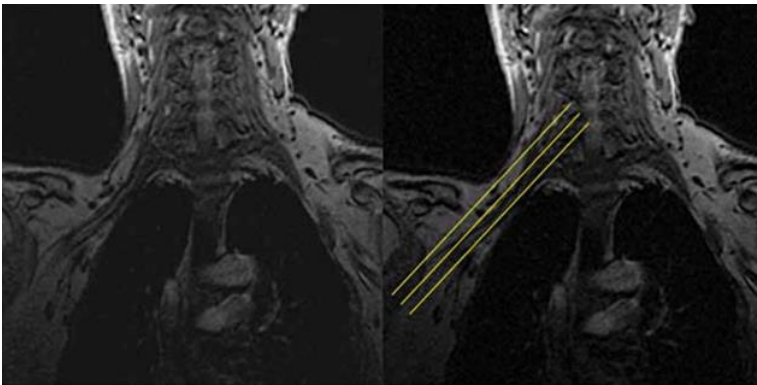
Phase: R/L to avoid chest and heart motion artifacts



Axial Oblique: parallel to the brachial plexus on coronal view.

Coverage: spine to affected shoulder joint

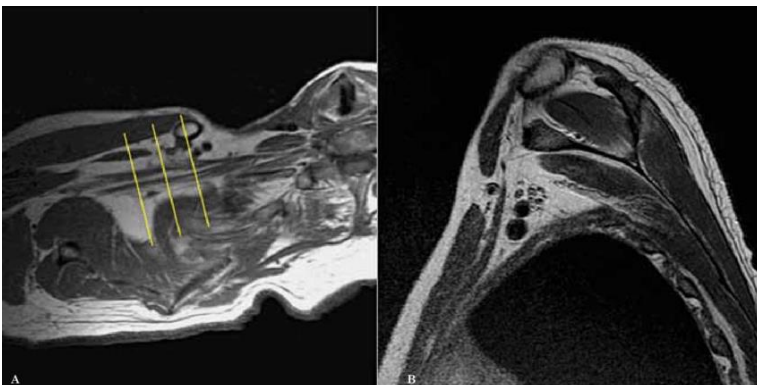
Phase: A/P with NPW to reduce pulsation and swallowing artifacts



Sagittal Oblique: perpendicular to brachial plexus on axial & coronal view.

Coverage: spine to affected shoulder joint

Phase: A/P with NPW to reduce pulsation and swallowing artifacts



MRI Soft Tissue Neck

PROTOCOL MUST BE REQUESTED PRIOR TO EXAM

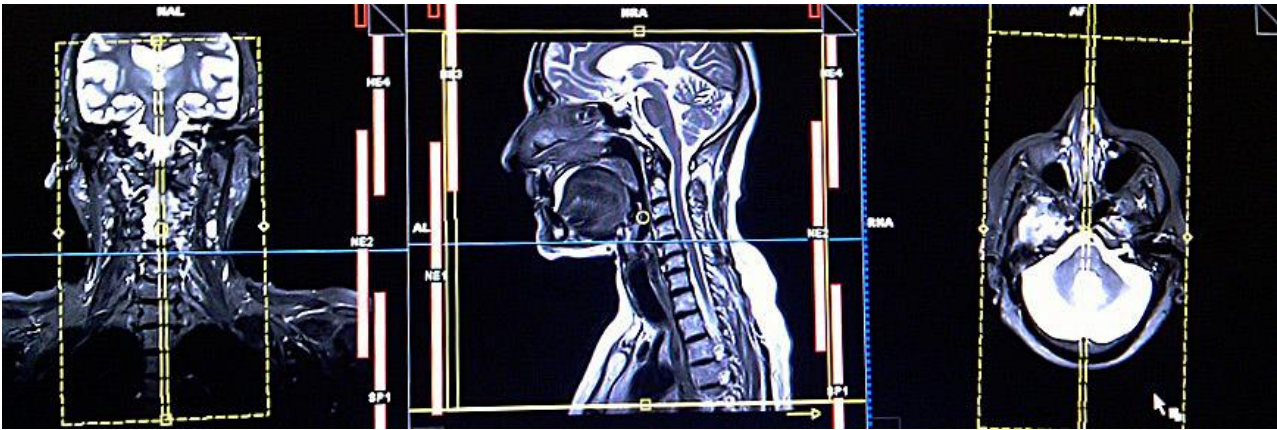
Indications: tumor, abscess, thyroid disease, abnormalities

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
Cor STIR		STIR	24	5.0	1.0	320 x 192	2000-5000	2
Ax T2 FRFSE FS		T2	20	5.0	1.0	320 x 192	2500-3600	4
Ax T1		T1	20	5.0	1.0	320 x 192	300-750	3
Optional								
Sag T1		T1	20	3.0	0	320 x 192	320 x 192	2
CONTRAST								
Ax T1 GD FS FSPGR		T1 FS	20	5.0	1.0	288 x 192	300-750	2
Cor T1 GD FS		T1 FS	24	3.0	0	288 x 192	300-750	3
Optional								
Sag T1 GD FS		T1 FS	20	3.0	0	288 x 192	300-750	2

Sagittal: parallel to cervical spine on coronal, check other planes.

Coverage: RT EAM to LT EAM, FOV to cover frontal sinus to clavicle/apices

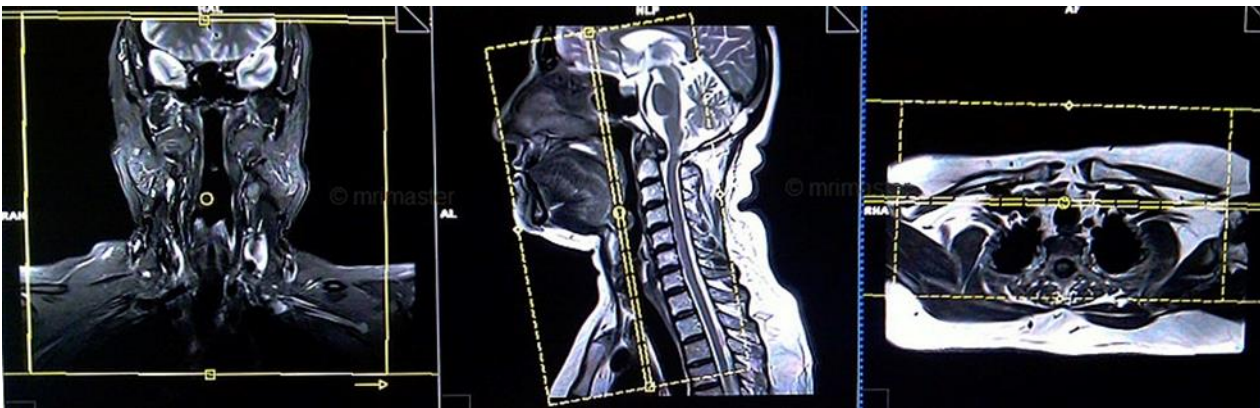
Phase: A/P with NPW to reduce pulsation and swallowing artifacts



Coronal: parallel to cervical spine on sagittal, check other planes.

Coverage: cover from nose tip to spinous process, FOV to cover frontal sinus to clavicle/apices

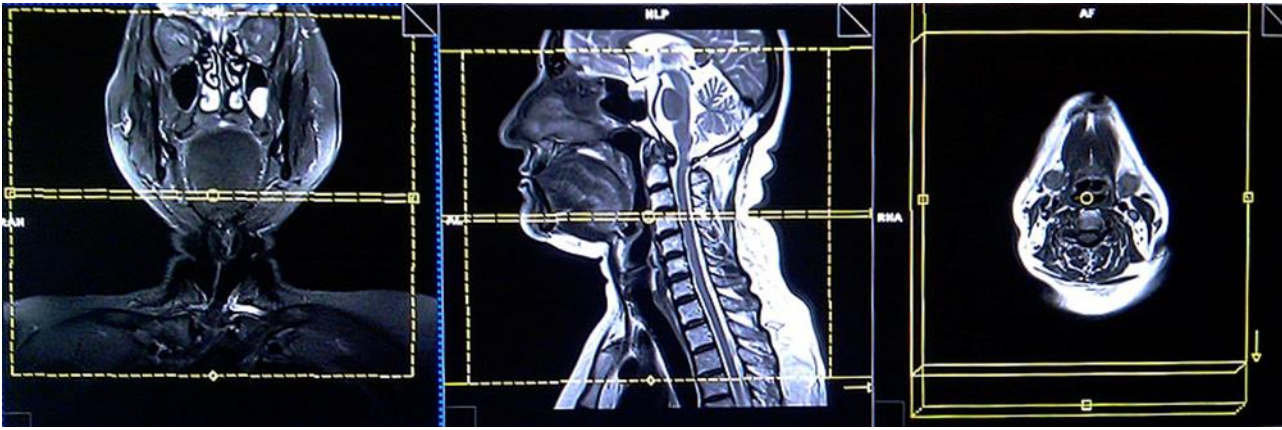
Phase: R/L to avoid chest and heart motion artifacts



Axial: perpendicular to cervical spine on sagittal, check other planes.

Coverage: front frontal sinus to clavicle/apices

Phase: A/P with NPW to reduce pulsation and swallowing artifacts



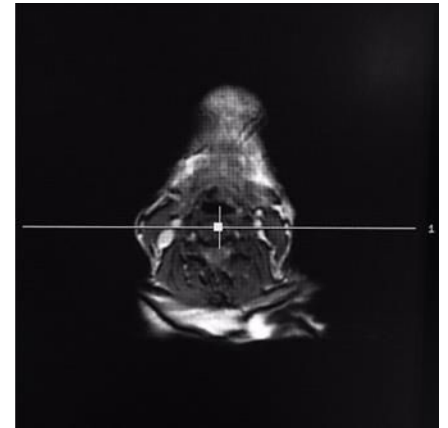
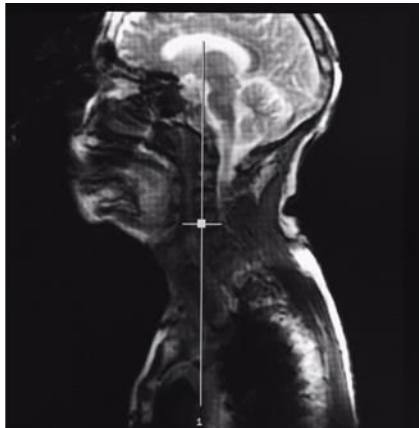
MRA Neck / Carotid

Indications: dissection, aneurysm, AVM, congenital abnormalities, injury, tumor

Series	Time	Sequence	FOV	Slice	Gap	Resolution	TR	NEX
Cor PD PC	1 min	PC	28	30	0	256 x 192	33	3
??Sag PD PC		PC	28	30	0	256 x 192	33	3
3d TOF 3 SLAB	6 min	TOF	18	1.6		256 x 160	18	
Add if indication dissection								
T1 Ax FS		T1 FS						
CONTRAST								
COR ceMRA		MRA	30	1.4		448 x 224	54	1
Post Processing								
Entire carotids	Left to right twirl							
Right carotid	Left to right twirl							
Left carotid	Left to right twirl							
Aortic arch roots	Anterior to posterior tumble							
Bifurcation right	Left to right twirl							
Bifurcation left	Left to right twirl							

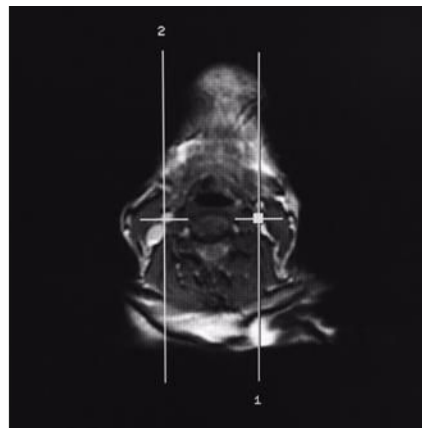
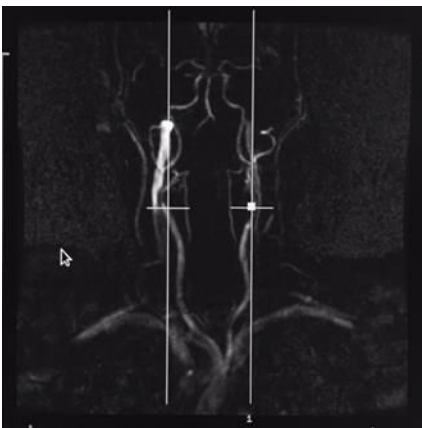
Coronal 2D PC: parallel to carotid arteries on axial view.

Coverage: center on vessels

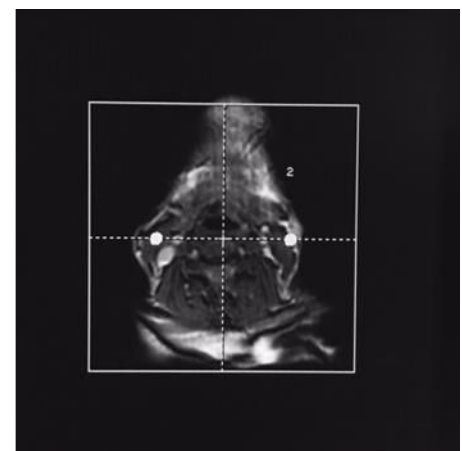
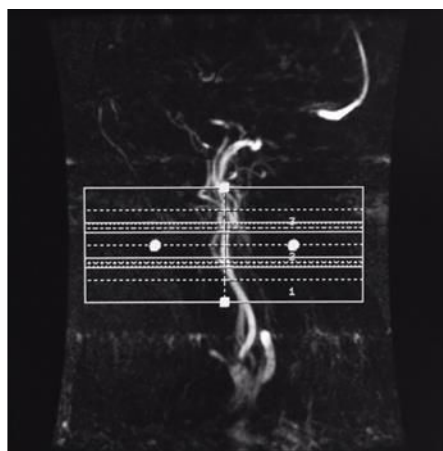
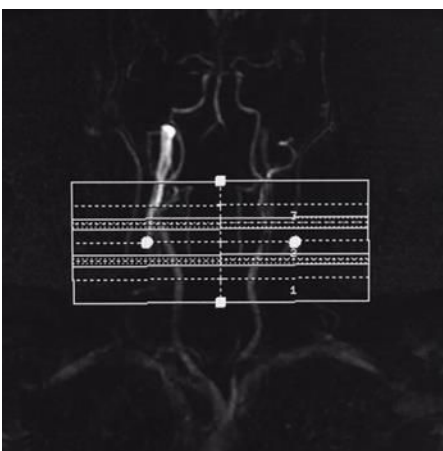


Sag 2D PC: parallel to carotid arteries on coronal view

Coverage: center on vessels, keep slabs on same level S/I and A/P

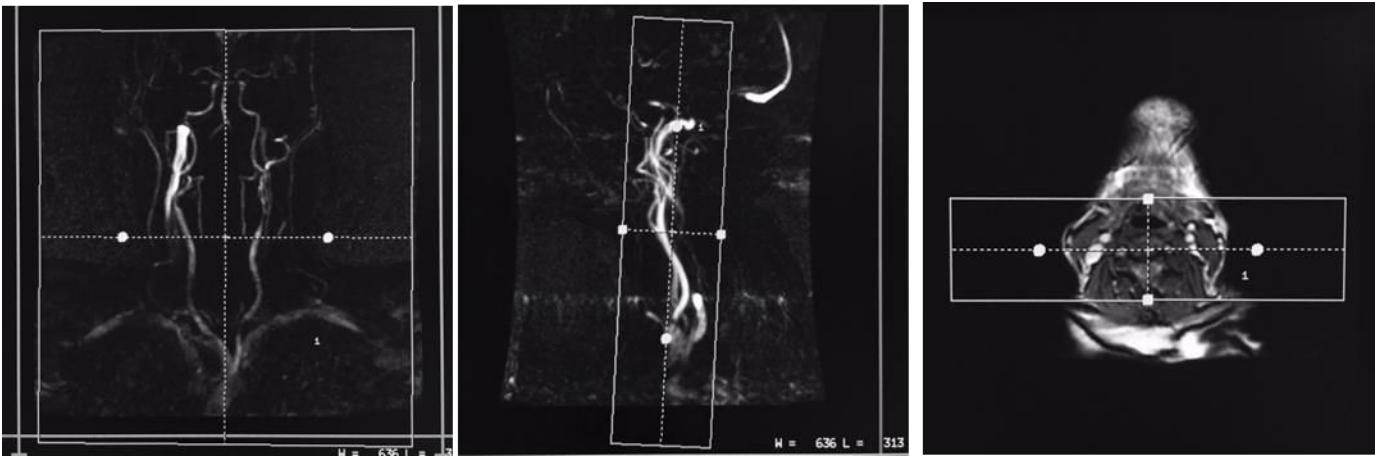


3D TOF 3 SLAB: use prior two scans to set up box centered on bifurcation of carotids.

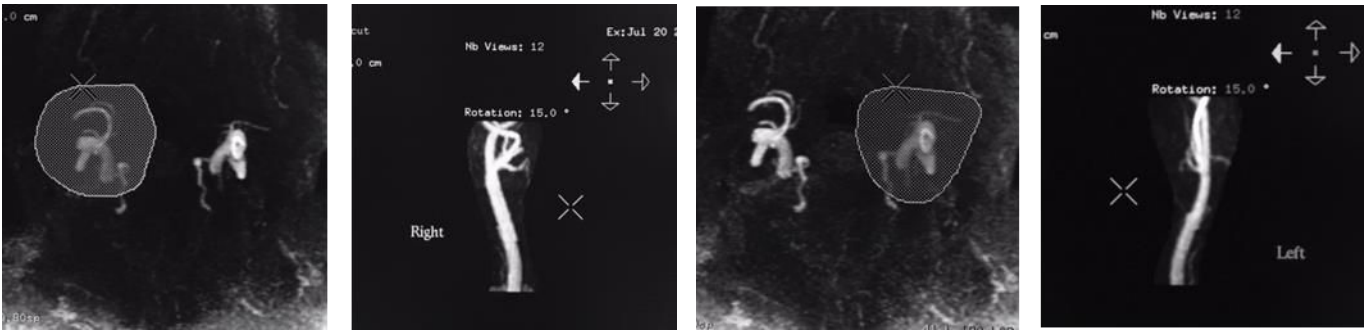


Coronal ceMRA FT elliptic: coronal to long axis of carotid vessels, may be obliqued depending on curvature.

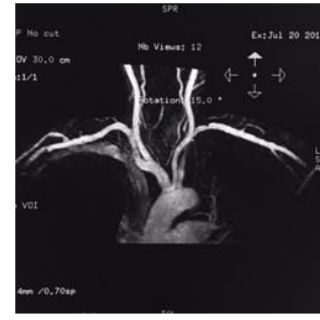
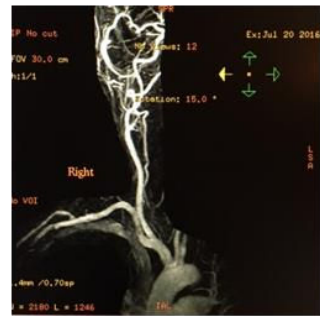
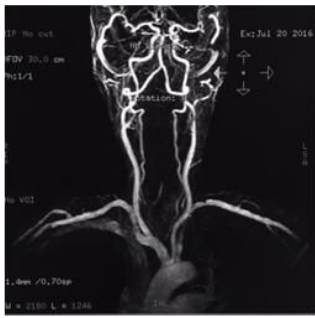
Coverage: aortic arch to COW



Bifurcation: save screenshot and sent to PACS



Carotids: choose subtracted images for IVI of carotid but do not select image 1



MRI NEURO PROTOCOL

Location: _____ Scanner: _____ FAX: _____ PHONE: _____

EXAM DATE / TIME: _____ INPATIENT: _____ OUTPATIENT: _____

PATIENT NAME: _____

DOB: _____

MRN _____

EXAM RX: _____

INDICATION: _____

H&P: _____

PRIOR IMAGING: MRI / CT / US / PET / NM / OUTSIDE IMAGING (images/report uploaded yes / no)

PRIOR MRI Neuro Protocol : Yes / No

Obtained Current Office H&P, if no prior imaging / notes in EPIC: Yes / No

- Repeat Prior Protocol: Yes / No Date _____
- Add additional Sequences: Yes / No
- SOFT TISSUE NECK (FOV - Skull Base to Lung Apices)
- FACE / SINUS / SKULL BASE (Thins 3mm, small FOV 18-20) (do not use SPGR/FLASH sequence)

Additional Sequences

1. COR STIR
2. COR T1
3. AX T2 FS
4. AX T1
5. SAG T1 (optional)
- CONTRAST**
6. AX T1 FS POST
7. COR T1 FS POST
8. SAG T1 FS POST (optional)

PRE: _____

POST: _____

COVERAGE

ADDITIONAL INSTRUCTIONS

