

## Prescription for Radiology

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Physician Name)

For: \_\_\_\_\_  
(Patient Name)

### *Anatomy:*

- Abdomen.** The preferred scan range is from 2 cm above the celiac artery origin to the femoral artery bifurcation.
- Thoracic pre-op.** The preferred scan range is 3 cm superior to the top of the aortic arch to the femoral artery bifurcation.
- Thoracic post-op.** The preferred scan range is 3 cm superior to the top of the aortic arch to 1 cm inferior to the celiac artery origin.

***Please process this patient with the suggested CT scan parameters on the back of this form.***

***Preferred CT Scan Parameters:***

- High-resolution, contrast-enhanced Spiral CT data.
- Data must be uncompressed DICOM.
- 2 mm slice spacing (no greater than 3 mm) for thoracic and adominal aortic studies, with 1.5 mm spacing (or less) when the region of interest is smaller vessels.
- Patient motion should be avoided during scan. If possible, avoid scanning non-patient objects in field of view. Do not change patient position, table height, or field of view during scan. If patient moves, repeat the study in its entirety.

Send data to **M2S** via **DICOM ArmorCar**  
or via overnight express to:

**M2S Inc**  
12 Commerce Avenue  
West Lebanon, NH 03784

Contact: (603) 298-5509 or  
customer-service@m2s.com  
if you have any questions.