CT-Adult [Facility ID\_\_\_\_\_\_\_\_\_\_] Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Procedure**  | **Average Number of Procedures/Examinations****per Week** | **If available, please provide a typical Patient Exposure from your Radiation Protocols** |
| Example: Head | 15 | 30mGy |
| Abdomen |  |  |
| Abdomen & Pelvic |  |  |
| Cardiac |  |  |
| Cardiac Calcium Scoring |  |  |
| Cervical Spine |  |  |
| Chest |  |  |
| Extremity – Lower |  |  |
| Extremity – Upper |  |  |
| Head |  |  |
| Interventional (Biopsy) |  |  |
| Lumbar Spine |  |  |
| Lung Cancer Screening |  |  |
| Lung Cancer Screening |  |  |
| Neck |  |  |
| Pelvic |  |  |
| Sinus |  |  |
| Thoracic Spine |  |  |

CT-Pediatric

|  |  |  |
| --- | --- | --- |
| **Procedure**  | **Average Number of Procedures/Examinations****per Week** | **If available, please provide a typical Patient Exposure from your Radiation Protocols** |
| Example: Head | 15 | 30mGy |
| Abdomen |  |  |
| Abdomen & Pelvic |  |  |
| Cardiac |  |  |
| Cervical Spine |  |  |
| Chest |  |  |
| Extremity – Lower |  |  |
| Extremity – Upper |  |  |
| Head |  |  |
| Interventional (Biopsy) |  |  |
| Lumbar Spine |  |  |
| Neck |  |  |
| Pelvic |  |  |
| Sinus |  |  |
| Thoracic Spine |  |  |

Cone Beam CT

|  |  |  |
| --- | --- | --- |
| **Anatomical Region** | **Average Number of Procedures/Examinations****per Week** | **If available, please provide a typical Patient** **Exposure from your Radiation Protocols** |
| Head/neck (Adult) |  |  |
| Extremity (Adult) |  |  |
| Head/neck (Pediatric) |  |  |
| Extremity (Pediatric) |  |  |
| Other |  |  |