

C.T. Scan of the Temporomandibular Joint

- Spiral CT- (No Contrast) (revised 5/09)

_____ date

Please evaluate _____

Significant History: ☐ See Exam Form

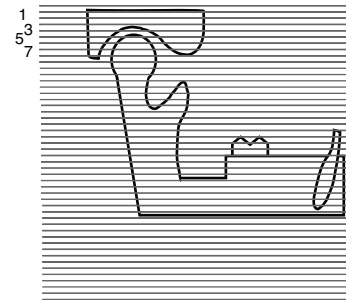
<input type="checkbox"/> Facial Pain	784.0
<input type="checkbox"/> Avascular Necrosis	526.4
<input type="checkbox"/> Osteoarthritis	715.2

- Do not take scan if not able to send DICOM images to me.
- Must be a spiral CT scanner, 16 or 64 slice. Do not show the head holder in any images.

1. Please review the "Patient Instructions" with the patient before starting the scan.

2. Axial C.T.

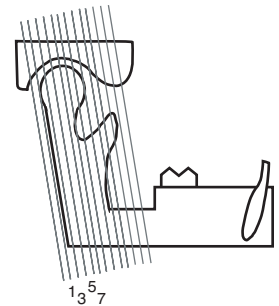
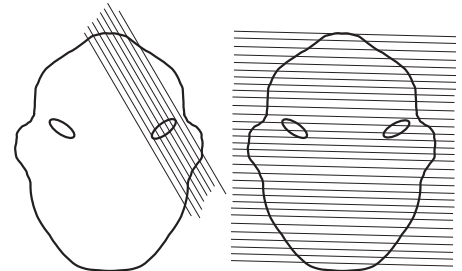
Head stabilization to prevent movement, pads on zygoma
Superior-Inferior
Bone Algorithm/ No contrast
Teeth together. If patient has Dr. Droter's appliance, that is to be worn.
1mm slices or less. The smaller the better.
Start 5 mm superior to the roof of the TMJ fossa and
continue down to include the hyoid bone and C4
Be sure to capture the tip of the chin and the back of the Occipital Bone



3. Reconstruct Coronal and Corrected Sagittal Views off of the Axial Scan
1mm slice thickness or less

☐ If Checked: Direct Coronal C.T.

Head stabilization, 2/3 weight on zygoma, 1/3 on chin
Force on chin is superior not posterior
Teeth together. If patient has Dr. Droter's appliance, that is to be worn.
Bone Algorithm/ No contrast
PA, both right and left TMJ in same slice.
1mm slices or less. The smaller the better.
Start behind auditory canal and continue past the crest of the eminence.
This usually takes about 25 slices
Align slices so they are parallel with the posterior ramus



4. Printed images not acceptable. Must be Dicom digital images.
Do not take the scan if you can not send DICOM images.

5. Please be sure to have the radiologist read "Notes to the Radiologist" for what I need in the report.

THANK YOU