## Technical Information

1. Imaging study date and time: (24 hour clock) yyyy/mm/dd

hh:mm:ss

1. Imaging modality (choose one):

[ ] Non-contrast CT

[ ] X-Ray Angiography

[ ] Contrast CT

[ ] MRI

[ ] CT Angiography

**[ ]** Other, specify:

3. Body part scanned:

**[ ]** Brain

**[ ]**  Cervical spine

**[ ]**  Thoracic spine

**[ ]**  Lumbar spine

**[ ]** Other, specify: