## 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: