



Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**CT OF C-SPINE, T-SPINE AND L-SPINE  
FOR FRACTURES OR BONEY ABNORMALITIES**

**Diagnostic Imaging Department  
222 Medical Circle  
Morehead, KY 40351  
Office: 606-783-6761  
Fax: 606-783-6935**

**Patients:**  
These are the instructions for your  
scheduled procedure in our  
Diagnostic Imaging Department.

**Scheduling**

Your examination has been scheduled for:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **A.M./P.M.**

The above time has been reserved for you. Please arrive 15 minutes before the appointed time so you can register. When you arrive to register, please follow the guidelines below to know where to sign in:

Admitting/Registration - 6:30 a.m. to 11:00 p.m.  
Emergency Room Registration - 11:00 p.m. to 6:30 a.m.

**Purpose**

A CT scan is a study utilizing an advanced form of imaging (radiation) to acquire images or detailed pictures of the body part being studied.

**Preparation**

None

**Procedure**

You will be brought to the scan room and asked to lie on your back on a padded table. The technologist will then move you into the scanner at which time the table will move as it acquires images. The scan will take approximately 5 minutes to complete.

**Results**

The radiologist will review your exam and a written report will be sent to your physician. Your physician will then discuss your results with you. The technologist will be unable to give you any information or interpretation about the results of your exam.

If you have questions concerning your upcoming procedure, please call the Diagnostic Imaging Department at 606-783-6761.