Facial iD™ - Orthognathics and reconstruction

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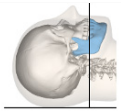
Protocol for medical CT scanners

Patient positioning	
Gantry tilt	0° Gantry Tilt
Head alignment	**Align occlusal plane parallel to gantry.** Position patient to avoid as much artifact as possible. **Keep jaws slightly separated** (use a bite block if available).
Scan length / FOV	
Scan length	Encompass the entire mandible
Field of view	Select field of view to include all surrounding anatomy (20.5cm recommended)
Acquisition	
Slice thickness	Maximum = 1.5 mm (1 mm preferred)
Beam collimation	Width and detector configuration necessary to achieve actual slice thickness
Table increment	Constant Table increment, no gaps. Smaller than or equal to slice thickness
Sequential scanners	No overlap and no gap
Single-slice helical scanners	Beam pitch = 1
Multi-slice helical scanners	Beam pitch < 1 (GE: High Quality; Toshiba: Detail)
Pixel type	Square
Algorithm (kernel)	Process images with both standard and bone algorithms
Slice orientation	Axial slice orientation

Warning: Do not post process to alter slice orientation or thickness

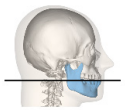
No oblique angle of locator/survey lines



Protocol for CBCT scanners

Patient positioning	
Laser guides	No oblique angle of laser guide lines
Head alignment	Remain straight in neutral position
Scan FOV	
Field of view	Encompass the entire mandible.
Acquisition	
X-Ray beam parameters	Use optimal parameters for your machine to provide the best scan with acceptable radiation dose levels
Scan time	Longest available
Voxel size	0.2 – 0.4 mm
Slice orientation	Axial slice orientation
Algorithm (kernel)	Process images with both standard and bone algorithms

Warning: Do not post process to alter slice orientation or thickness



Key points

Patient movement	**Avoid patient motion. If the scan shows motion artifacts, the scan cannot be used.**
Series	CT: Original/Primary/Axial
Series ID	All images of a scan should be stored in one series.
File format	DICOM format. **No** raw data. **Do Not Compress. Do Not Format for Viewer Programs.**
Data archiving	Archive **only the relevant** examination(s) in uncompressed DICOM (CD-R preferred).
Data storage	Recommendation: Save raw data for at least **14 days after scan**

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CMF-EM-79_Rev.1_15826

Printed in USA