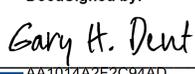


<p>Name of Policy: Protocols for CT</p> <p>Scope: South Georgia Radiology Associates, LLC</p> <p>Responsible Agent: Heidi Nichols RRA</p> <p>Approving Officer: Gary Dent MD</p>	 <p>Effective Date: <u>1/02/2026</u></p> <p>Initial Effective Date: <u>10-01-2018</u></p>
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<input type="checkbox"/> New Policy Proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

- A. **Policy Statement:** Policy for the usage and application of protocols approved by South Georgia Radiology Associates (SGRA).
- B. **Purpose:** To establish a process for appropriateness and necessity of ordered CT procedures.
- C. **Scope:** This policy applies to all radiology personnel at each facility serviced by the medical staff of South Georgia Radiology Associates, LLC.
- D. **Procedure:**
 - * Read over and confirm doctor's order.
 - * Review any x-ray/related exam reports Ex: chest x-ray for pulmonary nodule, etc.
 - * Push prior relevant studies. Any exams that are 2 years old or older may have to be reloaded into SGRA and pushed with your current study.
 - * Do not assume printed requisition is correct.
 - * Please call SGRA for guidance from radiologists regarding any question you may have about any exam or protocol that may not be listed in this document.
 - * If your facility doesn't have the capability to perform a given exam, let SGRA staff know and a radiologist will advise on alternate sequences/protocol.

<p>Approved by:</p> <p><small>DocuSigned by:</small>  <small>AA1014A2F2C94AD...</small> _____ Date: <u>1/6/2026</u></p> <p>Gary Dent MD President</p> <p>Review/ Revisions completed by: Heidi Nichols RRA,RTR,CT.</p>	<p>Review/ Revision Date:</p> <p>10-01-2018 02-06-2018 01-23-2019 04-01-2020 03-31-2022 01-04-2023 01-12-2024 01-11-2025 01-02-2026</p>
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