Prescribing Radiographs: New Pediatric Patients

- Selected periapical/occlusal views
- Posterior bitewings if proximal surfaces cannot be examined visually or with an explorer/probe
- Patients without evidence of disease and open proximal contacts may not require radiographic examination at this time
- Transitional dentition: panoramic examination is useful for evaluating dental development.
- Adolescent dentition: a full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.
Prescribing Radiographs

Prescribing Radiographs: Recall Pediatric Patients

• With clinical caries or increased risk for caries determined by poor oral hygiene, high frequency of exposure to sucrose-containing foods and deficient fluoride intake
• Bitewing examination performed at 6-12 month intervals if proximal surfaces cannot be examined visually
• No clinical caries and no increased risk for caries, pediatric patients
• Bitewing examination performed at intervals of 12-24 months if proximal surfaces cannot be examined visually
• No clinical caries and no increased risk for caries, adolescent patients
• Bitewing examination performed at intervals of 18-36 months if proximal surfaces cannot be examined visually

Prescribing Radiographs: New Adult Patients

• Risk for dental caries exists on a continuum and changes over time as risk factors change. Recurrent dental caries is prevalent.
• The incidence of root surface caries increases with age.
• The incidence of periodontal disease increases with age; it may not have symptoms; it is important to evaluate previous experience with periodontal disease and/or treatment. Therefore, a high percentage of adults may require selected intraoral radiographs to determine the current status of the disease.

Prescribing Radiographs: Recall Pediatric Patients

• The frequency of radiographic recall should be determined on the basis of caries risk assessment
• Clinical caries or increased risk for caries: Posterior bitewing examination should be performed at 6-18 month intervals
• No clinical caries and no increased risk for caries: posterior bitewing examination should be performed at 24-36 month intervals

Prescribing Radiographs: Periodontal Disease

• Structures & conditions should be assessed including: the level of supporting alveolar bone, condition of the interproximal bony crest, length and shape of roots, bone loss in furcations and calculus deposits.
• Clinical judgment should be used in determining the need for and type of radiographic images necessary for evaluation of periodontal disease.

Prescribing Radiographs: Other Circumstances

• Patients with other circumstances including but not limited to: proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization
• Clinical judgment should be used in determining the need for and type of radiographic images necessary for evaluation and/or monitoring in these circumstances
### Caries Management By Risk Assessment

<table>
<thead>
<tr>
<th>LOW RISK</th>
<th>MODERATE RISK</th>
<th>HIGH RISK</th>
<th>EXTREME RISK</th>
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</thead>
<tbody>
<tr>
<td>OTC TOOTHPASTE WITH 1,000-1,100PPM FLUORIDE BID</td>
<td>OTC TOOTHPASTE WITH 1,000-1,100PPM FLUORIDE BID</td>
<td>XYLITOL QID</td>
<td>XYLITOL QID</td>
</tr>
<tr>
<td>OTC .05% NAF RINSE DAILY</td>
<td>5,000PPM FLUORIDE TOOTHPASTE BID</td>
<td>5,000PPM FLUORIDE TOOTHPASTE BID</td>
<td></td>
</tr>
<tr>
<td>XYLITOL QID</td>
<td>.12% CHX-G DAILY FOR 1 WEEK, EVERY MONTH UNTIL THE NEXT PERIODIC EXAM, THEN REASSESS</td>
<td>.12% CHX-G DAILY FOR 1 WEEK, EVERY MONTH UNTIL THE NEXT PERIODIC EXAM, THEN REASSESS</td>
<td></td>
</tr>
<tr>
<td>ALTERNATIVE: XYLITOL QID PLUS 5,000PPM FLUORIDE TOOTHPASTE BID</td>
<td>FL VARNISH APPLIED AT FIRST VISIT AND AT EACH RECARE APPT</td>
<td>FL VARNISH APPLIED AT FIRST VISIT AND AT EACH RECARE APPT</td>
<td>BAKING SODA RINSE: 2TSP IN 8OZ OF WATER USED 4-6X DAILY</td>
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</tbody>
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### Maxillary Anterior PA Placement

- **Image Field**
  - Both Central Incisors and Their PA Areas
- **Receptor Placement**
  - Receptor placed level to 2nd Premolar/1st Molar
  - Maximum Palate Height
- **Projection of Central Ray**
  - Through the Contact Point and Perpendicular to the Receptor Plane
- **Point of Entry**
  - Central Ray is High on the Lip, at the Midline, Just Above the Septum of the Nostril

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Mandibular Canine PA Placement

- **IMAGE FIELD**
  - ENTIRE CANINE AND PERIAPICAL AREA

- **RECEPTOR PLACEMENT**
  - AS FAR LINGUAL AS THE TONGUE AND CONTRALATERAL ALVEOLAR PROCESS PERMIT

- **PROJECTION OF CENTRAL RAY**
  - THROUGH MESIAL CONTACT OF CANINE & LATERAL INCISOR

- **POINT OF ENTRY**
  - PERPENDICULAR TO ALA OF NOSE, OVER POSITION OF CANINE & 3CM ABOVE THE INFERIOR BORDER OF THE MANDIBLE

Maxillary Molar PA Placement

- **IMAGE FIELD**
  - 3 MOLARS, THEIR PERIAPICAL AREAS AND SOME OF THE TUBEROSITY

- **RECEPTOR PLACEMENT**
  - ANTERIOR BORDER OF RECEPTOR PLACED AT DISTAL SURFACE OF 2ND PREMOLAR
  - MIDLINE OF PALATE

- **PROJECTION OF CENTRAL RAY**
  - PERPENDICULAR TO RECEPTOR PLANE AND RIGHT ANGLE TO THE BUCAL SURFACES OF THE MOLARS

- **POINT OF ENTRY**
  - CHEEK BELOW OUTER CANTHUS OF THE EYE AND ZYGOMA POSITIONED OF THE MAXILLARY 2ND MOLAR

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Mandibular Premolar PA Placement

- **IMAGE FIELD**
  - Distal half of canine, 2 premolars & 1st molar

- **RECEPTOR PLACEMENT**
  - Between tongue & away from teeth in deeper portion of the mouth
  - Anterior border of receptor placed near midline of the canine

- **PROJECTION OF CENTRAL RAY**
  - Through 2nd premolar/1st molar contact

- **POINT OF ENTRY**
  - Below pupil of eye and about 3cm above inferior border of the mandible

Paralleling - Bitewing Placement

- **RECEPTOR PLACEMENT**
  - Between the tongue and teeth
  - Far enough from the lingual surfaces to prevent palatal interference
  - Extend receptor border beyond mandibular canine/premolar contact

- **PROJECTION OF CENTRAL RAY**
  - Through the contact point and perpendicular to the receptor plane

- **POINT OF ENTRY**
  - Central ray will enter the line of occlusion and through the contact point
Premolar Bitewing

- IMAGE FIELD:
  - DISTAL SURFACE OF MANDIBULAR CANINE AND SHOW CROWNS/ALVEOLAR BONE

Molar Bitewing

- IMAGE FIELD:
  - DISTAL SURFACE OF DISTAL MOLAR AND SHOW CROWNS/ALVEOLAR BONE