



# Root Tips

## They Just Took X-Rays...

Patients will often ask, do you have to take more images, my dentist should have sent them over? This is a fair question. We ask for images ahead of time to pre-screen patients in order to schedule accordingly. Some cases are better scheduled for a consultation first; while others might require extra time due to root anatomy or obstructions. As we know, chair time is valuable!



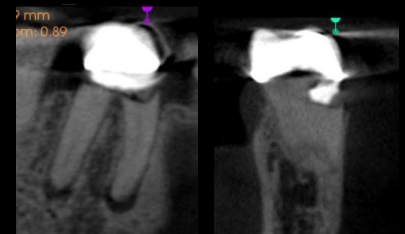
I want to stress the importance of not only a periapical (PA) image in diagnosing; but a bitewing (BW) as well. Too often, due to the angulation of the PA, important crown information is missed. In addition, this cannot always be seen in the CBCT due to scatter.

We take a CBCT scan on every tooth we treat. The scan captures a single sextant, allowing us to maximize voxel size (75µm) and clarity of our images.

Imaging is a great way to educate our patients on the condition and prognosis of their tooth. Dentistry can be a very confusing experience for patients. Our staff works very hard to spend quality time with each patient and ensure all of their questions are answered.



This case is a great example of how a BW changed the prognosis and treatment recommendation.



Please feel free to reach out to me with any questions. We are here to help, ensuring transparency and quality in everything we do.

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Ludlow JB et al. Dosimetry of 3 CBCT devices for oral and maxillofacial radiology. Dentomaxillofacial Rad 2006; 35: 219-226.

White SC, Pharoah MJ. Oral Radiology: Principles and Interpretation. 2009. Mosby Elsevier, St. Louis, Missouri.

*Ionizing Radiation Dosages (approximate)*

Activity	Effective Dose in µSv	Dose as Days of Equivalent Background Radiation
1 day background radiation, sea level	7-8	1
1 digital PA radiograph	6	1
4 dental bite-wing radiographs, F-speed film	38	5
FMX; PSP or F-speed film	171	21
Kodak® CBCT focused field, anterior	4.7	0.71
Kodak® CBCT focused field, maxillary posterior	9.8	1.4
Kodak® CBCT focused field, mandibular posterior	38.3	5.47



# ELITE

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