## Guidelines for Prescribing Dental Radiographs

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Child</th>
<th>Adolescent</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New patient</strong></td>
<td>Posterior bite-wing examination if proximal surfaces of primary teeth cannot be visualized or probed</td>
<td>Individualized radiographic examination consisting of periapical/occlusal views and posterior bite-wings or panoramic examination and posterior bite-wings</td>
<td>Individualized radiographic examination consisting of posterior bite-wings and selected periapicals. A full mouth intraoral radiographic examination is appropriate when the patient presents with clinical evidence of generalized dental disease or a history of extensive dental treatment.</td>
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<tr>
<td><strong>Recall patient</strong></td>
<td>Posterior bite-wing examination at 6-month intervals or until no carious lesions are evident</td>
<td>Posterior bite-wing examination at 6- to 12-month intervals or until no carious lesions are evident</td>
<td>Posterior bite-wing examination at 12- to 18-month intervals</td>
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<tr>
<td><strong>No clinical caries and no high-risk factors for caries</strong></td>
<td>Posterior bite-wing examination at 12- to 24-month intervals if proximal surfaces of primary teeth cannot be visualized or probed</td>
<td>Posterior bite-wing examination at 18- to 36-month intervals</td>
<td>Posterior bite-wing examination at 24- to 36-month intervals</td>
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<tr>
<td><strong>Periodontal disease or a history of periodontal treatment</strong></td>
<td>Individualized radiographic examination consisting of selected periapicals and/or bite-wing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically</td>
<td>Individualized radiographic examination consisting of selected periapicals and/or bite-wing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically</td>
<td>Not applicable</td>
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<tr>
<td><strong>Growth and development assessment</strong></td>
<td>Usually not indicated</td>
<td>Individualized radiographic examination consisting of a periapical/occlusal or panoramic examination</td>
<td>Periapical or panoramic examination to assess developing third molars</td>
</tr>
</tbody>
</table>

*Clinical situations for which radiographs may be indicated include:*

A. **Positive Historical Findings**
1. Previous periodontal or endodontic therapy
2. History of pain or trauma
3. Family history of dental anomalies
4. Postoperative evaluation of healing
5. Presence of implants.

B. **Positive Clinical Signs/Symptoms**
1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of facial trauma
7. Mobility of teeth
8. Fistula or sinus tract infection
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abnormal teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color

* Patients at high risk for caries may demonstrate any of the following:

1. High level of caries experience
2. History of recurrent caries
3. Existing restoration of poor quality
4. Poor oral hygiene
5. Inadequate fluoride exposure
6. Propped nursing (bottle or breast)
7. Diet with high sucrose frequency
8. Poor family dental health
9. Developmental enamel defects
10. Developmental disability
11. Xerostomia
12. Genetic abnormality of teeth
13. Many multifaceted restorations