

## Why Do I Need X-Rays

Radiographic or X-Ray examinations provide your dentist with an important tool that shows the condition of your teeth, their roots, jaw placement and the overall composition of your facial bones. X-Rays can help your dentist determine the presence or degree of periodontal disease, abscesses and many abnormal growths such as cysts or tumors. X-Rays can also show the exact location of impacted and un-erupted teeth. They can pinpoint the location of cavities and other signs of disease that may not be possible to detect through a visual examination.

### What kind of X-Rays does my dentist usually take?

Typically, most dental patients have “Periapical” or “Bitewing” radiographs taken. Bitewing X-Rays typically determine the presence of decay in between teeth, while Periapical X-Rays show root structure, bone levels, cysts and abscesses. **Generally, Bitewing or “check-up” X-Rays (2 small films on each side) should be taken AT LEAST once a year.**

### My dentist has prescribed a “Panoramic Radiograph”. What is that?

A Panoramic Radiograph allows your dentist to see the entire structure of your mouth in a single image. This X-Ray reveals all of your upper teeth and parts of your lower jaw. It will also show any abnormal growths such as cysts or tumors.

### Why do I need both types of X-Rays?

What is apparent through one X-Ray is not often visible on another. The Panoramic X-Ray will give your dentist a general and comprehensive view of your entire mouth on a single film, which a Full Mouth Series, Periapical or Bitewing X-Ray cannot show. These X-Rays make it easier for your dentist to see decay or cavities between your teeth. X-Rays are not prescribed indiscriminately.

### Should I be concerned about exposure to radiation?

All health care providers are sensitive to patients’ concerns about exposure to radiation. Your dentist has been trained to prescribe radiographs when they are appropriate and to tailor radiographic schedules to each patient’s individual needs. **In our office, we use only Digital X-Rays, which expose you to 80% less radiation than conventional X-Rays.**

I **ACCEPT** recommended X-Ray procedure

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that any cost not covered by insurance is patient responsibility.

**If you refuse or choose to wait on x-rays in our office it is with the understanding that it is in direct opposition to our recommendations. In some cases, you may be asked to seek services at an office that would agree to treat you without a radiographic examination.**

I **DECLINE** recommended X-Ray procedures

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_