

# Dental Radiography

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**Standards and guidelines inform practitioners and the public of CDSBC's expectations for registrants. This document primarily contains standards, which are, by definition, mandatory and must be applied. Standards are clearly identified by mandatory language such as "must" and "required." This document also contains guidelines that are highly recommended but – while being evidence of a standard – are not, strictly speaking, mandatory. Guidelines contain permissive language such as "should" and "may."**



# 1. Dental Radiography

The purpose of this document is to remind dentists of the expectations that the College has regarding dental radiation. The frequency of a radiological examination is a matter of clinical judgment, and the selection of equipment and techniques used is the decision of the dentist. Compliance with Health Canada's Safety Code 30 and the ALARA (As Low as Reasonably Achievable) Principle is compulsory. The amount of patient radiation exposure must be kept as low as possible given current accepted radiological practice.

Radiographs are necessary for the evaluation and diagnosis of many oral conditions and diseases. Radiographs should be specific to the needs and requirements of each particular patient.

Radiographs cannot be exposed without a prescription.

Since the dentist is responsible for everything within the field of view, radiographs must be interpreted by a dentist or referred to an oral and maxillofacial radiologist or radiologist when indicated.

Registrants are referred to the following documents for the guidelines and standards CDSBC expects its registrants to follow when utilizing dental radiography:

- [Safety Code 30 \(Health Canada\)](#)
- [B.C. Centre for Disease Control \(BCCDC\) Dental X-Ray Facts](#)
- [Sedentext \(European Commission on Radiation Protection\)](#)

## 1.1 Guiding Principles

1. After confirming there are no recent/adequate radiographs available, a dentist may prescribe radiographs based on a clinical examination to develop a diagnosis and form a treatment plan.
2. The justification for taking dental radiographs must be determined by a need to obtain specific information not available from other sources. Taking radiographs on request by third parties for administrative purposes only, is not recommended.
3. Operators must be reminded to select a technique or method that will permit the production of radiographs or images of an acceptable diagnostic quality with minimum exposure of the patient to radiation.
4. The dentist must ensure those exposing patients to radiation are fully competent and capable of producing diagnostic quality radiographs.
5. The decision to repeat radiographs should not be based on ideal technical requirements, but rather on a lack of required diagnostic information.
6. Appropriate shielding should always be used when exposing patients to radiation.

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## 2. References

1. Safety Code 30 (Health Canada)  
<http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/99ehd-dhm177/index-eng.php>
2. B.C. Centre for Disease Control (BCCDC) Dental X-Ray Facts  
<http://www.bccdc.ca/NR/rdonlyres/631ABE5D-F8BF-4F83-A463-D26BE5CE582F/0/DentalXRyFactsOct12.pdf>
3. Sedentexct (European Commission on Radiation Protection)  
<http://www.sedentexct.eu/content/guidelines-cbct-dental-and-maxillofacial-radiology>

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