|  |  |  |
| --- | --- | --- |
| PRO 1 | **Protocol for Intra-Oral Exposures** | *Name of Dental Practice* |

Guideline exposure settings for intra-oral exposures for adults and children (up to 16 years old). *Complete for each intra-oral x-ray machine in the practice (duplicate tables as required).*

|  |  |  |
| --- | --- | --- |
| **Model & Manufacturer:** | **Serial no.:** | |
| **Location:** | | **kV rating:** |
|  | | |
| **Image receptor details:** | | |
| **Film type/sensitivity/density/coefficient/other setting used for this x-ray machine** (if anatomical selection exposure control used): | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Examination** | | **Exposure Settings** e.g. anatomical exposure selection, exposure time etc | **Comments**  e.g. special techniques, recommended views, specific dose reduction details |
| **Adult** | Upper | 1-3  4-5  6-8 |  |  |
| Lower | 1-3  4-5  6-8 |  |  |
| Bitewing | |  |  |
| Occlusals | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | Upper | 1-3  4-5  6-8 |  |  |
| Lower | 1-3  4-5  6-8 |  |  |
| Bitewing | |  |  |
| Occlusals | |  |  |