

DENTAL RADIATION CERTIFICATION

UNIT 3: Exposure Techniques TOPIC B: Paralleling Technique

1.	Bisecting Angle Technique vs. Paralleling Technique is really just talking about taking x-ra			
2.	How many periapicals are there in an FMX?			
3.	On a PA x-ray, how far past the apex should we be able to see?			
4.	The purposes of a PA x-ray include diagnosing:			
	a			
	b			
	c			
5.	Which branches of dentistry especially need good diagnostic periapical x-rays?			
	a			
	b			
6.	Why is paralleling technique recommended?			
7.	There are three critical concepts for paralleling technique. The first is to be sure to place the			
	parallel to the of the tooth.			
8.	What is a receptor?			
9.	What is the long axis of the tooth?			
10.	We can use any holder for both the bisecting angle technique and the paralleling technique.	False		
11.	The most common or best holder to use for paralleling technique is a BEAM ALIGNMENT DEVICE, and the	most		
	common one of those is an			
12.	What angle would we be able to always use if our teeth where straight up and down in the skull?			
13.	The angle of the PID needs to change because the angulation of each tooth is			
	different in the skull.			
14.	In paralleling technique, the and the of the tooth need to be pa	ırallel.		
15.	The second concept in the paralleling technique is to place cone or PERPENDICULAR to the			
	receptor.			
16.	Another way to say PERPENDICULAR IS at a angle.			
17.	The advantage of using an XCP kit is to ensure that the PID is placed at a angle to the	·		
18.	The third concept of the paralleling technique is to be sure that the is in the			
	of the			
19.	Besides helping the receptor to be parallel to the long axis of the tooth, placing the receptor in the middle	of		
	the mouth is usually for the patient.			

20.	The horizontal angulation for PA x-rays is the as for the bitewing technique.			
21.	The advantage of the paralleling technique is			
22.	On a molar PA, the molar should be in the	of the image.		
23.	Two disadvantages of the paralleling technique is that it can be	though that argument		
	was more for using film than using sensors and that it causes image	and loss of definition		
24.	Things that can make x-rays more uncomfortable include:			
	a palate			
	b palate			
	c. Bony growths called			
	d teeth			
25.	The second disadvantage of paralleling technique is image	and loss of		
	This is due to the fact that the receptor is placed in the	he of the mouth		
26.	Two concepts of where to place the receptor when taking a cuspid x-ray:			
	a. Contact between the and the is open			
	b. Aim straight at the then usually both the	and		
	contacts will be			
27.	The ideal/textbook placement of the receptor for a premolar shot is to see the of the cusp			
28.	The adjustment that should be made when the apices are cut off the edge of the	ne film, and there is a lot of room		
	between the edge of the image and the occlusion of the teeth, is to			
29.	The second thing we can do is to the vertical angle wh	ich would foreshorten the image		
	a bit in order to see the			
30	Paralleling technique looks pretty easy and you think you will do a FARIII OUS in	oh at taking x-raysl TRIJE		