

INTRAORAL PHOTOGRAPHY GUIDANCE

EXAMPLES OF GOOD PHOTOGRAPHY

These two sets of photos are examples of good intraoral photography which have been taken correctly and include the correct views of the mouth and teeth.



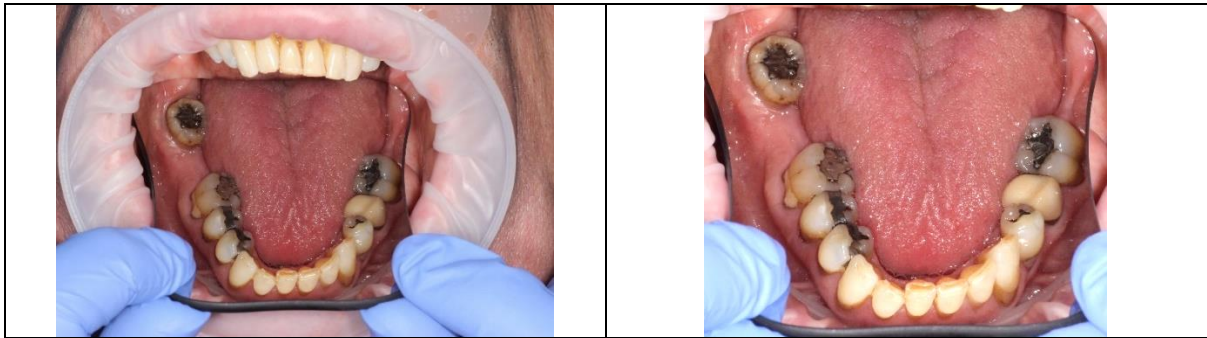
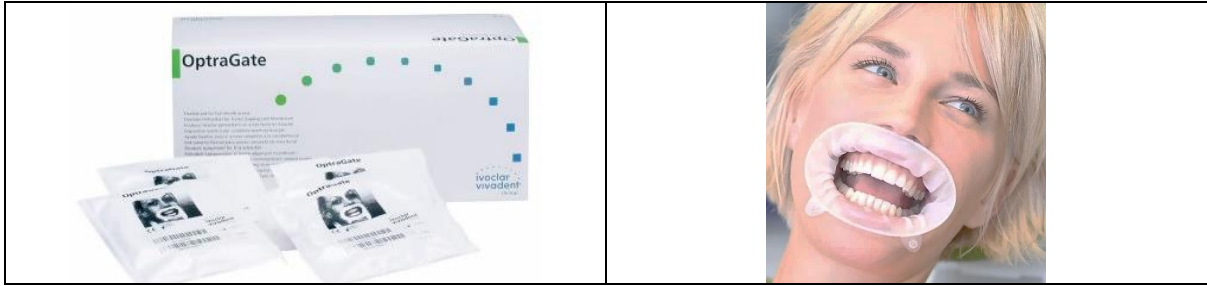
Catching the last molar is sometimes difficult in small mouths and patients with tight lips – make sure that all saliva is suctioned and food debris removed. Do not polish teeth just before photos are taken as there will be residual pumice everywhere and ruin the image.

EXAMPLES OF UNACCEPTABLE PHOTOGRAPHY

The following examples of intraoral photography have been taken incorrectly and would not be eligible to enter the competition.



Blurred images so no depth of focus – check settings



Sometimes the OptraGate can be edited out – however the view is still ruined by the blue gloves



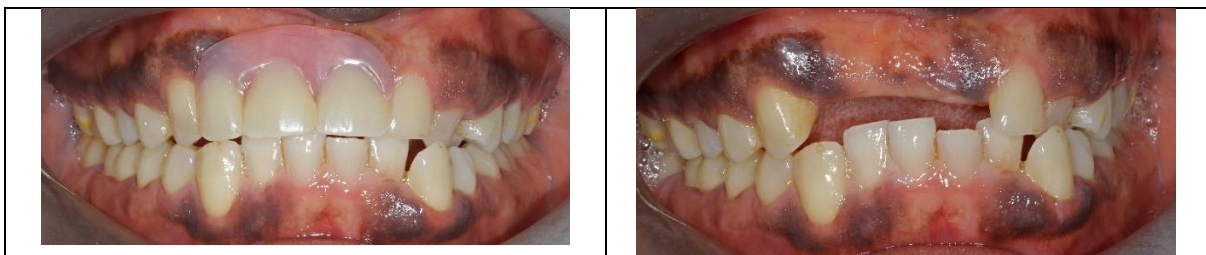
Conventional retractors are better than the OptraGate. The only options here are to retake the photos

This 'invasion' of the OptraGate plastic can rarely be edited out.



Over-exposed – check settings

Under-exposed – check settings - was long enough given for the flash to recharge?
Particularly pertinent if using rechargeable batteries



If the patient is wearing a denture you should take occlusal, lateral and face on photos with and without the denture in place as above



Photo taken at the wrong angle eg the clinician is pointing the camera upwards and they missed the last standing teeth as well



Again, the left image was taken with the camera pointing upwards - the one on the right is the correct view – nearer straight on. The improved and more meaningful view is obvious



These are poor images as nearly everything is wrong – a retractor should have been used on the patient's left side as well, taking the lip away from the anterior teeth

USING MIRRORS

The use of mirrors for lateral views is rarely successful unless you are experienced in photography. If you do use mirrors, make sure they are kept in warm water to stop them from misting up when the patient breathes through their mouth.



Mirror issue – just too big to get to back of the arch

A retractor both sides, release LS a little, pull RS towards the ear and then take the photo



Both these views are unacceptable



Nearly acceptable if the lower right lip was out of the way

Are there any teeth lower right?



Nearly good enough - but missed the last standing teeth – hopefully you appreciate why I do not advocate cheek mirrors

OCCLUSAL VIEWS



This is the ideal view – no lips or gloves visible – nice crisp image

This image even with cropping is still ruined by the presence of gloves

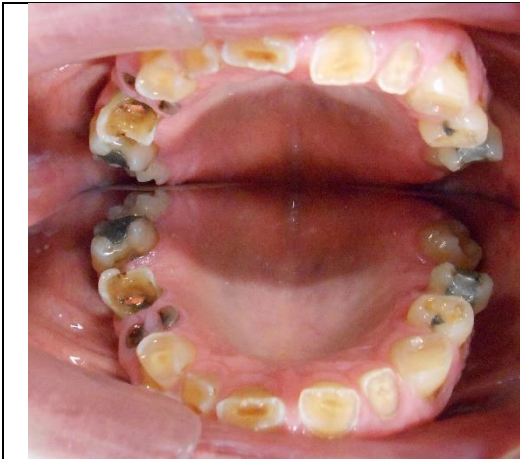


Make sure lips and gloves are not in the way of occlusal views – same patient view – the incisal edges of the anterior teeth should be visible



Teeth should always be closed together during a photography session to have any meaning

The Optragate is in the way again but at least the teeth are together – the malocclusion is obvious but not obvious in the first effort



The mirror is poorly positioned so the same arch shows twice and back molars are missing – of no merit as a photo

This is supposed to be an image of the upper arch not the tongue



You can see the mirror is way too wide for the patient's mouth and so it cannot go further back to show the edentulous ridges distal to the premolars



A shame as the photographer got the patient to control the tongue well – you can see from the image rotation just how 'out' it was. My guess is that the patient was not lying flat or low enough for the clinician to be able to come across and shoot from the midline



WATCH THIS VIDEO for tips on taking intraoral photographs which **WILL BE ACCEPTED** into the competition