



CNA HealthPro

FAQs – Poor Quality Duplicate Radiographs

Q. I am a specialist, and I often receive duplicate radiographs from referring dentists that are so poor in quality I feel uneasy using the films to treat the patient. Naturally, patients balk at the prospect of having to pay for additional films. How might I go about getting the originals from the referring dentist? And if I can't get the use of the originals and the patient does not consent to additional films, am I obligated to treat that person anyway?

A. The receipt of poor quality duplicates is one of the more common concerns voiced by dentists. Since each dentist has an *independent* duty to practice at or above the standard of care, it behooves you to base your treatment planning and clinical decisions on images that are diagnostic and of good quality.

Ideally, you would be able to use, view or clearly copy the original radiographs. Start by placing a call to the referring dentist and explain the situation. Keep in mind that we have advised dentists for years to never let original films leave the office, so don't be surprised if you encounter resistance.

A significant concern is that radiographs can be lost or damaged in the mail or at the eventual place of use. One possible solution would be for you or a staff member to personally pick up the films at the referring dentist's office, negating the chance of a postal mishap. Or, you could offer to view the originals at the referring dentist's office. With your film copies in hand, make notations of any findings or landmarks that are not evident on the duplicates you received.

Whenever referring dentists release original radiographs, it is advisable for them to retain a copy for their own documentation and risk management purposes. This protects against the possibility of loss. After treatment has been completed, the *originals* should be returned to the referring dentist, who then forwards the *duplicates* to the referral dentist.

Another practical solution is for the referring dentist to take double-pack films whenever a referral is likely. This permits both dentists to have a set of originals. A cost-sharing arrangement would allow the dentists to split the added expense of double films.

As for your second question, a reasonable and prudent dentist would not proceed with treatment without first carefully considering all the available diagnostic information. If any vital information is missing – such as a dental history, thorough clinical examination or radiograph of diagnostic quality – a reasonable dentist would obtain it. A patient who stands in the way of your ability to meet the standard of care presents a significant risk to himself as well as to you.

As difficult as it may seem from the perspective of patient management, your safest course of action is to decline to treat any patient who refuses *necessary* diagnostic radiographs. The standard of care in dentistry requires the dentist to consider radiographic findings in most circumstances for most forms of treatment. Failure to do so constitutes a breach of that standard. Therefore, if you can't get the use of the originals and the patient does not consent to additional films, you are not obligated to treat that patient.

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