Teleradiology consists of (1) the transmission of radiographic images beyond the immediate vicinity of image acquisition, for the purpose of image interpretations by a receiving practitioner, and (2) the transmission of interpretations by the receiving practitioner to the requesting clinician.

The AAOMR Executive Council (EC) endorses the use of teleradiology in dentistry as supportive of excellent patient care. Teleradiology makes available, to referring clinicians, appropriate expertise in a timely way.

The following are examples of teleradiology applications in dentistry:

- A general dentist sends a full mouth survey to another general dentist for verbal or written interpretation or opinion.
- An endodontist sends a periapical image or CBCT scan to another endodontist for verbal or written interpretation or opinion.
- An orthodontist sends a surgeon a lateral cephalometric radiograph for verbal or written interpretation or opinion.
- A generalist or specialist dentist sends a panoramic image or CBCT scan to an oral and maxillofacial radiologist for written interpretation or opinion.


The EC regards teleradiology as an example of an “asynchronous” modality described in the ADA Policy Statement. In dentistry, teleradiology is indeed “transmission of recorded health information...to a practitioner, who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.”

This ADA Policy Statement also states that “Any dentist delivering services using teledentistry technologies will be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state’s dental board.” For the purposes of teleradiology, the AAOMR EC recommends interpreting this specification in view of ADA Technical Report No. 1060, which proposes the concept of the “virtual patient” who is “transmitted to the receiving practitioner, who is held accountable by the appropriate laws and professional licensure of the state of the receiving practitioner.” This is comparable to the situation in which a patient who travels to a licensed dentist receives services at the location of the dentist. Furthermore as stated in Report No. 1060, “The receiving practitioner, who provides the official diagnostic interpretation of images transmitted for consultation by the referring provider, should maintain appropriate licensure in the receiving state.”

Finally, the AAOMR EC endorses the Technical Report’s identification of key concerns and recommended actions for secure transmission and utilization of images.