



Clinical AI

Software that analyzes dental radiographs (and optionally CBCT) to detect and annotate pathology as a diagnostic aid.

VENDOR	DEMO DATE	WHO YOU SPOKE WITH
<input type="text"/>	<input type="text"/>	<input type="text"/>

WHAT TO ASK ON A DEMO

TICK WHAT THEY SAY · NOTE · N/A

01 What exactly is the FDA clearance for — diagnostic or adjunct to diagnosis? Doesn't apply

Clearance scope defines who carries diagnostic responsibility and varies by finding type.

<input type="checkbox"/> Adjunct only	NOTES <input type="text"/> <input type="text"/>
<input type="checkbox"/> Diagnostic	
<input type="checkbox"/> Partial findings	
<input type="checkbox"/> Not cleared	

02 Are sensitivity/specificity numbers peer-reviewed on an external dataset? Doesn't apply

Only external-validation studies reveal real-world false-positive and false-negative rates.

<input type="checkbox"/> External peer-reviewed	NOTES <input type="text"/> <input type="text"/>
<input type="checkbox"/> Internal peer-reviewed	
<input type="checkbox"/> Internal only	
<input type="checkbox"/> Not provided	

03 Who is legally liable when the AI flags a finding, and how is it charted? Doesn't apply

The dentist is always responsible; your chart note must document your clinical reasoning.

<input type="checkbox"/> Clinician decides	NOTES <input type="text"/>
<input type="checkbox"/> AI auto-populates	
<input type="checkbox"/> Unclear	

04 How do accepted and dismissed AI flags enter my chart — and can I annotate reasoning? Doesn't apply

Both accepted and dismissed flags must be logged to show you exercised clinical judgment.

<input type="checkbox"/> Accepted + dismissed	NOTES <input type="text"/> <input type="text"/>
<input type="checkbox"/> Accepted only	
<input type="checkbox"/> Read-only	
<input type="checkbox"/> Standalone	

05 **What is the false-positive rate by finding, and can I tune sensitivity per finding?**

Doesn't apply

Over-flagging erodes trust and drives over-treatment; per-finding thresholds let you balance this.

- Per-finding tunable
- Global slider only
- Fixed

NOTES

06 **How is the AI used chairside — and how does the patient-facing view label findings?**

Doesn't apply

Showing unconfirmed AI flags to patients as diagnoses is ethically and legally problematic.

- Labeled AI/unconfirmed
- Labeled confirmed
- No patient view

NOTES

07 **Which imaging software and sensors does it integrate with, and is CBCT supported?**

Doesn't apply

Integration depth determines whether overlays appear in your existing workflow or require tab-switching.

- Native overlay
- Separate tab
- CBCT supported
- 2D only

NOTES

08 **Where are images stored, is there a signed BAA, and do images train the model?**

Doesn't apply

A BAA is required under HIPAA, and training-data use needs a clear opt-out before you sign.

- BAA; no training
- BAA; opt-out available
- BAA; no opt-out
- BAA unclear

NOTES

09 **What does it cost, how long is the contract, and what is the cancellation process?**

Doesn't apply

Per-scan billing and auto-renewal clauses with narrow cancellation windows create hidden cost risk.

- Per provider/month
- Per location/month
- Per scan
- Other

NOTES

YOU'VE EXPLORED 1 OF 24 CATEGORIES

Imagine the rest of your practice running this clearly.

You sized up one category today. The other 23 — staffing, no-shows, insurance, slow collections — are already sorted, each vendor **classified by the problem it solves**.

EVERY PROBLEM IN YOUR PRACTICE, ALREADY SORTED

Clinical AI	Imaging	Practice Mgmt	Patient Comms	Insurance	Revenue Cycle
Payments	Membership	Credentialing	Scheduling	Marketing	Analytics
AI Scribe	Teledentistry	Phone / VoIP	Virtual Assts	Staffing	HR & Training
Treatment Plan	Engagement	Supplies	Lab	Hardware	Compliance

500+ vendors · sorted by the problem, vetted by our editors



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Get the next call right the first time.

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