



Synergy Full Arch Case Records



1 - CBCT:

A - Full anatomy of upper and lower including Zygomas & Condyles

B - Teeth need to be in separation (out of occlusion) when taking CT scan using cotton rolls or gauze

C - Make sure pt stays still while taking the CT scan. Before exporting the dicom and dismissing the pt, have a look at the ct scan, to make sure there is no movement (Looking for any double image in ct scan or breakage points)

D - Edentulous patients will need a dual scan: Scan of the patient wearing the denture in occlusion with radiopaque markers and scan of the denture by itself with the markers on a foam or chin rest. *(Denture must fit perfectly to tissue, if not scan after relining using hard reline, blue mousse or any PVS material "soft reline not recommended")*

E - Patient's with a lot of crown and bridge work: We recommend sending you a scan appliance with markers on it to help with the scatter created while scanning the patient

2 - Models (10 Scans or Physical Impressions/Models):

A - Maxilla: Please capture the frenum attachments, the full palate, fovea palatina, the hamular notches, and the buccal and labial vestibules

B - Mandible: The mandibular impression should include external oblique ridges, the retromolar pads, frenum attachments, sub-lingual space, the disto-lingual region, and the buccal and labial vestibules

C - Custom Trays: If you feel that custom trays are needed, please request one to capture the above anatomy

D - Impressions: Patient's with partial send two impressions: one with partial and one without partial

E - Edentulous Cases: Refer to above dual scan protocols. For single edentulous cases, we will need an impression of opposing dentition or denture



Synergy Full Arch Case Records



3 - Bite (IO or Physical Bite):

A - If the patient is missing posterior stops, please allow us to fabricate occlusal rims. These occlusal rims can be used to mark mid-line, lip position, etc.

** If bite needs to be opened significantly we recommend a try-in or an orthotic for the patient to try-in the new bite for a short period of time and make changes if needed then send back*

B - It is up to the clinician to take a CO or CR bite. MIP is commonly used on most of our cases. There are instances when we need to open patients based on their arc of closure rather than how their condyles seat.

C - Please include any special instructions needed for designing the wax up: Mid-line, VDO changes, plane of occlusion, shape of teeth, etc.

4 - Photos

A - Full Face Smile Photos:

- Include eyes and ears
- Camera must be level to the patients face (Patient needs to be at a 12 o'clock position not tilted forward or backward)
- Profile photos

B - Smile:

- Smile at rest
- Exaggerated smile: This is how we determine how much restorative clearance needs to be created in order to hide the transition line between the prosthetic and natural gingiva

C - Retracted Photos (This is to determine occlusal plane):

- Full face
- Camera must be level to the patient's face
- Have the patients hold the retractors level so that the clinician can take the needed photos

D - Left & Right in Occlusion: This is how we visually confirm the bite