Sirona Connect
DIGITAL IMPRESSION TRAINING
THE DIGITALIZATION TREND IS PREVAILING.
The production of an impression and the resulting working model is still one of the biggest sources of error between the practice and laboratory!
**PROCESSES IN COMPARISON**

**PRACTICE**
- Tray selection
- Tray preparation
- Silicone impression
- Total impression
- Disinfect
- Order form

**LABORATORY**
- Clean
- Cut impressions
- Pour with plaster
- Trim the dental arches
- Set pins
- Trim the base
- Saw cuts
- Preparation margins

**CONNECT**
- Intraoral imaging
- Feedback
- Transfer data
- Laboratory receives data
- Feedback
- Production
GENERAL BENEFITS OF DIGITAL IMPRESSIONS

**HIGH PRECISION**
High quality standards thanks to modern technology

**SIMPLE PROCESS**
Less work steps – greater efficiency and time savings

**NO MORE PHYSICAL IMPRESSIONS**
Less stressed patient, without the feared regurgitation effect
BENEFITS FOR THE DENTIST: BECAUSE YOUR PATIENT DESERVES IT

**SIMPLER PRACTICE ROUTINE**
Scan, check and send. The direct link to the laboratory

**PRECISE IMAGES**
Digital processes ensure consistent precision

**BECAUSE YOUR PATIENT DESERVES IT**
High level of patient comfort
Keeping existing patients and gaining new ones (practice's prestige)
SIRONA CONNECT
PORTAL
Portal login for dentists and dental technicians
Manage my accounts

www.sirona-connect.com: what is on the homepage under Service/Downloads?
Connect to external portals like infiniDent, Invisalign etc
Connect Direct
REGISTRATION
WWW.SIRONA-CONNECT.COM
Digital impression with Sirona Connect
New perspectives for dental practice
Login
- Username
- Password
- Dentist Registration
- Laboratory Registration
- Forgot password?
Set username and password.
Enter complete user data
Login complete. Confirmation sent separately by email.
SIRONA Connect – Please activate your account

Von: cerec.connect@sirona.de
An: alex@drauz.net
Datum: 25.03.2014 19:16

Dear Mr. Homberger

Welcome at SIRONA Connect! You have been registered on 03/25/2014 6:16:57 PM.

Your details are:

Username: Praxis Dr Homberger
Dr. Mark Homberger
Phone: 061 72 69 60 311
Email: DH@PraxisHomburger.de

Dentist data:
Praxis Dr Homberger
Gutleutstr 33
60311 Frankfurt
Germany
Fax:
Website: www.Dental.de

You can activate your account with the following Activation Link

Sincerely,
Your SIRONA Connect Team
CONFIRMATION OF ACTIVATION

Your account has been activated successfully.

Welcome to SIRONA Connect

Activation
Please log in and provide the additional data.
Login after registration

Enter username and password in the login field.
Activation was successful!
ADD YOUR SKYPE USER NAME UNDER MY ACCOUNT

Vorname *

Ronny

Nachname *

Kucharczyk

E-Mail-Adresse bestätigen *

ronny.kucharczyk@sirona.com

Skype-Benutzername

ronny.kucharczyk

Chat-Avatar

Also a Chat-Avatar can be uploaded
AS A LAB PLEASE INDICATE YOUR SERVICE OFFERING
CONNECT TO EXTERNAL PORTALS LIKE INVISALIGN

SIRONA Connect

- Mein Konto
  - Mein Benutzer
  - Meine Praxis
  - Meine Rechnungsadresse
  - Meine Lieferadresse
  - Meine bevorzugten Labore
- Externes Portal
  - Invisalign® Clear Aligner
- Passwort ändern
- Benutzeroverwaltung
- Auftragsliste
- Abmelden

Willkommen bei SIRONA Connect

Sie können die Schaltfläche „Verknüpfen“ verwenden, um eine Verbindung zum Invisalign®-Portal herzustellen. Mit der Schaltfläche „Verknüpfung aufheben“ können Sie die Verbindung trennen.

VERKNÜPFEN
MANAGE MY ACCOUNTS AS A USER

- The administrator can create more user accounts under Manage accounts.
- If administrators are granted rights, then the role owner can change and save all data.
- If a "user role" is granted, then the role owner can edit Sirona Connect cases, but he cannot change the user data (address, etc.).
- It is also possible to define whether the role owner receives confirmation emails.
SIGNATURE

- Dentists can „sign“ the order sheet they send to the dental laboratory.
- During the registration they can upload a certificate or an image of their signature and add a text that will be shown on the work ticket.
- They can also add the information under My Account / My user.
IF YOU’RE A LAB OWNER
REGISTRATION AS A LABORATORY
Set username and password
Enter complete user data
Enter billing and delivery address
Login complete. Confirmation sent separately by email.
Dear Mr. Homburger,

Welcome at SIRONA Connect! You have been registered on 25/03/2014 6:57:15 PM.

Your details are:

Username: Dentallabor Frankfurter
Dr Mark Homburger
Phone: 061 72 69 60 311
Email: DRH@PraxisHomburger.de
Laboratory data:
Dentallabor Frankfurter
Goethestrasse 3
60711 Frankfurt
Germany
Fax: 
Website:

You can activate your account with the following Activation Link

Sincerely,
Your SIRONA Connect Team
CONFIRMATION OF ACTIVATION

Your account has been activated successfully.
Enter username and password in the login field
Welcome to SIRONA Connect

Welcome Ronny Kucharczyk to Sirona Connect!

Your last visit was on 03/26/2014 3:31 PM

▶ You can edit your personal account on the following pages.

Activation was successful!
ADD
MORE ACCOUNT DATA
ADD MORE ACCOUNTS

- Laboratories can also add their **infiniDent** login data so that they can order SLA models directly from the Sirona Connect portal.

- Just in Time via **Skype**: User data can be added so that dentists and dental technicians can consult with each other directly via Skype.
HOW DOES CONNECT DIRECT WORK?
THE CONNECT DIRECT PRINCIPLE

- Exclusive customer loyalty: The intraoral scanner is exclusively connected to one laboratory, which means it is "locked" to this lab.
- This means that the digital data from the practice can only be sent to one laboratory.
- This takes place in the laboratory, with some manual processes carried out by Sirona.
- Attractive business model offers new opportunities for laboratories and practices.
LOGIN AS A LABORATORY

Access via login:
User ID + password
ADD WORKSTATION INFORMATION

My Sirona Connect

Connect Direct

Please use the form below to add dentists to your Connect Direct customers.

Add Connect Direct workstation

Inventory Number *
000111222

Workstation ID *
012345

Dentist's contact person username *
dentist

CANCEL  ADD
Workstation was added. More workstations can be added.
The dentist is requested to accept this direct connection
CONFIRMATION OF ACCEPTANCE

The dentist has accepted the connection and is sent an email containing the username and password.
The dentist has accepted the connection and is sent an email containing the username and password.
CONNECT DIRECT LOGIN
Attention

The activation of the workstation was successful.
The laboratory receives confirmation that the dentist has accepted the connection.
THE DENTIST ACTIVATES THE CONNECTION

The laboratory receives confirmation that the dentist has accepted the connection.
CONNECT MORE WORKSTATIONS

My Sirona Connect
- Home > My Sirona Connect > Connect Direct

Logged in as lab
- My Account
- Password
- User
- Laboratory
- Billing Address
- Shipping Address
- Offerings / Services
- Connect Direct

Order List
Log Off

Connect Direct
Please use the form below to add dentists to your Connect Direct customers.

Existing Connect Direct workstations

<table>
<thead>
<tr>
<th>Inventory Number</th>
<th>Company Name</th>
<th>City</th>
<th>Activation</th>
</tr>
</thead>
<tbody>
<tr>
<td>00011222</td>
<td>Company Dentist</td>
<td>zip City</td>
<td>activated on 2/23/2012</td>
</tr>
</tbody>
</table>

Add Connect Direct workstation

- Inventory Number *
- Workstation ID *
- Dentist's contact person username *

CANCEL ADD
The laboratory sends an email with all the information to Sirona at ronny.kucharczyk@sirona.com:
- Usernames, addresses, email, etc. of the dentist and dental technician
- Info on APOLLO DI (small number under the barcode)

The dentist also has to log into the portal once with APOLLO DI.

The process for APOLLO will be automated soon.
MORE INFORMATION ONLINE
THE SERVICE AREA

All information can be accessed online in the "Service" area:

- Free software updates/upgrades
- Marketing materials
- FAQ
- Videos
- Training sessions
- Tutorials
SOFTWARE UPDATES/UPGRADES

All software updates and upgrades are available online free of charge
Process video on digital impressions with Sirona Connect
Useful tutorials are available:

- APOLLO DI scanning strategy
- Clinical tutorials
  - How do you use Expasyl?
  - How does the double cord technique work?
  - How do I keep the mouth dry without using cotton rolls?
  - How can the assistant provide support during intraoral scanning?
  - How do I use the laser?
Sirona DI Hardware

APOLLO DI
GENERAL INFORMATION

- Use only original software or software which has been approved by Sirona
- Check restorations with trained personnel
- Check models with trained personnel
- Information on the location of the device or on the image brightness:
  - The image brightness is automatically controlled during imaging
  - The surroundings of the tooth to be imaged should be as weakly illuminated as possible: Switch off any operating lights and avoid sunlight due to reflections from the window
GENERAL INFORMATION

- Switch on the device using the main switch (right side at the top). This starts the operating system.
- Wait until the CodeMeter (symbol in the bottom right) turns green.
  - If the user attempts to start the software before the stick is activated, he will receive an error message that the license is not valid.
- **Warm-up stage**: Wait for approx. 15 min after starting up the system before beginning to scan. This allows the camera head to reach an optimum "operating temperature".
- Switching the device off at the ON button during operation may cause data loss and PC malfunctions.
WAIT UNTIL LICENSE STICK IS ACTIVATED
SET UP AN INTERNET CONNECTION

- APOLLO DI has a WLAN port
- Wireless network requirements
  - Practice network with internet connection
  - Recommended internet connection: Broadband speed, e.g., DSL, T1 or cellular phone network
- Touch the network symbol in the Windows bar
  - A list of available wireless networks is shown
  - Select the desired wireless network
  - If required, enter the password and click on OK. Use the Windows keyboard to do this
- APOLLO DI is now connected to the wireless network!
- Microsoft Security Essentials is pre-installed. Do not switch on firewalls or your own anti-virus programs
PREPARE THE CAMERA

- In two steps, the camera is cleaned (1) and disinfected (2).
- The camera can be removed from the device to facilitate cleaning and disinfection.
  - Remove the camera sleeve and wipe/disinfect the surfaces with the cloth
  - Dry the camera with a soft, clean cloth
  - Do not spray the camera with or immerse it in cleaning agents or disinfectants!
- Cannot be sterilized: do not sterilize the camera or video cable!
- Approved care and cleaning agents e.g., FD 312 from Dürr. Only use care and cleaning agents which have been approved by Sirona!
PREPARE THE CAMERA

- Camera sheets are used to protect the camera for each scan process.
- Hold the sleeve firmly and insert the camera between the white flap and the paper. The optical side must face the right side.
- Slowly insert the camera into the sleeve until the camera head is at the tip of the sleeve. Make sure that you do not exert too much pressure otherwise the camera sleeve may become damaged.
- Make sure that the optical path through the front window is not covered by the sleeve.
- Pull off the paper backing and carefully push the camera down so that the sleeve fits firmly.
APOLLO DI HYGIENIC PROTECTIVE SLEEVE

The hygienic protection sleeve must be pulled as far down as possible so that the optical path through the front window remains completely free.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Product</th>
<th>ART. NO.</th>
<th>PRICE excl. VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TiDi®</td>
<td>Disposable sleeve 20 x 25 pcs</td>
<td>64 41 344</td>
<td>EUR 199</td>
</tr>
</tbody>
</table>
THE FIRST STEPS

- **START THE PROGRAM**
  - To start the Sirona Connect software, double click on the Sirona Connect symbol

- **MULTI-TOUCH SCREEN**
  - You can use your finger to navigate and enter information
  - You can open symbols by tapping them with your finger.
THE FIRST STEPS

NAVIGATE IN THE SOFTWARE

<table>
<thead>
<tr>
<th>Example</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap</td>
<td>Tap once to execute functions in the software</td>
</tr>
<tr>
<td>Call up context menus</td>
<td>Tap and hold the corresponding areas</td>
</tr>
<tr>
<td>Drag&amp;Drop</td>
<td>Drag and drop</td>
</tr>
</tbody>
</table>
Display the keyboard by clicking on the left edge.
THE VIRTUAL KEYBOARD

- Activate it by touching the top left corner of the screen
- It also appears automatically when you click in a text field

Useful key combinations

- Alt + Tab = Switches between various applications.
  Returns to the Desktop when APOLLO Connect software is open
- Ctrl + Shift + Esc = Opens Windows Task Manager
- Windows logo + F = Searches for a file on the hard disk
- Windows logo + D = Switch to desktop
Sirona DI Hardware

AC Connect
GENERAL INFORMATION

- Use only original software or software which has been approved by Sirona
- Check restorations with trained personnel
- Check models with trained personnel
- Information on the location of the device or on the image brightness:
HARDWARE BASIC KNOWLEDGE

Trackball

- To be used like a computer mouse
- Left button: tilt object
- Middle: zoom
- Right button: move object
CAMERA HANDLING

- When switching on the system, the camera needs to warm up for 15 – 20 minutes. If the coated sapphire glass of the Omnicam is not sufficiently warm, it may steam up during the acquisition.
- As soon as the camera is pointed over a tooth or the gums, or the foot control is pressed, data acquisition begins.
- The distance must be between 0-15 mm (ideally: 5 mm). The camera does not rest on the teeth or the gums. If the distance is too great, no data will be obtained.
PRODUCT OPTIONS

CEREC AC Connect – Acquisition Center
- All user interface components are integrated centrally in a mobile unit.
- Scan and design made centrally on the AC.
- Optimum solution for most of the dental offices.

CEREC AF Connect – Acquisition Flexible
- Concept is flexible approach with camera mobility
- Scan and design can be flexible and separate from one another.
- This solution is suitable for group practices on different sites or on different floor levels and or practices with limited floor space.
PRODUCT OPTIONS

CEREC AI Connect – Acquisition Integrated

- All user interface components are integrated in TENEO dental chair
- CEREC Omnicam is put on a camera tray
- Tablet with Sirona remote SW
SIRONA REMOTE FOR CEREC

- The AC screen contents are transmitted to another monitor – on desktop, treatment center, a wall or a tablet
- Users work more ergonomically and have more freedom when placing the AC
- Customers in CEREC Club receive the software as part of their membership
- The AC screen contents can also be transmitted to a tablet (iOS and Android) -> CEREC AF – CEREC AI
GINGIVA MANAGEMENT
WHY GINGIVA AND LIQUID MANAGEMENT

- Making the preparation margins clearly visible
- Keep them free of liquids during scanning
- For adhesive technology dry preparations are required
USE OF OPTRAGATE

- Easier access
  - No additional instrument needed to keep away cheek

- Better visibility

- Higher patient comfort
  - Less lip irritations

- Three sizes: junior, small, regular

- Latex-free
LIQUID MANAGEMENT

During scanning with APOLLO DI it is recommended not to use cotton rolls or other movable parts which could create faulty scans.

Instead we recommend:

- DryTips® from Molnlycke
- DryTips® are glued to the Parotis and can absorb large amounts of liquid

Visit www.sirona-connect.de to see how the patient’s mouth is kept dry.

Photo: Molnlycke
LIQUID MANAGEMENT – DRYTIPS

- DryTips are available in 2 sizes
- They are applied with the rough surface to the cheek
- If an Optragate™ (Ivoclar) is used, the DryTips® are applied first
- Before scanning the scan area has to be blown dry with air. The assistant uses the syringe and mirror to keep the area clear of the tongue and syliva
- In case of anesthesia the gingival edge is supplied with less blood
- Remove the DryTips® by rinsing them with water
GINGIVA MANAGEMENT

There are mechanical, chemical and chirurgical methods to make the preparations margins visible.

- Retraction cords
- Expasyl®
- Gingivectomy by means of laser or electrotome
RETRACTION CORDS

- Large variety of retraction cords which can be used to open the sulcus
- Our recommendation: braided cords, as this does reduce defibration. When trimming, please consider sufficient length
- Optionally dip the retraction cord into retraction liquid
- Do not apply excess force when placing the cord to avoid damage to the sulcus
- First apply the thin cord and then the thicker
- After placing the second cord wait some minutes until the hemostasis takes place
- After residence time the upper, thicker cord is removed cautiously. The lower, thinner remains in situ.
- Dry with air, powder and scan

Visit www.sirona-connect.de to learn more about the 2-cord technique.
Expasyl® (Acteon, France) uses a combination of mechanical and chemical retraction.

It is achieved by the expansion of the material as well as due to the hemostatic properties of aluminium-chloride.

The paste is applied sub- and paragingival to the preparation with a blunt canulla into the sulcus.

After 2-3 minutes residence time the remains are thoroughly rinsed with water.
GINGIVECTOMY WITH LASER

- In case of chirurgical methods the gingiva is not only ousted temporarily, but removed permanently.

- It is common to use the Elektrotom / laser in addition to the before mentioned retraction methods.

- The advantage of electro surgery is that cutting and hemostatis are one process.

- We recommend for instance the SIROLaser by Sirona

Visit www.sirona-connect.com to see how to use the SIROLaser.
LASER APPLICATIONS

The mesial papilla and a small overlap in the distolabial area made it difficult to get an optimal digital impression.

Situation after removing a part of the mesial papilla, the circular chamfer is readily visible.

Digital impression with CEREC.

Source: Laser – international magazine of laser dentistry – SIROLaser Factbook; “Use of a Diode Laser for Gingival Troughing in Conservative and Prosthetic Dentistry”, Dr Almut Marsch
LASER APPLICATIONS

Hemostasis: before treatment

Hemostasis: directly after treatment with the diode laser

Source: Dr. med. dent. Helmut Götte

CEREC / PROSTHETICS

- Cosmetic Applications
- Desensitization
- Pain Therapy
Scan with
Apollo DI
ACQUISITION TECHNIQUE

- Spray-based, flowing acquisition technique
- The technology that forms the basis of APOLLO DI measures the structure in the spray. The camera does not work without the spray.
- This means that fine black and white particles in the spray ensure high contrast and thus very precise images
- Do not use any cotton rolls or other movable parts when scanning
- Turn the surgery lamp away when scanning
APOLLO DI SPEEDSPRAY

- APOLLO DI SpeedSpray is used as the contrast agent
  - Place the spray head with cannula/nozzle onto the spray can
  - Check that the cannula/nozzle is seated correctly before each use by pulling it gently
  - Shake the container before use
  - Hold the can upright while spraying
  - The spray nozzle should be held approx. 10-15 mm away from the object
SPRAYING DOES NOT MEAN POWDERING!

- Even if the high-contrast spray is insensitive to moisture, there must not be any blood or saliva in the imaging area (see chapter on soft tissue management).
- After suctioning, the spray is applied to the teeth in a very thin layer. The rule is to apply as much as necessary but as little as possible.
- The aim is not to achieve 100% coverage but rather to apply the pattern of black and white particles evenly.
- If not enough spray has been applied, "the scanning process comes to a halt" and no data is collected.

Source: Dr. Martin Butz, Munich
The tooth color still shines through.

Shake the can well and apply the spray to the teeth at a distance of 10-15 mm.

If the distance is less, the spray will be unpleasantly cold for the patient. Spray more often and short.

The assistant should apply suction while the spray is being applied inter orally and after application. The assistant can quickly spray air over the surface so that no unnecessary coatings adhere.

Enough spray: good scanning performance and results

Not Enough spray: bad scanning performance
HOW DO I USE THE CAMERA?

- Press the black button to activate the LED and the live window in the Acquisition phase
- Enter the mouth, bring the camera into position of an occlusal surface and press the white button to start the scan
- You can pause the scan and switch off the LEDs by pressing the black button
- Pressing the white button will finalize this scan. A new scan (also known as “cluster”) can be added at any time
- The camera is calibrated before exiting the factory (ex works). Calibration on site is not necessary
Scan the occlusal surface from distal to mesial, e.g. from 48 to 33.

When going over the front, please make sure to scan in a way that not only the incisal is captured but also parts from labial and lingual.

Next tilt the camera about 45 degrees and scan the lingual (or palatine) surfaces from 33 to 48. Scan in a way that your occlusal scan connects to the scan of the lingual side.

At 48 move the camera to buccal and scan the buccal/vestibular side in a way that you scan connects to your occlusal scan.

Stitch your scan by scanning 43 and 33 once again from vestibular to lingual.

Now check the model and fill the missing relevant areas.

All this is done in one image catalogue (cluster). Use a new cluster only if you need to re-spray during the scan.

Proceed the same way from 38 to 43 in a new scan (cluster).
Cluster

- Each cluster is optimized in itself, so try to scan as much as possible into a single cluster.
- For the highest possible accuracy do not scan the prep in several clusters because there might be a loss in quality due to the stitching of the images.
- In order to help the system please wait until the cluster is finalized (red or green state).
THE "DIFFICULT AREAS"

- Move the camera head up and down to make the most of the camera's scanning area.
- With sufficient space, the camera can also move diagonally in the free area around the preparation. This movement helps to scan the proximal contacts.
- Swivel the camera up to 90 degrees to view all areas.
Scan with Omnicam
CAMERA HANDLING

- Divide the acquisition into four consecutive sequences:
- Occlusal:
  - Move the CEREC Omnicam to the starting position. For this purpose, the CEREC Omnicam is in the occlusal view of the tooth, which is next to the prepared tooth in the distal direction.
  - Scan in the mesial direction. To do so, slowly move the CEREC Omnicam in the occlusal direction from the distal-positioned tooth over the prepared tooth to the mesial-positioned tooth.
CAMERA HANDLING

- Divide the acquisition into four consecutive sequences:
- Buccal:
  - Rotate the CEREC Omnicam between 45° to maximum 90° toward the buccal and guide it over the entire buccal distance in the distal direction over the prepared tooth.
  - Ensure that the CEREC Omnicam is held like a flute during buccal scans. Do not tilt it vertically to the direction of motion.
CAMERA HANDLING

- Divide the acquisition into four consecutive sequences:
  - Lingual:
    - ✓ Rotate the CEREC Omnicam from 90° in the buccal direction to around 45° to maximum 90° in the lingual direction on the other side.
    - ✓ Guide the CEREC Omnicam over the entire lingual distance in the mesial direction over the prepared tooth.
Divide the acquisition into four consecutive sequences:

- **Proximal:**
  - Move the CEREC Omnicam in the occlusal direction to the prepared tooth.
  - Acquire the approximal surfaces in the distal and mesial direction by using a wave motion in the occlusal, buccal, and lingual direction over the prepared tooth.
  - To do so, tilt the surface by 15° in the distal and mesial direction to gain a better view of the approximal contacts.
CAMERA HANDLING – QUADRANT OR FULL JAW

The first (fourth) quadrant is scanned up to the opposite second front tooth by moving the camera in parallel along the jaw arch.

Start the scanning process

> Position the camera occlusally above the last tooth on the right, to start the scanning process.
QUADRANT OR FULL JAW

The first (fourth) quadrant is scanned up to the opposite second front tooth by moving the camera in parallel along the jaw arch.

Start the scanning process

Position the camera occlusally above the last tooth on the right, to start the scanning process.
1. Start as indicated above, on the occlusal surface of the right terminal tooth, and scan it occlusally.
   - Tilt the camera by 45° in a palatinal direction (oral) and guide it from the distal to the mesial.
2. Tilt the camera another 45° in a palatinal direction (oral) and move it in a distal direction.
3. Tilt the camera by 90° onto the occlusal surface and move it in a mesial direction.
4. Tilt the camera in a 45° buccal direction and move it back towards the distal.
5. Then tilt the camera a further 45° in a buccal direction to a total of 90° and move it in a mesial direction again.
TIPS & TRICKS

Scanning
PRACTICE TIPS & TRICKS

Where should the intraoral scanner ideally be positioned?
The dentist works with an assistant:

- The dentist sits in the 8-9 o'clock position
- The scanner is in the 11 o'clock position, level with the headrest
- The assistant sits on the assistant side and can operate the suction instruments efficiently
Where should the intraoral scanner ideally be positioned?

The dentist works without the assistant:

- The dentist sits in the 12 o'clock position (behind the head)
- The scanner is on the assistant side
- The dentist can also operate the suction instruments himself
What actually can be delegated to the assistant?

- Preparation: Add patient data, prepare the spray and camera, switch on the scanner, prepare the instruments.
- During spraying: Suction and blow air on the area after applying the spray.
- During scanning: Use the mirror to keep the tongue, cheeks and lips away, suction while scanning, clean the camera if necessary, make sure that the mirror or suction device are not in the scanning field.
Do not use cotton rolls in the scan area as a rule.

What happens with patients with extreme saliva flow? There are extreme cases in which cotton roll is used, such as in the lower jaw for example.

The cotton roll is placed under the tongue and kept away with the mirror so that it does not appear in the image. It must not be visible!
The patient can help during the scanning process by opening and closing his mouth. He has to open his mouth as wide as possible in the distal area on the occlusion. If the vestibular area is scanned, it can help if the mouth is slightly closed as this makes the cheeks less tense.
THE FIRST STEPS

- Like everything else, digital impressions require some learning.
- Before working on patient cases, scanning should be tested on colleagues/assistants first.
- For the first three cases, a conventional impression should be taken in addition to the digital impression and both should be sent to the laboratory.
THE FIRST STEPS

- The dentist and laboratory consult with each other.
- The laboratory can connect to intra-oral scanner directly (using commercially available programs, such as TeamViewer), as long as the patient is still in the practice.
- The patient will not be sent away until the laboratory has validated the data.
Always include some gingiva in the scan to achieve good automatic buccal registration.

Swivel the camera during scanning in order to receive additional 3D information.

2-3 teeth are sufficient.

If tongues and cheeks that have been scanned interfere with the image, you can remove them using the "correct" tool.

Try to make the buccal close to the preparation.
WHOLE JAW VERSUS QUADRANT

- It’s up to the clinician and the dental laboratory how much is scanned for each particular case, below please find a rather general guideline

  - A **whole jaw scan** is always necessary for
    - wide spanning bridges
    - difficult occlusal conditions
    - canine teeth if there is canine guidance

  - A **3/4 scan** that includes the two canine teeth is indicated for posterior teeth restorations and canine guidance

  - A **quadrant or anterior tooth scan** is usually sufficient for
    - incisors if there are adjacent teeth
    - single tooth restorations in the posterior tooth region if there is intact occlusal group guidance and if there are adjacent teeth
HOW MANY HOLES ARE ALLOWED IN THE OPTICAL IMPRESSION?

- This means that the preparation, adjacent teeth and antagonists must be completely scanned.
- It is particularly important that all functional areas related to the restoration to be made are scanned in with the greatest care.
- The software fills holes automatically, but make sure to capture the relevant areas.
HOW MANY HOLES ARE ALLOWED IN THE OPTICAL IMPRESSION?

- These are in particular:
  - preparation margins
  - proximal areas with a contact to the restoration to be made
  - occlusal surfaces of the adjacent teeth and on the prepared tooth (for inlays and onlays)
  - labial surfaces of the adjacent teeth for anterior tooth restorations

- It must also be ensured that functional areas are not covered by artifacts (gingiva, tongue, suction device, etc.)
SIRONA Connect SW
STEP-BY-STEP
THE 4-STAGE WORKFLOW

- Enter patient information
- Enter case information
- Generate 3D Data
- Evaluate 3D model
- Mark margin
- Complete order information
- Send order to the laboratory
Sirona Connect SW 4.4

- Sirona Connect SW 4.4 onwards the user will be informed about a new version, as soon as the application started and is connected to the internet.
- The user can decide if he wants to download right now or later.
The new version will be provided by the Sirona Connect Center.
By clicking on the symbol the user can check the progress of the download.
Also CEREC SW and inLab SW will use this Sirona Connect Center.
Installation

- After a successful download the user can install the Software
- All applications should be closed prior running the installation
Installation

- Installation runs
- Please read all disclaimers and confirm them
Start Screen

- Search for patients
- Display patient data base
- Add new patient
Patient Data Base

- Patient data base is built up from left to right starting with „Patient“, „Cases“ in the center and „Preview“ on the right hand side.
- The single columns can be moved (for example name and restoration type) and the size of the single windows can be adapted.
User Interface

- The same symbols are used throughout the Sirona Connect workflow:
  - Edit
  - Delete
  - Save
  - Cancel
  - Open case
  - Export case (with log files)
  - Add new patient
  - Add new case
  - Add new 2D image with Omnicam
Add New Patient

- Create a new patient via entering the name and date of birth
- Due to data security we recommend to enter a patient ID only
Add New Case

- First step is to choose a bridge or single tooth restoration and the design mode (full contour or veneered)
- Restorations can be added in both jaws
Add New Case

- Maryland bridges as well as a mix of veneered and full contour are possible
- All windows can be positioned free on the screen via drag and drop
- The active indication is highlighted in orange
Implant

- A Sirona scan body is needed for the Sirona implant system
- ScanPost was developed the intraoral scan (tiBase are smaller)
- Choose your implant system
## IMPLANT SYSTEMS IN THE SIRONA CAD/CAM WORLD

<table>
<thead>
<tr>
<th>Implant systems</th>
<th>Sirona® components</th>
<th>Size</th>
<th>Size</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nobel Biocare</td>
<td>NobelActive® 4.5</td>
<td>L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sirona Implant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zierer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For the CAMLOD implant systems, theTitanium screws are available separately from CAMLOD.*

**Titanium Screws:** Contact Sirona for availability or consult direct vendor.
Material and Color

- All mandatory steps are underlined in red, green means „done“ and no color means an optional step.
- If a special material is requested choose “see additional notes” and specify it in the free text field in the Sirona Connect Portal.
ACQUISITION PHASE

- Additional image catalogues are available for example to scan the pre-op situation or the gingiva or a reference tooth
- Size of the scan window can be adapted
ACQUISITION PHASE – APOLLO DI

- By clicking the green light in the middle of the screen all scanned catalogues become visible.
- By drag and drop catalogues can be moved or deleted.
ACQUISITION PHASE – APOLLO DI

- A blue light on the bottom of the screen means that the software tries to correlate image catalogues.
If a scan can’t be connected it will be shown in red color. An exclamation mark is shown in the catalogue.

In such a case cut the disturbing areas away or scan a „bridge“ to have sufficient information to calculate the scans together.
ACQUISITION PHASE – APOLLO DI

- To cut areas away, please activate the tool cut.
- By clicking you set the start point of a line. Determine the curve of the line by more single clicks (no drawing as before).
- „Apply“ to end the cut process.
ACQUISITION PHASE – APOLLO DI

- To cut areas away, please activate the tool cut
- By clicking you set the start point of a line. Determine the curve of the line by more single clicks (no drawing as before)
- „Apply“ to end the cut process
MODEL PHASE – BUCCAL BITE

- Buccal registration is automated for Apollo and Omnicam
- If it doesn’t work the buccal scan can be correlated manually
- Click the buccal scan and move it by drag and drop
- Click the bottom and move it up, so the buccal scan turns upside down
- Click the top and move it up, so the buccal scan remains in the position
MODEL PHASE – CONTACT POINTS

- Show the contact points under tools
- If the bite is not correct, please go back and rescan the buccal
MODEL PHASE – MARGIN APOLLO DI

- Turn the model into position – margin marking tool is not activated
- Touch the screen on the model and slide your finger to the desired start point on the preparation
- Mark the margin by single clicks
- Corrections will be made in the manual mode
MODEL PHASE – EVALUATION TOOLS

- With a marked margin a new step is open
- In this step you can show undercuts of the preparation and the distance to the antagonist
MODEL PHASE – DISTANCE TO ANTAGONIST

- With this tool the user can show distances in different colors.
- How the colors are shown can be set in the parameters.
PARAMETER PREPARATION ANALYSIS

- Example: Set the ideal distance on 1500 µm and the tolerance on 500 µm
- Distances smaller than 1500 µm will be shown in red
- 1500 µm till 2000 µm in blue
- Larger distances will be shown in green color
SIRONA CONNECT PORTAL

- Check the case once again
- Very fast upload with Sirona Connect SW 4.4
SIRONA CONNECT PORTAL

- Add additional information
- Mandatory fields are marked in red
- Additional text can be entered and files uploaded
To use the new skype option the user needs to enter the skype name in the Sirona Connect portal.

- Click the speech bubble in the upper right side of the screen of the inLab SW 15.0 or Sirona Connect SW.
- A chat window will open that shows all chats and files send between dentist and dental technician.
CONFIRMATION OF SENT DATA BY EMAIL
SIRONA CONNECT APP

- Just in Time consultation between the practice and laboratory
- Access to order administration for dentists and dental technicians
- Assessment of the digital model data by the dental technician
- Available to download free of charge from the Apple App Store
SIRONA CONNECT APP

- Evaluation and control of the quality of the scan data
- Margins are visible if drawn
- Picture of the patient can be seen
ORDER CAN BE DOWNLOADED AS A PDF
DESIGN SERVICE FOR CEREC USERS

- Starting from inLab SW 15.0 inLab users can offer a design service for CEREC users
- The dentist scans in the Sirona Connect SW and sends the file to the lab via the Sirona Connect Portal
- The lab designs in the inLab SW and sends a .dxd file incl. restoration back to the dentist
- The dentist opens the case in the CEREC SW 4.4 and mills it on his CEREC milling machine
ENJOY EVERY DAY. WITH SIRONA.