

SCANNING GUIDANCE

POSITIONING:

- 10 second warm-up for scanner, heating element + nose breathing to evade fog
- Place screen/chair height at eye level, close to you + patient: Allows for easy, mobile access to touch screen, advance steps, or inspect modeling
- Overhead light off
- 80% Viewer/Scanning Window: 20% Digital Model Visualization
- For Arches: Seated at 12 O'clock, behind patient in supine, with your back straight, elbows at your side- patient's head center of lap area; For Bite: sit up to 45° angle
- Scanner held in dominant hand (space provided) like a pencil
- Make sure scanner sleeve is fully seated (white edge in viewer window if not)

SCANNING:

- Start on the occlusal surface of terminal molar. If scanner stops tracking, go back to an occlusal surface to pick model (topography) back up- *scanning too fast*
- **Six-Second Scanning** per image maximum
- **Angle: Stay Horizontal** (even at midline), angle toward at buckle/lingual

SEQUENCE: Lower Arch
Upper Arch
Bite Occlusal

Occlusal/Lingual/Buccal-Incisal Edges: Horizontally
Posterior to Anterior
Sit Patient at 45°, Z Shape, capture 2 mm gingiva

- Keep the cord end of the wand at 12 O'clock when scanning occlusal and lingual
- Keep your **eyes on and teeth in the live scanner viewfinder window**, not in the mouth! *Like Driving: viewfinder is windshield, mouth are pedals*
- Place opposite hand on grooves of sleeve tip to help guide camera- no retraction device or fingers necessary- *geometry of camera = retraction!*
- Lightly touch the teeth with the camera (**DO NOT HOVER**)- **CONTACT SCANNING ONLY**- *think of camera as bristles of toothbrush!*
- **Keep teeth dry**- self suction, gauze, air dry, etc.
- Gently rock the wand on the buccal and twist the wand on the lingual to fill-in inter proximal areas
- Move wand in **wave-like/zig-zag motion** (up & down) to get 3-4 teeth (molars/pre-molars) only for the **BITE**- *remind patient not to clench but bite naturally*
- Only turn wand off when moving to different arch and opposite bite segments
- Goal is **SINGLE SCAN IMAGE: SINGLE COAT OF PAINT**
- Utilize the **FILL TOOL** to prevent *overscanning!* Angle wand toward patient ear to accurately capture.
- **ERASER TOOL** can be utilized to re-scan segment

