

# Edentulous eXact Initial Records Checklist

## What the Hybridge Lab Needs

### 1. Intra-Oral Scans

- ☐ Intra-oral scans of the occlusal and facial surface of the teeth – upper and lower jaws.
- ☐ Intra-oral scans of the bite from both sides of the arch.



### 2. Photo Series



Full Face Smile

"Duh" Position

Smile in Occlusion

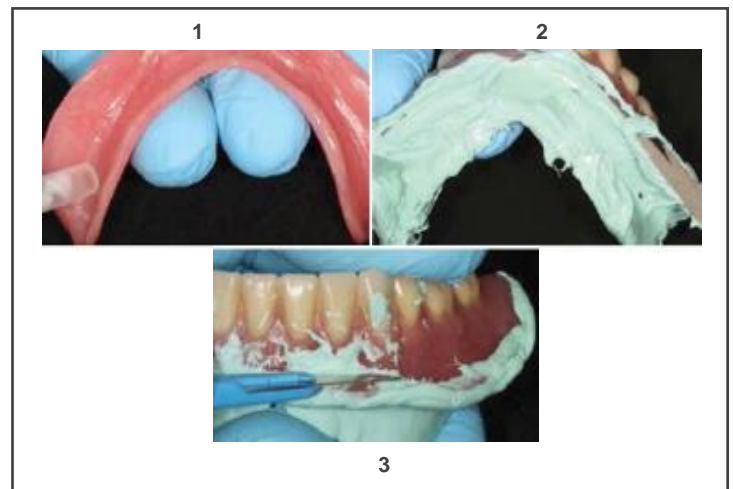
### 3. Green Mousse Protocol for CBCT Scans

This will be completed using either the patient's denture, if teeth are in the right position, or using the Blondie setup, if a try-in was required.

1. Rinse patient's existing denture.
2. Inject **Green-Mousse** into denture or set-up and spread evenly on intaglio surface.
3. Fit & trim relined denture in patient's mouth.



Use **Green-Mousse** only  
for this technique.  
(blue is not radio opaque)



**Do**



The Green-Mousse acts like a reline/wash impression, to capture the tissue details of the entire intaglio surface. Accuracy will result in a precisely fitting **Surgical Guide**.

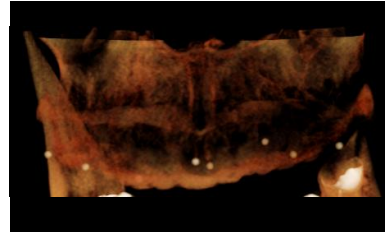
**Don't**



## 4. Take THREE CBCT Scans

### ➤ CBCT with Green Mousse Relined Denture & Radiographic Markers In the Mouth

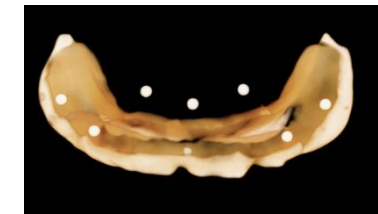
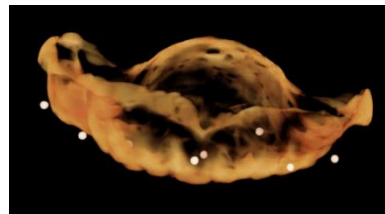
- ☐ Place radiographic markers on patient's denture or blondie tryin (4 on the facial, 3 on the buccal).
- ☐ CBCT with the green mousse lined denture in the mouth.



\* To separate the arches, have the patient gently bite on cotton rolls.

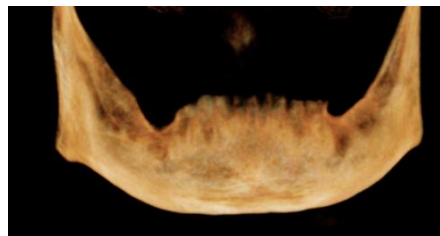
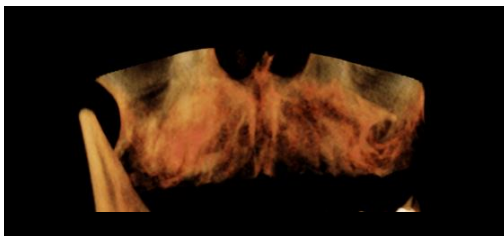
### ➤ CBCT with Green Mousse Relined Denture & Radiographic Markers Out of the Mouth

- ☐ Using patient's green mousse relined denture or blondie tryin with radiographic markers, take a CBCT scan of the denture out of the mouth.
- ☐ Place denture on a foam block, on the CT platform with the teeth in the same orientation as they are in the mouth.



\* Upper teeth facing down, Lower teeth facing up

### ➤ CBCT with Nothing in the Mouth



\* To separate the arches, have the patient gently bite on cotton rolls.

## 5. Rx Filled Out Completely

- ☐ Visit HybridgeRx.com to access the portal.
- ☐ Create your lab Rx, including Smile Analysis or use the Hybridge Smile Design App.
- ☐ Zip ALL of your files.
- ☐ Upload your Rx, photos and all scans.

\* Save IOS Scans as STL files.

\* Save CBCT scan as a set of single DCM files to a folder that is then zipped.

**HYBRIDGE**  
LABORATORY

Click for instructions

**CASE INFORMATION**  
 Doctor: Dr. Frank LaMar  
 Patient Name: Maureen  
 Date Sent: Today  
 Date Due in Office: 4 weeks later  
 Implant Brand / Type: Your Implant

**1. CASE TYPE - Anticipated Final Product**  
 Upper: ☒ HD ☐ H4 ☐ ZH ☐ C  
 Lower: ☒ HD ☐ H4 ☐ ZH ☐ C

**2. INITIAL RECORDS - Determining Teeth Setup**  
 DENTATE START - Create Setup ☐ U ☐ L  
 EDENTULOUS START OPTIONS ☐ U ☐ L  
☐ Full Setup Tryin ☐ U ☐ L  
☐ Partial Setup Tryin ☐ U ☐ L  
☐ Anterior Tryin ☐ U ☐ L  
☐ Trial Base / Bite Rims ☐ U ☐ L  
☐ Remount ☐ U ☐ L  
☐ Mucosa-Supported Guide (overmold) ☐ U ☐ L  
☐ Mucosa-Supported Guide (no overmold) ☐ U ☐ L  
☐ Green Mousse Scans Sent ☐ U ☐ L  
☐ 3-in-1 / Denture Reference Guide ☐ U ☐ L

**3. SURGICAL GUIDE OPTIONS**  
 Surgery Date: Your Drill System  
☐ eXact Fully Guided Dentate ☐ U ☐ L  
☒ eXact Fully Guided ☐ U ☐ L  
☐ Mucosa-Supported Guide (overmold) ☐ U ☐ L  
☐ Green Mousse Scans Sent ☐ U ☐ L  
☐ 3-in-1 / Denture Reference Guide ☐ U ☐ L

**4. PROVISIONAL OPTIONS - Choose One**  
☒ Immediate Fixed Provisional ☐ U ☐ L  
☐ 3-in-1 Appliance (includes setup) ☐ U ☐ L  
☐ Temporary Denture (includes setup) ☐ U ☐ L

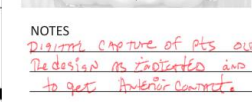
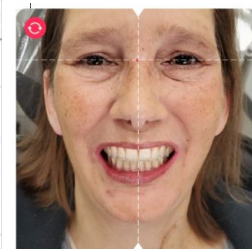
**5. POST-IMPLANT CAPTURE**  
☐ 2D Scanning ☐ AO ☐ EO ☐ CO ☐ PO ☐ FO  
☐ 3D Dual Scan ☐ AO ☐ EO ☐ CO ☐ PO ☐ FO  
☐ 2D CBCT - Fill in below ☐ Intra-oral scan ☐ upgraded  
☐ 3D Dual Scan ☐ upgraded  
 Upper Required Implant Information: Diameter/Length  
 Example: 3.8 mm (implant body diam) / 12 mm (implant length)  
 A/C: 1 / 1 B/C: 1 / 1 C/D: 1 / 1  
 D/E: 1 / 1 E/F: 1 / 1 F/G: 1 / 1  
 G/H: 1 / 1 H/I: 1 / 1 I/J: 1 / 1  
 Lower Required Implant Information: Diameter/Length  
 Example: 3.8 mm (implant body diam) / 12 mm (implant length)  
 A/C: 1 / 1 B/C: 1 / 1 C/D: 1 / 1  
 D/E: 1 / 1 E/F: 1 / 1 F/G: 1 / 1  
 G/H: 1 / 1 H/I: 1 / 1 I/J: 1 / 1  
☐ Analog Index/Impression

**6. POST-IMPLANT TRYIN (Optional)**  
☐ Modification needed ☐ Remount ☐ U ☐ L  
☐ Printed Fixed Tryin ☐ U ☐ L  
☐ Hybrid Framework with Setup ☐ U ☐ L  
☐ Milled Fixed Provisional (PMMA Prototype) ☐ U ☐ L

**7. PROCESS / FINISH - Choose Final Product**  
 Upper: ☐ HD ☐ H4 ☐ ZH ☐ C  
 Lower: ☐ HD ☐ H4 ☐ ZH ☐ C  
☐ Modification needed ☐ Remount ☐ U ☐ L  
☐ Duplicate Hybride ☐ U ☐ L  
☐ Reline ☐ U ☐ L  
 Patient Signature (Optional) \_\_\_\_\_ Date \_\_\_\_\_  
☐ Request EXOCAD Review

**SPECIAL INSTRUCTIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**VERTICAL DIMENSION**  
 APPROVED \_\_\_\_\_  
 OPEN \_\_\_\_\_  
 CLOSE 2mm at PIV  
 IF VERTICAL CHANGES,  
 AT EXPENSE OF THE  
 UPPER / LOWER / BOTH  
 OVERJET \_\_\_\_\_  
 APPROPRIATE \_\_\_\_\_  
 CHANGE \_\_\_\_\_

NOTES  
 Patient capture of PIVs and dentures  
 Redesign as requested and close PIV as needed  
 to get Anterior contacts

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