

Post Implant CBCT Dual Scan Checklist Using a Fixed Provisional/Fixed Tryin

HYBRIDGE
LABORATORY

Wait for any tissue inflammation to settle down prior to scanning – this will prevent gaps between the ridge and the final Hybridge

Intra-oral Scan Capture

- ☐ Upper and lower arches with Provisionals in, including all teeth and markers if possible
- ☐ Bite scan from both sides of arch
- ✓ Do your contact points match what you see in the mouth?
- ✓ Make sure patient is in correct centric relation and not clenching.



Photos

- ☐ **Please take a retracted photo of patient in maximum intercuspation**
- ☐ Smile Design photo



Capture Tissue Using Reline Impression (Please notate on lab rx that this was done)

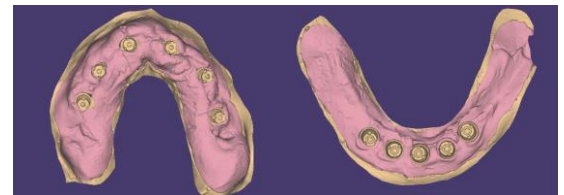
- ☐ Reline intaglio surface of PMMA with light body impression material
- ☐ Using 2-4 screws, seat in the mouth and lightly tighten screws
- ☐ Allow to set, then remove and proceed with out of mouth scan



OR

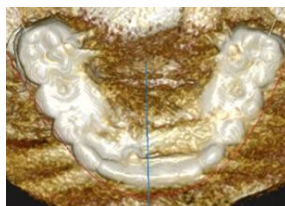
Capture Tissue Using Intra-Oral Scanner

- ☐ Capture all areas of the ridge and the implants.



CBCT Scan – Out of the Mouth

- ☐ Ensure the scan appliance has markers in place around the arch
- ☐ Place the PMMA or 3-in-1 appliance on a CBCT platform with the teeth in the same orientation as in the mouth
- ☐ Export files, zip and label <patient name_outscan>



CBCT Scan – In the Mouth

- ☐ Separate the arches with either blu mousse or using cotton rolls
- ☐ Export files, zip and label <patient name_inscan>



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
- ☐ We strongly recommend either a Screw-Retained Printed Tryin or a Long Term Provisional in Box 5 before going to final in Box 6.
- ☐ Be sure to list the implant sizes used
- ☐ Be sure to notate any modifications you'd like in anterior tooth position, midline, arch form, etc

CASE INFORMATION

Doctor: **LaMer**
 Patient Name: **Kayley**
 Date Sent: **Today**
 Date Due in Office: **3 Weeks Later**
 Implant Brand / Type: **Your Implant**
 MUA Used: **Y / N** MUA Brand: **_____**
 Tooth Shade: **B1.3** Molt: **M1** Tissue Shade: **#1**

Upper: ☒ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture
 Lower: ☒ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture

1. INITIAL RECORDS - Determining Tooth Setup
 DENTATE START - Create Setup ☐ U ☐ L
 EDENTULOUS START OPTIONS
☐ Full Setup Tryin ☐ U ☐ L
☐ Anterior/Partial Setup Tryin ☐ U ☐ L
☐ Trial Base / Bite Rims ☐ U ☐ L
☐ Provide File for In-Office Printing
 Email: **_____**

2. SURGICAL GUIDE OPTIONS
 Surgery Date: **_____**
 Guided Drill System
☐ Pre-Surgical Planning Only ☐ U ☐ L
☐ Dentate eXact Fully Guided ☐ U ☐ L
☐ Edentulous eXact Fully Guided ☐ U ☐ L
☐ Mucosa-Supported Guide ☐ U ☐ L
☐ Non-Restrictive Denture Guide (drill) ☐ U ☐ L

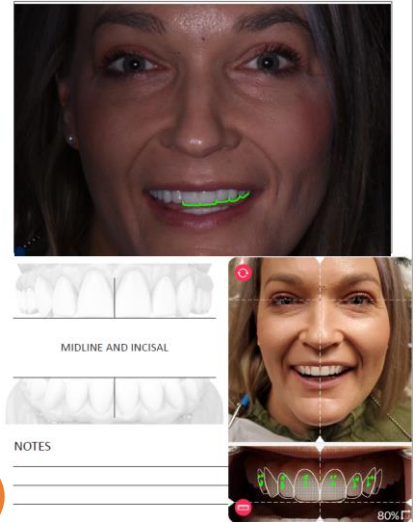
3. PROVISIONAL OPTIONS - Choose One
☐ Immediate Fixed Provisional ☐ U ☐ L
☐ Stock Non-Retracted Denture ☐ U ☐ L
☐ Use Non-Restrictive Guide ☐ U ☐ L
☐ Temporary Denture ☐ U ☐ L
☐ Provisional Design Only ☐ 1 Hour ☐ Over Day

4. POST-IMPLANT CAPTURE
☐ Photogrammetry Capture
 Camera Brand: **_____**
☐ STL sent ☐ Coordinates sent (.csv file)
☐ IOS Scanlog™ *** Intra-oral cementation recommended**
☐ IOS Alternative System Used: **_____**
 Scanbody Chosen: **_____**
☒ XD CBCT *** Intra-oral cementation required**
 Required Implant Information: Diameter/Length of each individual implant or associated cuff height for MUA's if used. Please notate on page 2 of the rx.
☐ Analog Index/Impression

5. POST-IMPLANT TRYIN (Optional)
☐ Modification needed ☐ Remount
☒ Screw Retained Printed Tryin ☒ U ☒ L
☐ Provide File for In-Office Printing
 Email: **_____**
☐ Long Term Fixed Provisional (P/MMA Prototype)
☐ Hybridge Framework with Setup ☐ U ☐ L

6. PROCESS / FINISH - Choose Final Product
 Upper: ☐ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture
 Lower: ☐ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture
☐ Modification needed ☐ Remount ☐ MZ Upgrade ☐ Cement ☐ Bases ☐ Chamfers

EXOCAD Review ☐ Dr. Name: **_____**
 SPECIAL INSTRUCTIONS: **UPPER**
A-3.7x10 B-9.1x10 C-9.1x10
D-9.1x10 E-9.1x10
LOWERS ALL 9.7x10



Upload to the Portal – HybridgeRx.com

- ☐ Completed Lab Rx
- ☐ Outscan Files (Zipped) labeled <patient name_outscan>
- ☐ Inscan Files (Zipped) labeled <patient name_inscan>
- ☐ Intra-oral Scan Files (Zipped Folder)
- ☐ Retracted photo
- ☐ Any other photos that communicate your requested changes

2023-922

Kayley Test

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PLEASE ZIP CBCT AND INTRA-ORAL SCAN FILES BEFORE ADDING

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