DENTALZEITUNG

Fachhandelsorgan des Bundesverbandes Dentalhandel e.V.

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technology enabling a much more digital workflow, my team and I can now help our patients achieve more fective restorations, in a quicker, more conformble manner. As a ractice for ar recently in a of the bridge even au usted to improve the overall or distingtion and contact pattern of the para-prescribed Amous Hith and Clavulan add for 7 days postoperative as Indection prophylizats, and iller Additionally, Chlor e firs cutrol appointment work post-surgery. Wer three months, the referring dentist placed the finitial control radiographs and the northeating photographs were completed to come and a very nappy patient. SENSFITS OF A DIGITAL WORKELOW I has a number of advantages for both my patients and my practice. For example, time by reducing errors in the impression accuration as well as elimin scause the CS 3500 intraoral scanner produces open digital files, thus a transfer for faster fabrication and the patient spends less time in the characteristing a more comfortable ea ded the Best Digital implient Case at 1 = 7018 Digital Dental Academy Av you need a talented and experienced team. In this case, that team latest tools and technology that allow for guick, efficient and comfortable Dental solutions that helped make this case successful include the PLANNING MODITIC (POP), a streamlined workflow designed CBT and dre later pression data and add virtual crowns and implant part page and the CS 3600 INTRAORAL SCANNER, known for its This digital workflow improved my smile as well. fast, accurate asymptotic and deasy east one-steel — Or. Beat R. Kurt capture 6 great team plus great technology als a girl outcome. And that's the story be and the simile. With today's advanced implant choolog subling service in our patients chieve more different responsibility of the story beat and lean now help our patients chieve more effective restorations, in a quicker, more comfortable manner. As a recent 17-year-old healthy male was referred to my practice for an atos and radiographs, we captured a perative CBCT scan. Both of these files the CBCT and digital imprethen sent to the dental lab technician for design. The technician imported the fills into exocau-ned a wax-up for the new implant bridge for teeth 211 x 231 Next, the DICOM data, a modifints of 21 and 23 were virtually extracted in Meshmixer softwares, the opposing arch model and ere imported into the SMOP implant planning sol

JEDES LÄCHELN HAT EINE GESCHICHTE



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