There is no truly comparable system available on the market yet; NobelProcera is the only scanner that exclusively utilises conoscopic holography technology. Most other systems are based on triangulation, which does not offer the same amount of applications offered by NobelProcera. These disadvantages have already been discussed in several publications and, therefore, I won't discuss them here.

The conoscopic holography technology of NobelProcera is based on a particular type of polarised light interference process that has been proven in several long-term trials and in other fields of industry. The main advantage over conventional CAD/CAM systems is that the conoscopic system is based on collinear measurement, which means that the light source and the detector are not arranged at the same angle. The collinearity offers not only higher accuracy of measurement and sensitivity robustness against optical defects, but also the ability to scan a wide range of geometric figures and shapes, including cavities. Besides high accuracy, productivity in dental laboratories can be further increased by batch scanning.

However, it is the precision of NobelProcera that gives the ability to scan several implants or whole implants systems in a patient in order to realise supra-constructions like the NobelProcera Implant Bridge or the new NobelProcera Overdenture solutions. I think the sheer amount of applications cannot be achieved by any other system on the market right now, with the exception of highprecision industrial scanners.

\_Although a wide range of materials is available for almost all indications, the focus is often only onzirconium oxide. What other materials are available, and what are the main differences between them?

You are talking about something that has been on my mind for quite some time and it is something I see everyday in my own laboratories here in Munich. Zirconium oxide is an excellent material for many clinical indications but not for all. Longterm stability is not the only decisive factor; the

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