

CHROME™

FULL ARCH GUIDED STABILITY

CHROME WORKFLOW



CHROME FULL PACKAGE

SmileSIM
powered by

PreVu™
DENTAL

CHROME™
FULL ARCH GUIDED STABILITY

iJIG

Printed Try in from
RAPID or iJIG

Ultra-Nano
TLZ-IB Zirconia

miniComfort®
Daytime. Nighttime. Anytime



CHROME STEPS OVERVIEW

1

Patient Records to begin a CHROME case

Page 3 CHROME Records by case type

Page 4 Scan Appliance for partially and fully edentulous

Page 5 Photographic documentation

2

Case Work-Up Leading to the On-Line meeting

Once the dental lab receives the necessary records, they are verified and the case is pre-planned. During the first few days you will receive an email to choose the LIVE on-line meeting time, which should take place 5-7 days from the time the records are approved. *Important:* Please do not schedule surgery until the on-line meeting is complete (then allow 10 lab days +shipping after meeting). During this time we will complete the Smile Simulation it is chosen on the Rx.

3

Online Meeting

Receive an email to schedule your online meeting ♦ click the embedded link and schedule ♦ day of meeting, visit website, click “Online Meeting” ♦ choose your consultant ♦ Call 888-521-9771 and choose the extension of the technical consultant with whom you are meeting. If it is not clear with whom you are meeting contact our CHROME Lab any time prior to the meeting.

4

Receive case for surgery

Please remove all contents from package once received and follow the included instructions for inspection. Details of pre-surgical and surgical protocols will guide you through the day of surgery. Ensure that implants, abutments and temp cylinders using the implant size and angle report.

5

Convert to Final—use of RAPID, or iJIG

Follow our patent-pending iJIG Protocol (page 6). Use of our RAPID appliance is also a simplified approach to transition to the final. Capture the duplicate, tooth-colored RAPID appliance included with every case using an second set of Temp Cylinders. When ready to go to the final, simply seat the RAPID, equilibrate, reline with PVS and send opposing and bite registration to the dental laboratory with photos, and go to final or a prototype.

Single Arch or Double Arch - Dentate against Dentate - Records:

Photographs: full face full smile photo, profile photo if Class II or III, and retracted photographs – front, left side, right side in occlusion!
CBCT of patient open biting on cotton rolls. Also, place cotton rolls between cheeks and teeth.
Maxillary & mandibular master casts or impressions. Must capture vestibule of the CHROME surgery arch(s)
CO or CR bite registration
Full CHROME Rx completed when uploading DICOM and photos

1

Single Arch - Dentate against Edentulous - Records:

If CHROME is the **Edentulous** Arch:

Photographs: full face full smile photo, profile photo if Class II or III, and retracted photographs – front, left side, right side in occlusion!
Master casts or impression of dentate arch and impression of the dentate side of the denture
Place 6 radiopaque markers randomly on the tongue and cheek sides on the denture (SureMark.com, or gutta percha 2mm round)
Dual Scan CBCT Scan – **ALWAYS IN OCCLUSION**
CO or CR bite registration
Full CHROME Rx completed when uploading DICOM and photos

CHROME RECORDS

Double Arch Edentulous

Photographs: full face full smile photo, profile photo if Class II or III, and retracted photographs – front, left side, right side in occlusion!
Place 6 radiopaque markers randomly on the tongue and cheek sides on the denture (SureMark.com, or gutta percha 2mm round)
CBCT patient open biting on cotton rolls.
Bite should be worked out during denture fabrication. If opening is needed, maximum 3mm at the lab.
Full CHROME Rx completed when uploading DICOM and photos



IMPORTANT NOTES

Existing Metal Partial Denture in CHROME Arch

Metal frames cause scatter and must be removed for the CBCT. If partial is needed for establishing bite, capture in an impression for a study cast. If not, send master casts, opposing and bite and we may need to make our JC Try-In or a bite block and set-up for articulation, and perhaps a scan appliance.

Free-end case with unstable bite

The bite must be established through bite blocks and set-ups. Once the case can be articulated then CHROME can move forward.

Opening bite more than 3mm

3mm is the maximum will open in the laboratory w/o an open bite record being returned for verification. More than 3mm must be established clinically with CR bite. The dental laboratory can assist via our special JC Try-In Repositioning Device.

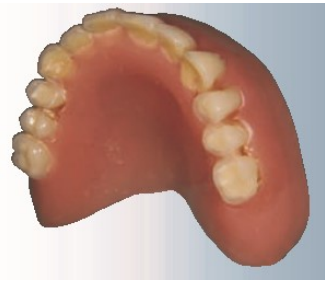
Bite Tip: if distance between gingival zeniths of #9 & #24 is less than 17mm (Shimbashi rule) then opening may be needed. Same if intervestibular is less than 35mm.

Important: Master cast of CHROME arch must capture the vestibule; retracted photos must be in occlusion; questionable bites will delay a case

Appliance Fabrication

Fully Edentulous:

Step One – Design Ideal Denture or modify existing



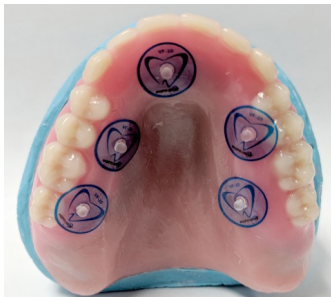
Fully edentulous prototype restoration checklist

You may use the patient's existing denture if the criteria below can be met. If not, duplicate the denture in clear acrylic and adjust as necessary.

- ☐ Teeth are proper size, shape & length
- ☐ Occlusion and vertical dimension are properly established
- ☐ No metal components
- ☐ Sufficient thickness (2.5 – 3mm)
- ☐ Buccal flanges of sufficient length for scan markers / support anchor pins
- ☐ Excellent fit to soft tissue
- ☐ Hard reline only-no soft reline
- ☐ No radio opaque components or coating (no barium sulfate)

Fully Edentulous:

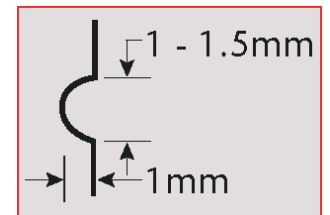
Step Two – order SureMarks www.suremark.com or add gutta percha markers or



- ☐ 6 gutta percha markers
- ☐ Place half lingual and half buccal
- ☐ Place on varying horizontal planes
- ☐ Place on flange, below gingival plane of the teeth
- ☐ Use a #6 or #8 round bur to a depth of 1mm Keep markers spherical in shape, no larger than illustrated.
- ☐ Fill flush with gutta percha

Radiographic marker size and location

Gutta percha radiographic



Partially Edentulous:

Step Two – Add gutta percha markers or order Sure Markers www.suremark.com



If the patient is missing many teeth, has metal-based restorations on most of the teeth, or the bite is being opened more than 2mm, order a Scan Appliance

- ☐ Send models and a bite to your dental lab with instructions on implant placement and future restorations
- ☐ Doctor receives scan appliance, seats and adjusts if there is a rock or ill fit (must fit with NO rock)
- ☐ Perform dual scan protocol (see below)



Patient CBCT Scan Instructions—Dual Scan Protocol

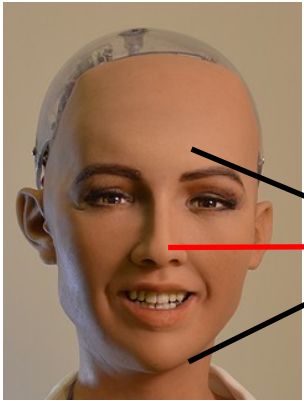
1st scan appliance in the mouth

2nd scan appliance alone

Seat appliance(s) and ensure fit with no rocking—if there is a rock, hard reline or adjust until good seating (NO soft relines ever)

- ☐ Fully Edentulous scan appliance—important to bite IN OCCLUSION with No space between the opposing! No bite material, no cotton rolls.
- ☐ Partially Edentulous scan appliance—important to place bilateral cotton rolls and capture the CT
 - ☐ bite with medium pressure and do not move
- ☐ Scan # 2—scan appliance by itself sitting on any type of foam or scan table that is NOT plastic. Must sit above plastic scan table!

CHROME PHOTOGRAPHS



Place camera lens directly in front of the nose to capture the plane of occlusion. If possible, use an f-stop of 22 or higher so that the back teeth are in focus. If using a cell phone, turn off 'Portrait Mode', as this will fade the front and back of the image.



Full face full smile for the Smile Simulation and prosthetic work up

Demonstrating in full occlusion



Left retracted





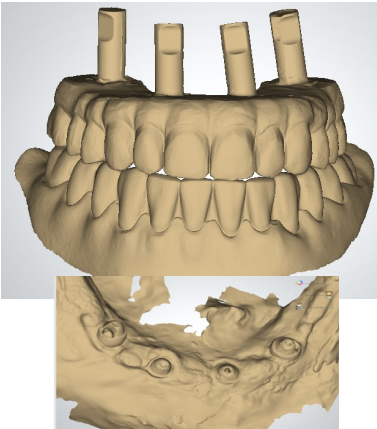
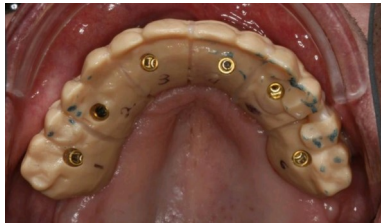

Center retracted



Right retracted

iJIG Steps



<p>1 Remove - Unscrew prosthetic, carefully clean intaglio & cylinder interfaces with a tooth brush. Then add iJIG Analogs to each site.</p>		<p>4 Convert - Dental Lab will digitally reproduce as a sectioned resin, screw-down prosthesis and return with new cylinders.</p>	
<p>2 IOS Scan - Hold appliance in fingers and scan all surfaces including the complete cylinders, bite & opposing and take photos. Scan the arch with MUA's. Scanning the arch improves accuracy and design. Visit iJIG web page for step-by-step.</p>		<p>5 Lute-n-equilibrate - Screw down each section, ensure full seat, with x-ray, lute with included material, or duralay, GC pattern resin or methyl methacrylate. Do not use composite, it will break in transit or during articulation.</p>	
<p>3 Upload - Send case to your dental lab with full face/full smile photo and request an iJIG. Be sure to and include the implant brand and size of each site.</p>	<p>Rx</p> 	<p>6 Reline-n-return - apply tray adhesive to tissue side of appliance. Then, use medium or heavy-body polyvinyl to capture the space between the iJIG and the tissue. Capture the opposing arch and a bite and give specific instruction on esthetic changes. The Dental Lab will send a new Printed Try-in if needed.</p>	