

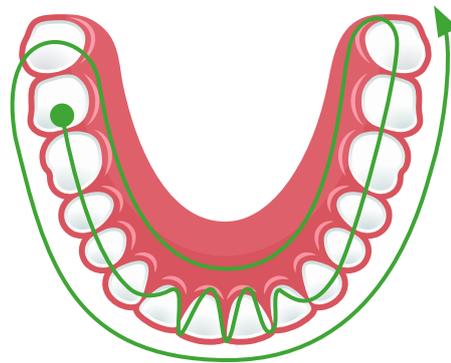
## INSTRUCTIONS FOR TAKING BITE REGISTRATIONS FOR INVISIBLE ORTHODONTICS

### DIGITAL SCAN

Taking impressions (digital and/or analogue) is part of the essential information needed to plan cases and fabricate invisible aligners. These, along with the patient's photographs and X-rays, provide important information to control every step of the treatment, allowing you to make more predictable movements in your patient.

During [the digital scan](#), follow these steps to ensure the quality of the aligner fabrication process:

**IMPORTANT:** Scanning must be continuous, not in parts.

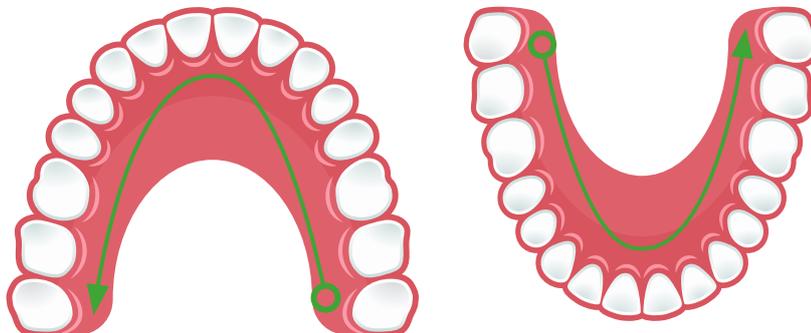


1. Start by creating a main scanning **reference point** on the **occlusal surface** of the last molar to have erupted. Continue scanning the occlusal surfaces until you reach the opposing molars. In the anterior segment, at the **incisal edges**, turn the tip and scan the buccal and lingual/palatal surfaces using a zig-zag movement.
2. When you reach the last molar on the opposite side of the mouth, continue scanning the **lingual surfaces** of the whole arch.

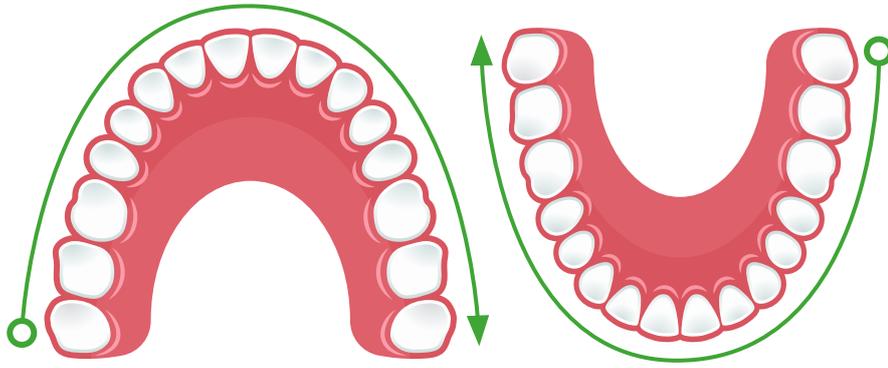
### IMPORTANT:

Scan the whole arch, even if there are no teeth.

Always scan both arches, even if only one needs alignment.



3. When you finish scanning the lingual surfaces, switch to the **buccal surface**, always taking into account the **soft tissues**, and scan the whole buccal surface until you reach the opposite side of the mouth. For the maxilla, make sure you scan the palate, taking the median palatal raphe and palatal rugae as reference points.



- When you have finished scanning the maxilla, repeat the process with the mandible and **check that there are no areas with missing images** that need to be rescanned.

#### BASIC TIPS:

If you lose the scan, use a previously scanned occlusal point as a new reference.

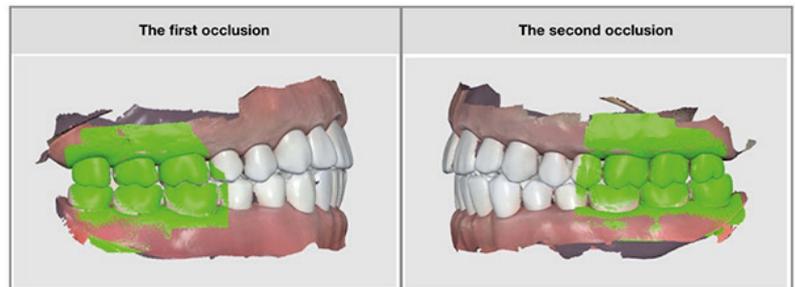
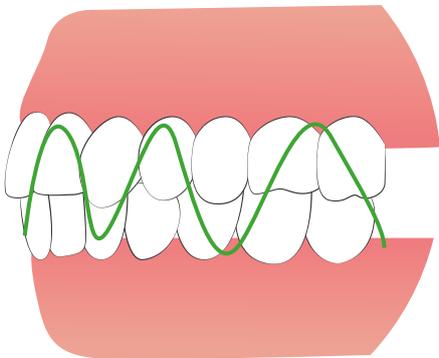
Consider scanning the height of the gums and soft tissues (between 5 and 6 mm).

This will help us determine where to trim the aligner.

Check if you have scanned unnecessary soft tissues; if so, remove these.



- For **the occlusion scan**, put the chair in an upright position, check that the patient has correct occlusion and, using a **zig-zag or sweeping movement**, scan from the posterior area to the canine area on both sides.



If you have any questions or need any advice, please contact our team.

#### SILICONE IMPRESSION

If you are taking the arch registration using an analogue impression technique, remember to take the following key points into account to ensure that the registration is as accurate as possible:

Always do this in two stages using addition silicones or polyvinyl siloxane (PVS).

Do not use alginate (not even on an antagonist model).

Send the tray with the impression; you do not need to fill it with plaster.

Use a suitably sized tray to take registrations of the whole arch; if you do not have one, please contact us so we can make you a customised tray.

Take registrations of both arches and make sure registrations include the whole arch, including adjacent soft tissues.

If you notice defects in the impression (drag marks, bubbles, missing teeth or tissues, etc.), repeat the impression; any defect may interfere with the diagnosis, plan and predictability of your patient's treatment.

Send a wax bite registration.