

Protocol for iTero[™] and iOC[®]

fusion treatment is powered by suresmile technology to provide 3D models and fully-customized wires based on your scans of the patient.

Capture two scans per patient:

- Initial 3D scan this scan may be captured by any system that can provide .STL files for uploading your case to the doctor portal. Follow the instructions for starting a case to upload this data.
- Scan after bonding this scan must be captured with a suresmile-certified scanner such as the iTeroTM. This document includes the steps for capturing acceptable data and guidelines for scanning patients who are bonded.
 NOTE: Do not perform the scan with brackets until both IDB and any sequential bonding are complete.



For more information on suresmile fusion

Visit suresmile.com and select **suresmile fusion** in the header.

Getting Started

Choose the Orthodontic System



Two systems from Align Technology, Inc. are certified for scans taken after bonding:

- iOC[™] imaging system
- iTero® orthodontic system

WARNING: suresmile does NOT support the iTero Restorative system for dentists.



Capture Data for fusion

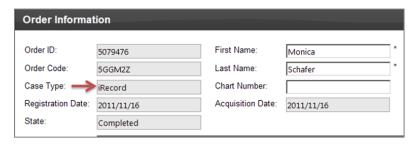
Start the Patient's iOC/Tero Record

- 1. Create or open the patient's record on the iOC/iTero scanner.
- 2. For the Case Type, select **i-Record**.

WARNING: The i-Record case type is provided for model storage. You may be charged a storage fee depending on your service terms. To find out more, contact Align Technology, Inc. customer support at iterosupport@aligntech.com.

If you accidentally order your scan using another case type, you may be charged an Invisalign case fee. Contact Align Technology, Inc. customer support immediately to correct the type.

An Invisalign scan can only be used for an Invisalign case; if you choose the wrong case type, the patient will need to be re-scanned.



3. Proceed to the scanning windows and tools.

Prepare the Patient

- 1. Remove the patient's wires in the arches to be scanned. If they are suresmile archwires, keep track of their orientation to help you reinsert them correctly at the end of the appointment.
- 2. Remove calculus and any other material that will misrepresent the true shape of the teeth.
- 3. If the patient has turbos, the guideline is the same whether they consist of metal or composite material— if the turbos are scheduled to be removed at this appointment, remove them before the scan.
- 4. Close the bracket doors of the self-ligating brackets before scanning. WARNING: This step is critical since the fusion system cannot process the scan data if the bracket doors are open.

Take the Scan/Send Order

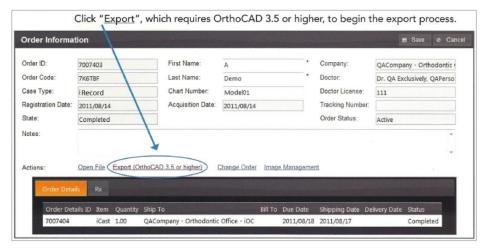
1. Capture the upper, lower and bite.

NOTE: If you are taking an extra scan to capture brackets that have been repositioned or rebonded, you may bypass steps in the scanner software to skip to the areas needed. When you scan the section, be sure to include the teeth with bracket changes and several adjacent teeth to assist in merging the data with the previous model.

- 2. Fill in any voids to capture:
 - 100% of tooth surfaces
 - 100% of bracket face
 - 70% (or more) of bracket mesial and distal profiles
- 3. Complete the order to send the data to MyAligntech.com.
- 4. Reinsert the archwires and complete the patient appointment.

Export your Scan Data from MyAligntech.com

You may export the patient's data during the appointment, or wait until later to process several cases at once.



- 1. Go to the computer where you can access MyAligntech.com and suresmile.
- 2. Logon to your myaligntech account.

- 3. On the individual patient "Order Information" page, click **Export**.
- 4. Select these settings:

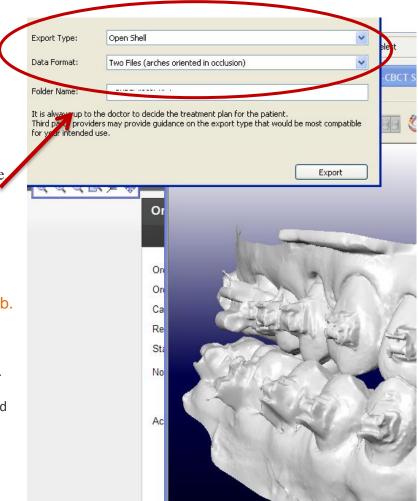
• Export Type: **Open Shell**

 Data Format: Two Files (arches oriented in occlusion)

 Folder: Enter the folder name you have created for this purpose and save the data with the patient's name

WARNING: Be careful to choose the correct data format of "Two Files (arches oriented in occlusion)." Otherwise, your model may be rejected by the Digital Lab.

- 5. You may repeat these steps for any other patients with data waiting to be exported.
- 6. Close MyAligntech.com and OrthoCAD when you are finished exporting scans.

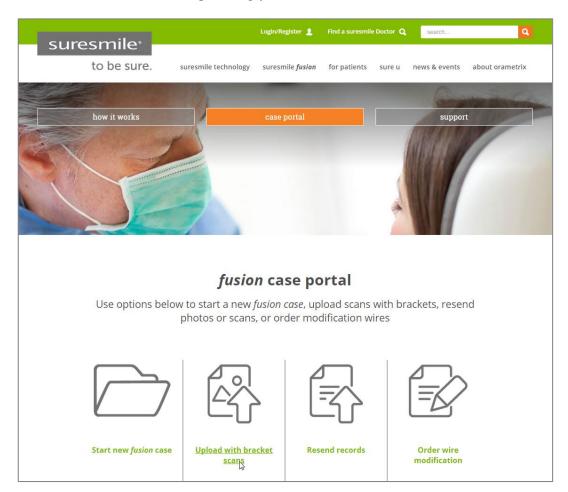


Upload your Scan Data to the fusion Case Portal

Finally, go to the fusion case portal and upload the patient's records.

NOTE: If you are capturing this scan after completing sequential bonding, remember to take progress photos at the same appointment. In preparation for uploading, combine the photos into a .ZIP file.

- 1. Go to the fusion case portal by visiting suresmile.com and selecting **suresmile fusion** in the header.
- 2. Select the case portal option (between "how it works" and "support").
- 3. Select Upload with bracket scans.
- 4. Follow the instructions for uploading your scan with brackets.



Guidelines for Scanning Bonded Patients

When you scan a patient who is bonded, follow these guidelines to:

- Capture accurate and complete modeling data, including bracket features
- Follow the most efficient steps

*NOTE: Scanning with brackets bonded for suresmile is not a validated Align iOC/iTero scanning process. This process was developed by suresmile.

Like your Invisalign® orders, suresmile requires 100% tooth coverage in scans. To produce custom archwires, suresmile also requires adequate data to register brackets precisely:

- 100% of bracket faces
- 70% (or more) of bracket mesial and distal profiles
- 2mm of gingiva

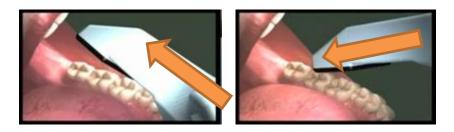


Remember, there are 4 segments per arch (labial right, lingual right, labial left, lingual left). Since the iTero scanner offers a maximum of 30 pictures per segment (and the iOC is limited to 20 pictures per segment), we recommend the techniques detailed in the following pages to obtain all required anatomy.

WARNING: Do NOT complete a segment without capturing all required anatomy; including interproximal areas and bracket face/wings, since the iRecord case **type causes** the system to fill in **holes upon** completion of a segment. You will typically need all pictures **for maximum accuracy with suresmile**.

Capture the Lingual Segment of an Arch

- Scan the lingual segment first since the side that is bonded is the most critical view for modeling. (Or, if the lower arch is bonded labially, scan the buccal segment first.)
- After starting with your occlusal picture of the last molar, hold the wand over the lingual cusps of the molars for an occlusal/lingual view of the posterior teeth. It is necessary to capture some of the occlusal view in the lingual segment to help the system merge with the lingual segment later.
- Continue scanning along the segment working your way mesially until you cross the midline.
- Since the brackets will block your view and leave holes, position the wand perpendicular to the lingual view and take additional pictures to fill in the holes.
- Follow the manufacturer's recommendations for rocking mesially and distally to capture interproximal areas. This method is recommended to help avoid shadowing (which will become holes in the data). See your iOC or iTero tutorials for a demonstration.



Rocking pattern recommended by the manufacturer to position the wand to capture interproximal areas.

Click to link to this video: http://www.youtube.com/watch?v=sQi5MeKhlXQ

Capture the Buccal Segment of an Arch

- If you still have holes after you have used up your lingual pictures, you can try to compensate as you scan the buccal view.
- Hold the wand at an angle to capture both buccal and occlusal views. Remember to continue using the rocking pattern, if needed, to capture interproximal areas.

Capture the Lower Anteriors

• As recommended in the iTero tutorials, scan across the facial surface of the lower anteriors (holding the wand sideways) also capturing incisal edges.



Click to link to this video: http://www.youtube.com/watch?v=sQi5MeKhlXQ

Capture the Upper Anteriors

- As recommended in the iTero tutorials, scan across the facial surface of the upper anteriors (holding the wand sideways) also capturing incisal edges.
- However, for the lingual surface of the upper anteriors, hold the wand vertically while scanning to include incisal edges with lingual views.





Questions?

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