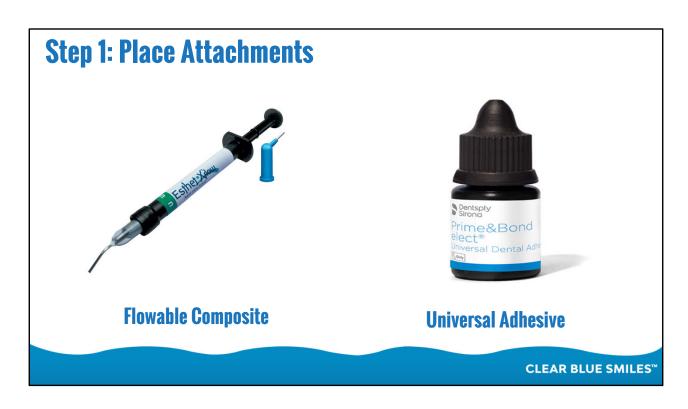




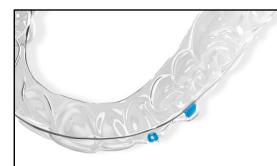
Step 4: Review Clinical Protocols

- Clear Aligner Delivery
- Clear Aligner Dispensing Protocol
- Clear Aligner Adjustments Visits





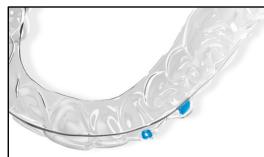
Use attachment template provided with aligner shipment



Attachment Workflow

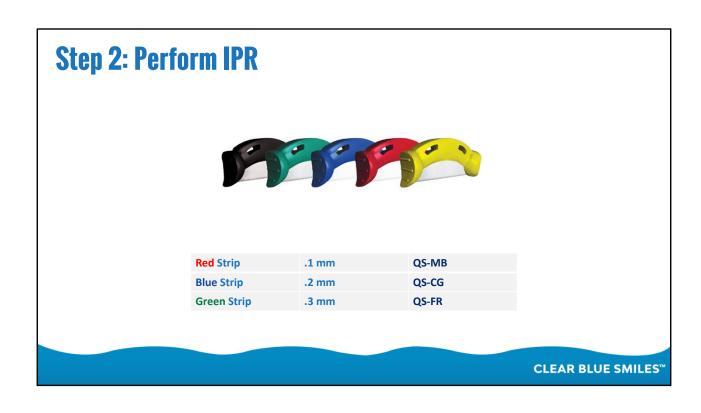
- 1. Etch and prime teeth receiving attachments
- 2.Use flowable and slightly over-fill wells in attachment template
- 3.Place template onto teeth
- 4. Cure attachments
- 5. Polish flash around attachments and floss the teeth





Attachment Workflow: Restoration

- 1. Rough surface of restoration with a diamond bur in the area where attachment will be placed
- 2.Etch porcelain for 4 mins (with excellent isolation) and rinse and dry extremely well
- 3. Paint Silane and over etched area and quick dry (not desiccated)
- 4. Paint Adhesive on affected area
- 5.Use flowable and slightly over-fill wells in attachment template
- 6.Place template onto teeth
- 7. Cure attachments
- 8. Polish flash around attachments and floss the teeth



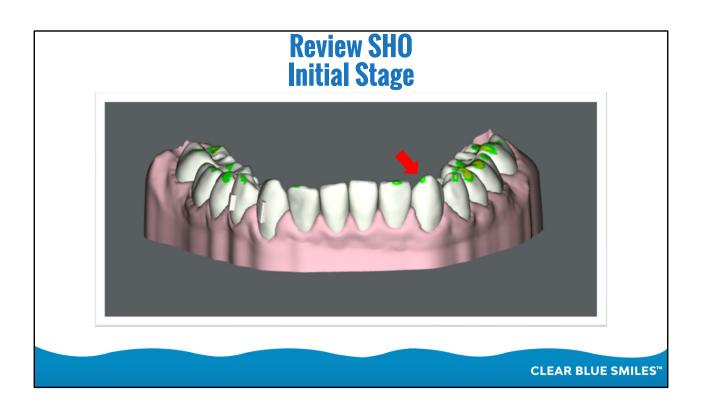


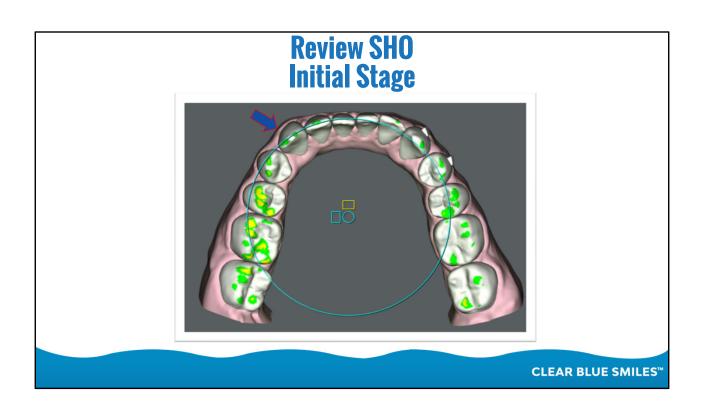
Step 1

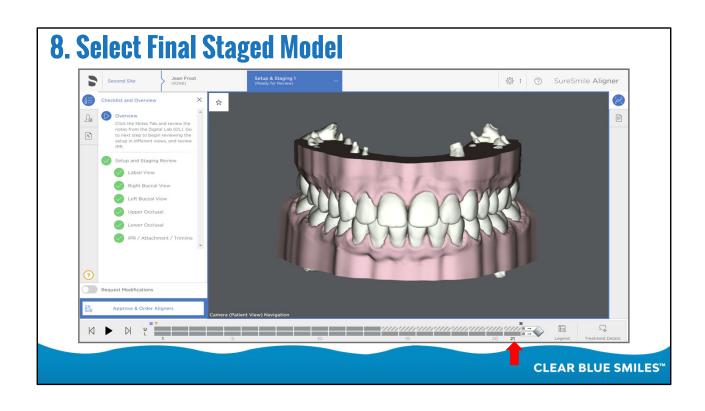
- **☑** Perform occlusal adjustment for SHO/THO
- ☐ Use the rule of "3's" Dispensing Protocol
- ☐ Seat 1st Aligner
- ☐ Patient Instructions

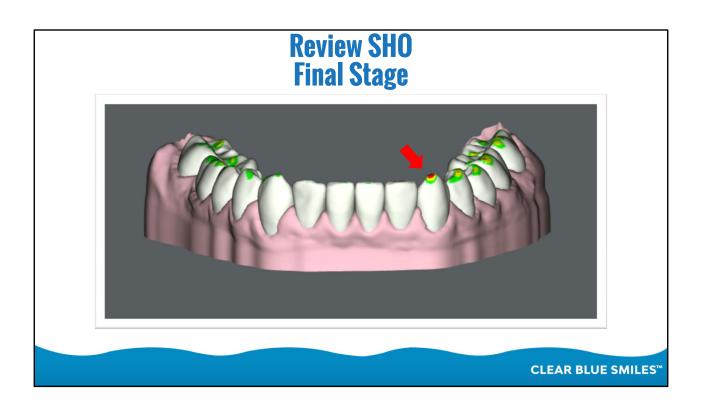
Review SHO

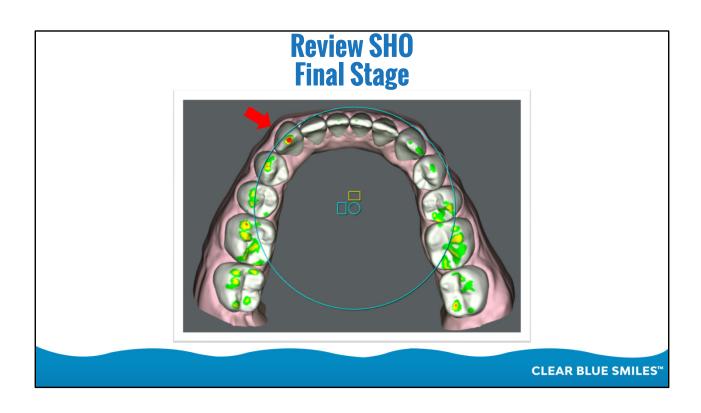
Static hyper-occlusion will appear as red occlusal markings on the final staged models or last set of aligners. This is a planned, intentional collision to obtain a better fit of the occlusion during the treatment planning stage. Inform the patient that it will be adjusted at the aligner delivery appointment.

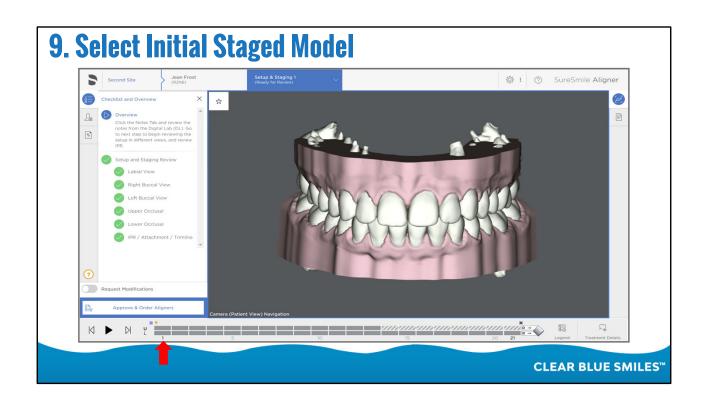












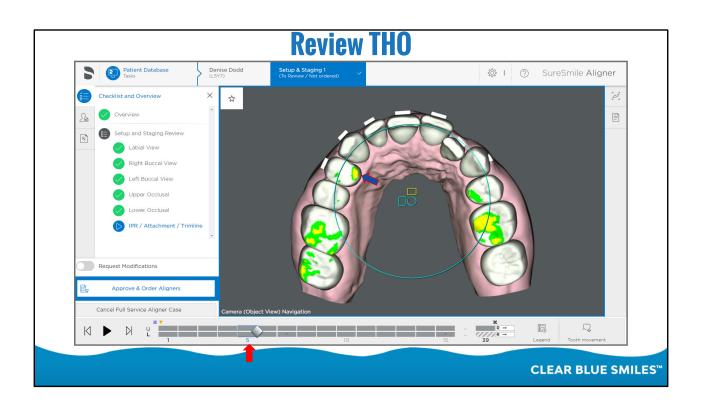
Review THO

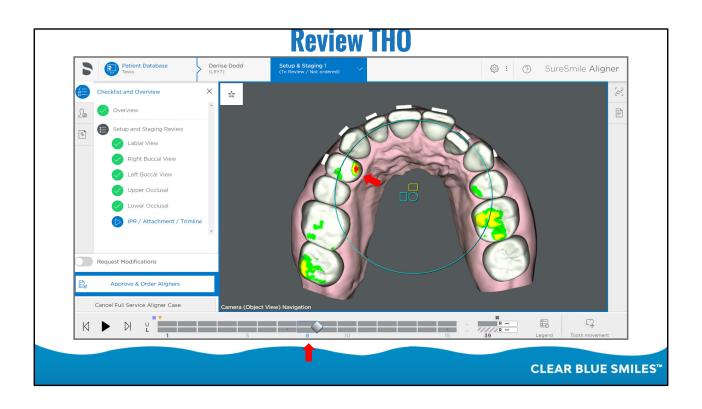
Transitory hyper-occlusion can occur when progressing through aligner treatment and will appear as red markings on the staged models.

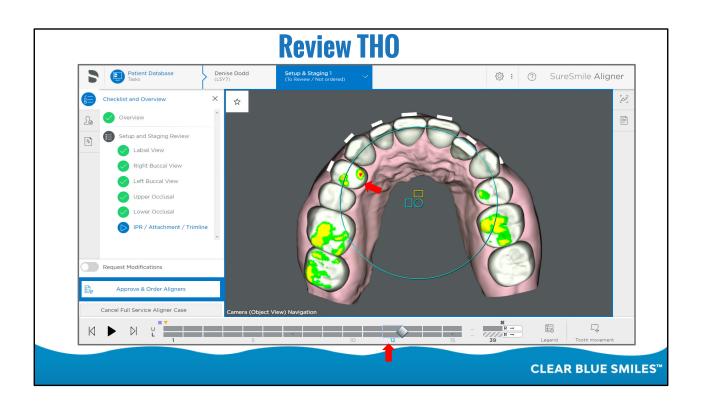
The patient may not be able to bite all the way down or may have sensitivity from prolonged hyper-occlusion like a high filling.

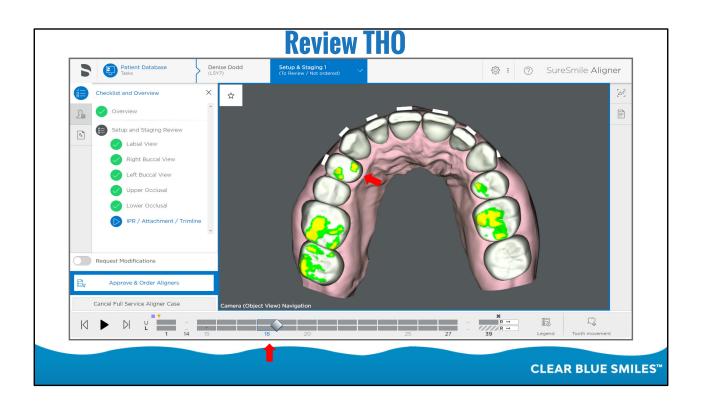
Advise the patient at delivery this may occur and adjust if necessary.

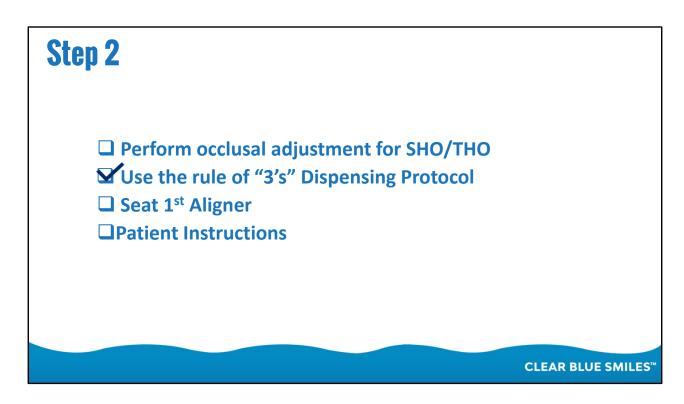










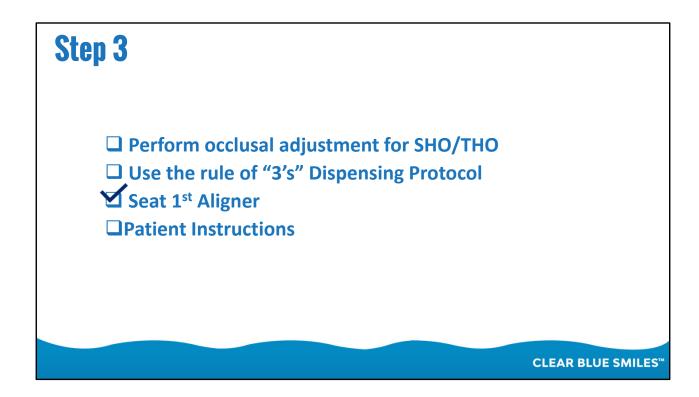


^{*}The software is designed to use the first 1/3 of the trays for 2 weeks, the next 1/3 for 10 days, and the last 1/3 of the trays for 7 days

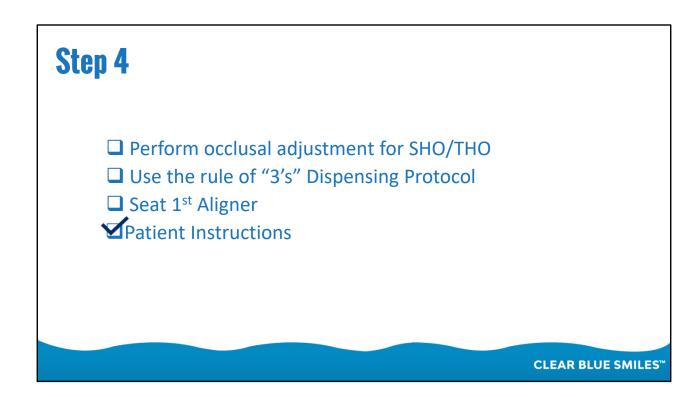
Aligner Clinical Protocol

Rule of 3's The ALIGNER DISPENSING PROTOCOL is based on the functionality of the software.

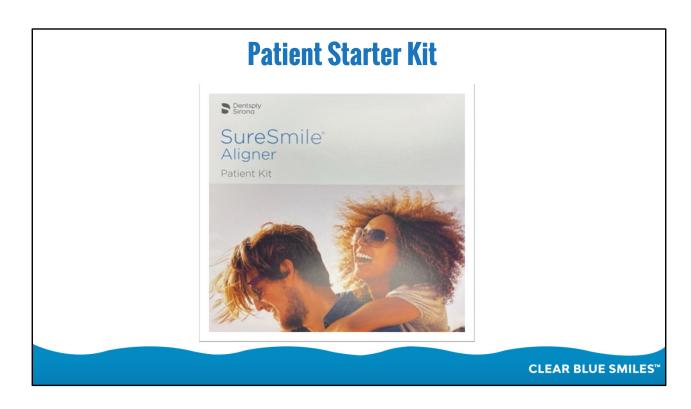
- The first 1/3 of the trays are worn for 2 weeks each
- The second 1/3 of the trays are worn for 10 days each
- The last 1/3 of the trays are worn for 7 days each



Seat the 1st set of Aligners to receive bio-feedback on the "tightness" of the fit. This will provide the feel of a 2-week tray.



Aligner Protocol: Wear aligners 24/7. Only take them out to eat/drink. Drinking water with them in is acceptable. When the aligners are removed, at least rinse them with cool water. Ideally, brush with cool water if possible. *NEVER* use toothpaste or soak them in mouthwash.



When patient order is placed in SureSmile, starter kit will auto-ship to your office.



*Use Chewies 20 mins per day for 1st three days of each aligner. Keep current aligner in white case. Keep last aligner in blue case. Bring both cases with aligners to each appointment. Use a cleaning tablet once per week.

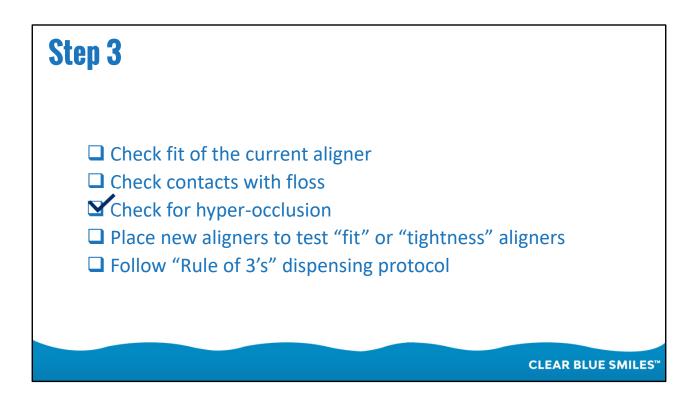


Step 1 ✓ Check fit of the current aligner Check contacts with floss Check for hyper-occlusion Place new aligners to test "fit" or "tightness" aligners Follow "Rule of 3's" dispensing protocol

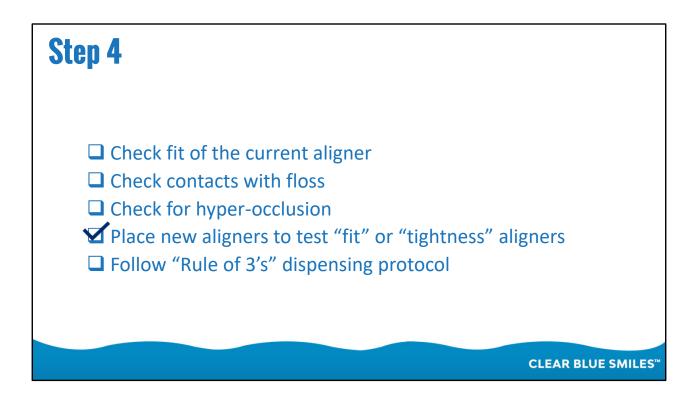
^{*} If a patient can easily place/remove the aligners then compliance is high. If the aligners do not seat on all the teeth, then compliance is low. If the aligners do not seat on 1 or 2 teeth, then IPR or hyper-occlusion may be an issue.

Step 2 ☐ Check fit of the current aligner ☐ Check contacts with floss ☐ Check for hyper-occlusion ☐ Place new aligners to test "fit" or "tightness" aligners ☐ Follow "Rule of 3's" dispensing protocol

^{*} If a patient can easily place/remove the aligners then compliance is high. If the aligners do not seat on all the teeth, then compliance is low. If the aligners do not seat on 1 or 2 teeth, then IPR or hyper-occlusion may be an issue.



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Step 5 Check fit of the current aligner Check contacts with floss Check for hyper-occlusion Place new aligners to test "fit" or "tightness" aligners Follow "Rule of 3's" dispensing protocol CLEAR BLUE SMILES™

^{*} If a patient can easily place/remove the aligners then compliance is high. If the aligners do not seat on all the teeth, then compliance is low. If the aligners do not seat on 1 or 2 teeth, then IPR or hyper-occlusion may be an issue.



What Will Prevent Aligners From Tracking? Poor Compliance Intra-arch Collisions (lack of IPR) Inter-arch Collisions (hyper-occlusion) Poor Digital Setup

^{*}The software is designed to use the first 1/3 of the trays for 2 weeks, the next 1/3 for 10 days, and the last 1/3 of the trays for 7 days



^{*} Buy a 12-pack of these polishing wheels. They will trim and polish the aligner or retainer at the same time in case of gingival impingement.