CHROME™
FULL ARCH GUIDED STABILITY
by: GuidedSMILE™

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CHROME WORKFLOW

CHROME FULL PACKAGE

SmileSIM
PreVu
CHROME
Rapid
Printed Try in from RAPID or iJIG
Ultra-Nano TLZ-IB Zirconia
miniComfort Daytime-Nighttime-Anytime
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 ROE 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 SmileSIM it is chosen on the Rx.

3. **On-Line Meeting**

Receive an email to schedule your on-line meeting • click the embedded link and schedule • day of meeting, visit www.roedentallab.com, click “On-Line Meeting” on the top right of the screen • choose your consultant • Call ROE 800 228 6663 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 Guided Surgery Department 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 ROE 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 GuidedSMILE CHROME Rx completed when uploading DICOM and photos

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 GuidedSMILE CHROME Rx completed when uploading DICOM and photos

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 GuidedSMILE 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 ROE 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. ROE 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 ROE 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!
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 SmileSIM and prosthetic work up
### iJIG Steps

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Remove</strong></td>
<td>Unscrew prosthetic, carefully clean intaglio &amp; cylinder interfaces with a tooth brush. Then add ROE iJIG Analogs to each site.</td>
</tr>
<tr>
<td><strong>2 IOS Scan</strong></td>
<td>Hold appliance in fingers and scan all surfaces including the complete cylinders, bite &amp; opposing and take photos. Scan the arch with MUA’s. Scanning the arch improves accuracy and design. Visit iJIG ROE web page for step-by-step.</td>
</tr>
<tr>
<td><strong>3 Upload</strong></td>
<td>Send case to ROE with full face/full smile photo and request an iJIG. Be sure to and include the implant brand and size of each site.</td>
</tr>
<tr>
<td><strong>4 Convert</strong></td>
<td>ROE will digitally reproduce as a sectioned resin, screw-down prosthesis and return with new cylinders.</td>
</tr>
<tr>
<td><strong>5 Lute-n-equilibrate</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>6 Reline-n-return</strong></td>
<td>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. ROE will send a new Printed Try-in if needed.</td>
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Zirconia Ceramics

Layered type is a cutback from 6>11 and beautifully layered with ceramics. Stain type is full contour zirconia with surface stain for tooth esthetics. Both include light cured composite for the gingiva.

Ultra Nano

Ultra Nano is a nano-ceramic superstructure (teeth and gingiva) with option of Trilor or Titanium substructure.