#### Question 1:

Implant placed at an angle and can't seat the scan body because interfering on mesial contact area. How much of the scan body can you adjust and have it still accurate?

#### Answer:

We can never recommend modifying the Elos Scan Body, which is like a delicate measuring device. And by default, not accurate if it is modified. We recognize that, in some cases, there will be challenging circumstances. If you have no other options, the most crucial part of the Scan Body geometry is the top surface and the slope. Try to maintain as much of the cylindrical part of the Scan Body as possible and, of course, be vigilant when aligning the scan body in the CAD to see the accuracy. Make sure to discard the Scan Body afterwards. Please note any

modification is on your own risk and a modified Scan Body is not covered by warranty.





### Question 2:

What are the benefits of your scan bodies compared to other manufacturers?

#### Answer:

The Elos Scan Body has many benefits.

- The PEEK material offers excellent scanning properties.
- The small screw channel leaves a big surface area for alignment.
- The embedded screw keeps it safe inside the Scan Body, so it is not lost.
- The color-coded interface makes it easy to identify compatibility.
- Reusable and documented cleanability.
- One driver for all Scan Bodies.

Most importantly, the biggest benefit is the integration into the major implant manufacturers' original libraries. This means that if you receive a scan on an Elos Scan Body, you have a wide variety of options to choose from.

That being said, at the moment, we lack the x-ray visibility due to the PEEK not being radio-opaque.





**Question 3:** 

How do you know if the scan body is seated completely in the right position?

#### Answer:

This can be tricky to see in an X-ray since the PEEK part of the Scan Body is not Radioopaque. We are working on a guide to give you some idea of how correct seating looks like in an X-ray. It will likely look like there is a gap between the Ti-insert and the implant. But this is, in most cases, correct.







#### Question 4:

Why is the angulation point of the screwchannel at the top of the connection geometry?

#### Answer:

In exocad, unfortunately, this is what is possible. This means that the angulation point is often not ideal for Ti-Bases that need to have a mating geometry. We cannot influence it, but I have been told by exocad that they are working on a solution. It might be a Christmas present.







### Question 5:

You mentioned the identification number of the scan body to share with the lab, should we also include the implant system and size?

#### Answer:

Yes, as much information as possible. The Elos REF on the Scan Body gives the Implant information, But some systems use the same connection size for different platform sizes. So, giving both Scan Body REF and implant information make it so much easier for the lab and avoids confusion.

Ex. Straumann Bonelevel RC – IO 4A-B

The product overview offers a detailed overview for both Clinics and Labs.

Product Overview | Elos Medtech Dental (elosdental.com)





### Question 6:

Why does nobel have 2 scan bodies for the same platform. Bridge and single abutment? Why not only one?

#### Answer:

Very relevant question, and we get that a lot. For the CC platform we are following the Nobel Biocare guidelines for the seating in the conical part of the implant for single restorations and on the top of the implant for bridges.

The reason for not combining the two is tolerances and the ability to achieve passive fit for bridges. If we were to have only one Scan Body for the CC platform, it would have to be the IOSA (seating in the cone). Due to manufacturing tolerances, both on the implant from Nobel and the assembly tolerance of the Scan Body, a passive fit could not be guaranteed. This is the nature of tolerances, and since Elos wants to be able to offer users the best way to achieve a passive fit, we have, together with Nobel Biocare, developed this solution.

We realize this solution's impact if both the lab and clinic are unaware of the situation, and we are on the lookout to see if we can make this easier for all.

For more information, please see this <u>video</u>.

### Scanning for a single crown Scanning for a bridge







