





Clinical Application Manual



VINCISMILE GROUP LLC

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Your Smile. Our Mission.

What is VinciSmile?

VinciSmile, from the USA with headquarters located in Los Angeles, California, is an enterprise specialized in the research and development of invisible orthodontic aligners. VinciSmile aligners have been awarded with 11 copyrights and more than 30 patents. VinciSmile aligners have passed the FDA (USA), MDL (CAN), ARTG (AUS), NMPA (CHN) and many product registration in the countries around the world and are in compliance with the custom-made device requirements under EU 93/42/EEC as well. VinciSmile aligners have obtained the ISO 13485 and MDSAP certificates to guarantee that they are designed and manufactured under the international quality management standards and regulations.

VinciSmile orthodontic system's patented software comes with extensive functions to ensure ease of use and accuracy of the treatment proposal. VinciSmile's orthodontist-led team designs and verifies every 3D treatment plan to ensure accuracy.

VinciSmile has successfully entered global markets like Australia, Singapore, Thailand, India, Germany, Vietnam, etc., we believe everyone deserves the best smile.

Why VinciSmile?

Smart Software

The software of VinciSmile had been awarded10+ copyrights and 28+patents. The R&D team has never stopped its efforts in developing VinciSmile technology, to provide a better experience for you.

Orthodontist-Led Team

VinciSmile orthodontist-led team designs and verifies every 3D treatment plan to ensure accuracy The team consists of orthodontists with PhD's, masters of orthodontics and 20+ orthodontists with bachelor degree of stomatology. This guarantees the reliability and effectiveness of VinciSmile's 3D treatment plan.

Orthodontic Medical Aligner Material The material of VinciSmile aligner is orthodontic medical grade thermoplastic polymer material and the materials are non-toxic and harmless. Each aligner has precise edge cutting and unique

transverse design, which not only increases the friction with tooth, but also brings the excellent invisibility to the aligner.

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Selection of VinciSmile Patients

Grasp of the indications is one of the key factors that decide whether the VinciSmile orthodontic treatment can be completed successfully.

VinciSmile clear aligner is used to treat permanent dentition non-skeletal malocclusion.

We recommend the clinicians being less familiar with the invisible aligner treatment to start from simple cases, and then gradually turn to advanced cases.



Common Malocclusion Types





Crossbite

Openbite





Spaced teeth

Crowded Teeth

Classification of invisible correction

Mild Case

•Close small gaps Resolve mild crowded teeth Intrude anterior teeth (<2.5mm) •Arch expansion within 3mm in each quadrant

Rotate incisors

Moderate Case

- •Crowd ≤6mm (IPR/ lower incisor extraction) •Rotation of premolar and canine is less than 30 degree
- •Arch expansion in each quadrant>3mm

•4mm Sagittal movement ≤4mm

•Premolar extraction

Advanced Case

- •Rotation of premolars and canines
- exceeds 30 degree
- •Extrude anterior teeth only

Assessment of the difficulty level of tooth movement

| Intrusion movement | Mild | Moderate | Advanced |
|------------------------------|---------|-----------|-----------|
| Incisor teeth, Canine teeth | 0-2.5mm | 2.5-3.0mm | >3.0mm |
| Premolar, Molar | 0-0.5mm | 0.5-1.0mm | >1.0mm |
| | | | |
| Extrusion movement | Easy | Medium | Difficult |
| Incisor teeth , Canine teeth | 0-2.5mm | 2.5-3.5mm | >3.5mm |
| Premolar, Molar | 0-0.5mm | 0.5-1.0mm | >1.0mm |

| Intrusion movement | Mild | Moderate | Advanced |
|------------------------------|---------|-----------|-----------|
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| | | - | |
| Extrusion movement | Easy | Medium | Difficult |
| Incisor teeth , Canine teeth | 0-2.5mm | 2.5-3.5mm | >3.5mm |
| Premolar, Molar | 0-0.5mm | 0.5-1.0mm | >1.0mm |

| Rotation movement | Maxillary central incisors/ mandibular incisors | Maxillary lateral incisors | Premolars/Canine | Molar |
|----------------------|--|----------------------------|------------------|--------|
| Mild | 0-40° | 0-30° | 0-45° | 0-20° |
| Moderate | 40-50° | 30-40° | 45-55° | 20-30° |
| Advanced | 50-60° | 40-60° | 55-60° | 30-60° |







Deep overbite





Protrusion

Process of Clinical Application

Clinical reception

Clinical examination + treatment + photos and x-rays

Case submission

² case submission form+ silicone impression + photos and x-rays

Scheme confirmation

Online scheme review + submit modification opinion + confirm scheme

Aligner processing

²⁴ 3D printing + compression + cutting + finishing and grinding

Wearing

Clinical operation + patient guidance

Completion of the treatment

Confirmation form+ photos and x-rays + impression taking + Retention



Data Submission

After the doctor determines the appropriate case and successfully registers on VinciSmile website, the case information can be submitted.

1.Required data submission information

In order to ensure that the doctors of VinciSmile scheme design center have a complete understanding of the case , the case data submitted must include the case submission sheet, full mouth silicone impression, Panoramic radiography, Lateral cranial radiograph, oral photos and facial photos. It is recommended to submit CBCT data.





(1) Impressions/Intraoral scan data

Ð







(2) Panoramic radiography



(3) Lateral cranial radiograph



(5) Patients' facial photos







Front photo

Frontsmilingphoto

Lateral photo

2.Before submitting cases through the doctor network interactive platform, the specific steps of doctor registration should be completed as follows:







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APP registeration







After registration and approval through the above channels, doctors can use their personal accounts to log on VinciSmile platforms to start cases.

load it from the App Store









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| Lower- | Maintain | Mover to left | Move to right | Depend on alignment result | | | |
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Select the to be uploaded model category





Silicone impression or digital model file

1.Select "digital model file" and upload the oral scan data file. The uploaded file should be a compressed package file (including: rar, zip, 7z).

2.Select "silicone impression", please send the silicone impression to us and fill in the express number; If there is no express tracking number, please fill in your name and contact number for us to check.

 put the silicone impression into bubble protection bags and put them into the mold express box provided by VinciSmile.

- \cdot Complete the case information in the box.
- \cdot Contact the express deliver and send the box.
- \cdot For special cases, a silicone record should be submitted.



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Q: how to modify the case information? · special cases need to submit silicone bite records.

A: before submitting the case, click the "Improve" button to modify it. After the case is submitted, it can be modified by the sales staff in charge of you after returning the case.

VINCISMILE (PC/IOS)



Scheme Review

Within 3 days after all the patient's data being received and reviewed, the doctor will receive the patient's 3D design scheme, which can be viewed in the following three ways:

| | VinciSmile mobile terminal (official account /App) |
|---|--|
| | VinciSmile software (Windows) |
| Γ | VinciSmile Web |



Review the patient scheme



1.Introduction to VinciSmile software





The toolbar

The toolbar on the right displays "case information" Correction procedure, "patient photo", "correction overview" "Feedback"







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| | | (A) jan | VincSmile Classic | 10/11/2020 | New case | Improve case Information | |
| | 0 | (C) Sara | VincSmile Classic | 06/11/2020 | New case | Improve case Information | |
| | | Alice | VincSmile Classic | 25/19/2020 | New case | Submit new case | |
| | | (C) Te | VineSmile Clessic | 0509/07/15 | New case | Improve case information | |
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| View scheme |
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The scheme detail column on the right shows the detailed steps, attachment and IPR.

| Details | Pictures | Feedback | |
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Click "measure" to select the measurement item.





The tooth number on the 3D model can be hidden or displayed by clicking the FDI button.







oolbar - Grio

Select "Grid" to display the grid, grid unit is 10mm or 1mm, the size of the grid is adjusted as the model zooms in or out, the default unit is 1mm.



oolbar - IPR

By clicking the button of IPR, the enamel reduction information can be hidden or displayed.



oolbar - approve scheme

If the doctor agrees with the scheme while it is under review, click Approve. Then VinciSmile will make the production scheme according to this scheme and enter production.



bar - feedback

When there is any objection to the current scheme, click "feedback" to submit modification suggestions.



Dpen PC viewe

Double-click the desktop shortcut of the VinciSmile Scheme Viewer to open the case list.







| VinciSmile | | | | | | | | |
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VinciSmile Web (browser)

Please use the following browsers to view the scheme:

- IE 11 or above
- Firefox
- 🗖 Google

| ases list | | VinciSmile | Case list Academy Settings | File download | Help center | | a 🤤 |
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After viewing the scheme through VinciSmile Web, the doctor can select "approve" to complete the review or click "feedback" to submit modification suggestions.





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2.Review scheme content

condition of the patient before treatment

•Whether the dental arch is symmetrical

space conforms to the requirements of restoration

•Whether the attachments are added reasonably

•Whether the posterior teeth intercuspation is satisfactory

midline of teeth is as expected

•Whether the occlusal relationship is consistent with the actual situations

•Whether the midline of upper and lower dentition is consistent with the oral

•Whether the alignment of upper and lower teeth and the adjustment of the

•Whether the deep overbite and overjet of anterior teeth reaches the normal

•Whether the dentition space is completely closed or whether the reserved

•Whether the occlusal relationship of the patient's molars and canine teeth is

•Whether the Spee curve and the dental arch results are as expected

Initial position

Final position

range

as expected

Attachment



•Whether the IPR is consistent with the expectation •Whether there is any IPR being designed to the wrong teeth •Whether the design timing of IPR is correct

•Are there any attachments being added to the wrong teeth

Tooth movement distance and steps

•Whether the teeth movement distance meets the requirements of the patient's periodontal health •Whether the step of teeth movement is reasonable (mainly for anchorage control)



·It is an essential step to get accurate dental arch form for a successful VinciSmile treatment. Taking silicone impression is one of the most desirable methods to get high precision model and the impression can keep the original form for a relatively long time, so we order the clinicians to send to us polymerized silicone impressions rather than other kind of impressions. ·We recommend using two-step method instead of one-step method to take impressions in order to get higher precision impressions. The patients should remove dental calculus and repair caries before taking impressions.

Silicone impression material





Silicone impression

Good Impression Premise for a Successful Treatment



Selection of tray

Choose an appropriate plastic tray according to the shape and size of the patient's dental arch.





Two - step process to produce silicon impression



Get equal amount of putty A and B after cleaning your hands, mix them together by your finger (not palm) and do not wear latex gloves. The operating temperature should not exceed 25°C.









•Extraoral operation:

Materials preparation : 1.Plaster model 2.Plastic wrap



Step 2: Final impression

•Light body operation

The patient's dentition should be dry. The injection head should be buried into the light body in the whole process so as not to make any bubbles.

•Final impression

Before taking the final impression, the assistant is required to blow dry the dentition to prevent the residual saliva from affecting the quality of the impression.

Requirements of Standard Impressions









Shooting Equipments and Techniques

Prepare the equipment before shooting



Parameters



Basic requirements for photo shooting

Frontal photo

•Patient posture: The patient should expose the forehead and both ears, with eyes looking straight forward with the inter-pupillary line parallel to the ground.

•Photographer posture :Put the camera in front of the patient, with the lens parallel to the ground and at the same level with the patient's the nasion. Focus:Nasion

•Scope of view: Horizontal midline of the face overlaps the photo midline, The length between the clavicle and the upper edge of the face covers 70% of the photo' s vertical length.

•Purpose:To observe the facial proportion, facial symmetry and labial morphology

Frontal smiling photo

•Patient posture : Smile naturally with the same posture as the front photo.

•Photographer posture/focus/Viewfinder coverage: the same as the front photo.

•Note: fully expose gingiva.

•Purpose: To observe lip-tooth relationship, the labial soft tissue morphology and symmetry of both dentitions.





Front photo



Frontal smiling photo



Lateral photo

•The patient should sit with the right side towards the camera and the head turning 3-5 degree back to the camera; and fully expose the auricle and the eyelash on this side.

•Camera : Put the camera in front of the lateral side of the patient, with the lens parallel to the ground, vertical to the sagittal plane of the patient, and at the same level with tragus.

•Focal point : The tragus.

•Scope of view : The distance between the top of the head and the upper edge is equal to the distance between the nasal tip and the front edge.

•Purpose: Show profile form, including the nasolabial sulcus, mentolabial sulcus structure and the closed state of the lips.



Anteroposterior intraoral photos

•Camera : Put the camera in front of the patient, with the lens at the same level with occlusal plane and vertical to the labial surface of central incisors.

•Focal point : Incisors.

•Range of view : Both dentition and vestibule, the teeth and gingival pattern should be clear, with the occlusal plane on the horizontal midline of the view, and the arch midline on the vertical midline of the view.

•Purpose: To observe teeth alignment of both dentition, overbite, overjet, midline and arch symmetry.



Lateral photo

Intraoral side photo

•Camera : Put the camera on the lateral front of the patient, with the lens at the same level with the occlusal plane. •Focal point : Canines.

•Scope of view : Leave some buccal mucosa of the other side; try to expose the most distal molar, and it would be best to show only the central incisor of the other side in the view.

•Purpose: To observe the occlusal relationship of molars and canines.

Intraoral side photo maxillofacial photo

•Photographer's posture: In front of the patient, with the long axis of the lens towards the reflective plate with a long axis of 45 degrees. Blow the posterior teeth with an air gun.

•Focal point: The midpoint of the premolar connection. •Scope: Occlusal surfaces of both upper and lower dentitions, maxillary palatal sutures, and the mandibular tongue frenulum should be are located on the vertical midline of the picture, symmetrical left and right.

•Purpose: To observe the shape, and be symmetrical and crowding degree of dental arch.



•Camera:Right on the side of the patient with, the lens long axis in the plane.

•Focal point: incisor area.

•Scope of view:maxillary and mandibular anterior teeth; with occlusal plane overlapping with the horizontal midline of the photo and the incisors located at the center of the view; shooting horizontally, incisor in the central region and horizontal shooting.

•Purpose: Learn about the overjet and overbite conditions of the anterior teeth and the canine relationship.

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What is attachment?

We bond some small tooth-colored resin dots onto the tooth surface to help with retention as well as some advanced tooth movements such as Attachment rotation or extrusion.

The application of the attachment



Aligner retention: For teeth with short crown and insufficient retention.

Rotation: rotation of

canines or premolars

requires attachments.



Intrusion: Attachment bonded to the teeth on both sides of the intruded teeth to form anchorage.



Axis alignment: attachments need to be added to the teeth with inclined axis.



Extrusion: Onto the teeth that need extrusion attachments.



Long-distance tooth movement: attachments are needed.

Materials to be prepared:



Adhesion steps of attachment





1. Check template fitness



4. Filling in composite resin materia

Attachment bonding techniques

1.Material selection:

Do not use self-etching adhesive and fluid resin.

2.Segmental bonding:

When there are many attachments for single jaw appliance, the attachments can be segmentally bonded. In order to ensure good tightness between the template and the teeth, when cutting the template, it should be ensured that the template contains at least one tooth in the mesial and distal position of the attachment teeth.

3.Establishment of overflow passage:

In order to avoid the excess resin adhering to the tooth surface, a small hole can be drilled with a flame needle on the inner side of the template lacunae so as to facilitate the overflow of the excess resin.

4.Template separation:

When removing the template, gently lift the edge of the attachment gingival template with a probe to separate the template from the attachment, then remove the template.





2. Teeth cleaning, acid etching and moisture proof



5. Light curing



3. Coating adhesives



6.Removal of redundant resin

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What is IPR?

Interproximal Reduction (IPR) is one of the common methods to relieve teeth crowding in invisible orthodontic technology. It refers to the doctors using file sheet, emery tooth bar, IPR sand disk burs set, and other tools by doctors to remove a small amount of enamelbetween two adjacent teeth, so as to obtain clearance to relieve teeth crowding and align teeth.

Interproximal Reduction

Is it safe to IPR?

The thickness of enamel on the proximal surface of normal teeth is about 0.75-1.25 mm, and human teeth generally suffer from physiological wear. The adjacent enamel removal is an artificial process of realizing physiological, so it is safe as long as the adjacent enamel removal is carried out in a safe range.

| | | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
|-----------------------------|----------|---------|----------|-----------|----------|--------|---------|-----------|--------|----------|----------|
| Reference Table | | mesial | distal | mesial | distal | mesial | distal | mesial | distal | mesial | distal |
| for Safe Deglazing of Teeth | | Central | incisors | Lateral i | incisors | Canine | e teeth | First pre | emolar | Second p | premolar |
| (Unit: mm) | Mandible | mesial | distal | mesial | distal | mesial | distal | mesial | distal | mesial | distal |
| | | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.5 | 0.5 | 0.5 | 0.5 |

Indications and contraindications of IPR



•Mild crowding of teeth •Non-caries susceptible

- "Shovel teeth"
- •Bolton Index discrepancy • teeth "black triangle"



•Dental caries susceptible •Cold and thermal stimulation sensitive teeth •Moderate crowded teeth or above moderate •Malformed microdontia

Determination of amount of IPR and tooth positions

VinciSmile software calculates the amount and position of IPR. After the final dental morphology is determined, the software will provide the amount and position of enamel removal. At the same time, the information will be automatically added to the overview of orthodontics. The design center will print out the overview of orthodontics and send it to you with aligner.

Tools for IPR and using methods



IPR tools:Hand file sheet, machine file sheet, IPR bars set, polishing wheel, feeler gauge.



Hand file sheet



Machine file sheet





Application Instructions

•Hand file sheet

This method is suitable for IPR amount less than 0.3mm. When using hand file sheet, it should be in the thin-to-thick sequence to avoid stimulating the periodontal ligament. The machine file sheet is installed on the professional slow handheld machine, and the rapid enamel removal can be realized by the rapid movement of file sheet in the labial and lingual (palatal) direction.



IPR dental bar set

It is suitable for IPR with amount of more than 0.4mm, red is for IPR, yellow is for polishing. The dental bar should be vertical to the labial surface of the teeth in operation, and an extra 0.1 mm IPR should be added for finishing and polishing.



•Detection of IPR Amount

Measure the gaps with the feeler gauge repeatedly to determine the fina PR amount so as to avoid over IPR. When the caliper can pass through the gap with some friction, we get the desired ipr amount

Dental Surface Repair, Polishing and Fluorination

Examination of Revisit

Examination program

Inquiry Patient about wearing the orthodontic aligner weeks each). •Dental hygiene. Check the fitness of aligner putting them in to place.

have fallen off and worn out

Check tooth adjacency

•For patients with crowded dentition and intrurded anterior teeth, clinicians can use floss at each visit to check the adjacency of teeth in areas where crowded teeth have not been released or where intruded anterior teeth are needed. If the adjacency is too tight, file sheet should be used to release the adjacent points to ensure the smooth development of the orthodontic force.

View clinical operations

corresponding stages. •Check for clinical operations, such as IPR information, attachment bonding, attachment grinding, adding traction devices and the like other related clinical operations.



•Whether to wear aligner as scheduled (no less than 22 hours a day, no less than 2

•Whether there is any abnormality when wearing and removing.

•Check the fitness of the appliances the patient is wearing and check for difficulty of

•Check whether the attachments fit the appliance. If it is not easy to fit, two-color pens can be used to mark the lacunae and attachments of the aligner respectively.

Check whether the attachments • The retaining force and corrective force of the appliance are insufficient after the attachment falls off or wears out. The attachment needs to be re-bonded. The appliance being worn can be used as a template to bond the attachment.

•Based on with the overview of orthodontics, check the clinical operations of the of

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Completion and Retention

Completion

After wearing the last aligner, if the tooth arrangement and occlusion meet the design requirements, the orthodontic treatment will be considered completed. After the clinician submits the confirmation data of the case in the VinciSmile software system, VinciSmile will send a pressure film retainer for the case.

@ # 67% **#**

| | Case End | | | |
|---|--------------------------------|--|----------------|--|
| 9 | | Confirmation → | | |
| Demonstration case 2 Age: 20 Case NO.: 992020901001 | confirmation (Required informa | ition with ') | | See Back |
| Institution: mumbal colleague | Patient's name | Demonstration case | | Clinical treatment |
| Geals:111 | Associated case | 9920200901001 | | - In transmit 21-13-2019 |
| | confirmation * | Treatment goals have been achieved Invisible Orthodontic has finished, change other approach | | Aligner fabricati |
| Subsequent fabrication | | Invisible Orthodontic is unfinished, but patient required finished Others | | mailed out 21-11-2009 |
| Interim adjustment | | | | .3D scheme |
| Apply replacement aligner | | | | 21-11-2019 |
| Case End | | | Back Pige down | Case review - Case approval 09-10-2019 |
| | | | | New case |
| Patient Visit Record | | | | 95-10-2104 |

Completion data

•Fill in the confirmation form

•X-rays (Panoramic radiography and Lateral cranial radiograph)

•Oral and facial photos

•Super anhydrite completion model or intraoral scan file

Interim adjustment

Interim adjustment is the process of redesigning the 3D scheme, including mid-term adjustment and fine adjustment, when the original appliance can not be used any more, the data of silicone impression or oral scan should be submitted again.

Modification adjustment

When the last step of aligner has been finished and there is still a certain gap between the tooth movement and the orthodontic target, clinical application for fine stage adjustment can be made by clicking on "Interim Adjustment" in the VinciSmile software system.

•Medium-term adjustment

In the mid-term of orthodontic treatment, the aligner does not fit the teeth, resulting in that the tooth movement is obviously inconsistent with the orthodontic design or the orthodontic scheme has been greatly modified.

The original appliances cannot be used to be worn any longer. Clinically, we can apply for mid-term adjustment by clicking "Stage Adjustment" in the VinciSmile software system.

•Information required for phase adjustment

Current photos of the patient Silicone impression Filled-in the clinical feedback form During waiting for the follow-up aligner, patie dental stability.





During waiting for the follow-up aligner, patients should be advised to wear retainers to maintain

| Help center | a 😑 |
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| PhotosôtRa > O Model | |
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| ele Orthodontic has finished, change other approach guired finished Others | |
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FAQ

Attachment template does not fit the teeth

Usually it is caused by the quality of silicone impression or intraoral scan data error or the failure to wear retainers in time after extraction.

Solution: Re-take silicone impression and intraoral scanning and wear retainer in time after re-taking silicone rubber impression or intraoral scanning in tooth extraction cases.

Aligner do not fit during wearing

It is indicated that there are differences between actual and expected tooth movement. The possible reasons and measures are as follows:

•Patients did not wear aligners according to the medical devices

For the cases of short-term failure to wear according to doctor's instructions, appropriate extension of the current steps of the appliance wear time, if the follow-up aligner in place is basically normal, the treatment can be continued. For the cases of long-term failure to wear according to the doctor's advice, the patient should wear a suitable set of orthodontic appliances, and then re-wear in turn. If no matching appliance can be found, the silicone rubber impression should be retaken and the 3D design scheme should be redesigned.

•Patients wear according to doctor's advice.

Insufficient space for tooth movement: Check the IPR information to confirm whether additional IPR is necessary.

Occlusal interference: the occlusion can be adjusted properly.

Clinical supplementary measures are inadequate: Further implementation of adjuvant treatmentmeasures. Individual difference of tooth movement:prolong the wearing time of single aligner appropriately.

Aligners get broken, damaged or lost

If the appliance is broken, damaged or lost, you can try to wear the next appliance, if it can be in place, continue treatment, if the next appliance can not be in place, then wear the last one before the lost appliance, and contact the company to process the replacement appliance as soon as possible.

Subsequent Fabrication

While the patient is wearing the current set of aligners, of aligner, clinicians need to click on "Subsequent Fabrication". We will produce the next aligner for you and send them within 4 days.

Retention

Retention treatment is required for both fixed and invisible orthodontics. Retention time is usually one and a half to two years. Some cases, such as periodontal patients, may need life long retention for life.

- It is suggested that the lingual retainer should be used completed.
- Vincismile makes retainer based on super-anhydrite me
 The normal life of retainer is about 6 months. Patients c
- For the patients that are susceptible to tooth diseases,
- For patients with active retainers, they should wear all treatment, try to wear at night after half a year and try to wearing.





Hawley retainer

Lingual filament retainer



as soon as possible after the correction target is

odels or silicone impressions provided by doctors. an wear the retainer during the day and Hawley retainer

eeth such as anterior teeth torsion, it is recommended to

day for half a year after the completion of orthodontic o wear once a week after a year, then gradually stop





Retainer

Correction of Complex Case

Solution for first premolar extraction

1. Grind the tooth and prepare anchorage according to the Tweed-Merrififield principle and add dual attachment design to enhance the anchorage control.

2. Correct the dental crown by 5°-6° against the over anteversion when retracting the canine teeth to prevent occurrence of in the retraction process.

3. Pre-anchorage of the appliance depresses the anterior teeth, counteracting the anterior teeth stretch and deepened overbite caused by the pendulum effects in the process of adduction.

4. Correct against the over torque of the anterior teeth to prevent the lingual inclination of the anterior teeth during retraction.

5. The appliance is designed with precise cut to facilitate the bonding of the towing hook by doctors in need.

Solution for molar distalization

The key to the success of molar distalizationis anchorage control. For the case of molar distalization, we have designed a step-by-step tooth movement plan. First, we moved the molars and premolars in turn, and then aligned the anterior teeth as a whole. At the same time, precise cutting is designed on canines and molars to facilitate doctors to bond lingual buttons and other auxiliary devices.



