

# COMPLETE CHAIRSIDE RESTORATIVE WORKFLOW

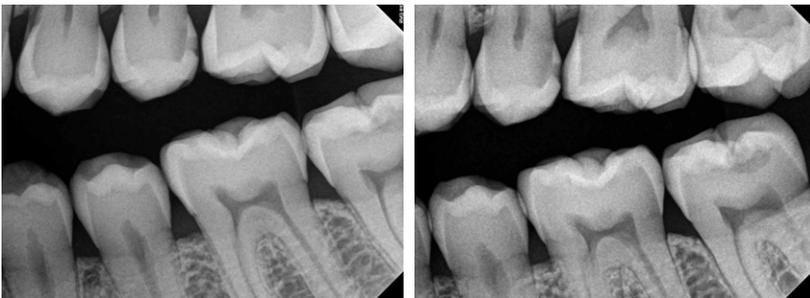
## CS 3600 AND CS 3100

### CASE OVERVIEW

In December 2018, a 39-year-old male patient reported to the office complaining of cold and sweet sensitivity on the maxillary left area of the jaw.

Visual examination revealed decay on the mesial marginal ridge and distal marginal ridge of tooth number 13, and extensive buccal and occlusal decay on tooth number 15.

Bite-wing radiographs and intraoral photographs were taken, which confirmed the above diagnosis and also exposed additional decay on the distal of tooth number 12.



*Initial situation, extensive buccal decay on maxillary left second molar, and less significant interproximal and occlusal decay on both bicuspid*



### Joseph D. Mazzola, D.D.S.

Dr. Mazzola graduated from Regis University in 1979 with a Bachelor of Science in Chemistry. He was admitted to the Loyola University, School of Dentistry, Maywood, Ill., in 1979. Upon graduation, he pursued advanced training in both periodontics and oral surgery specialties.

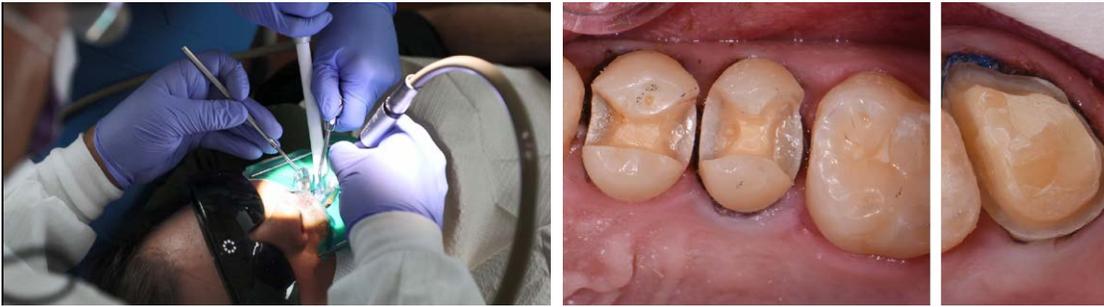
Dr. Mazzola began practicing general practice dentistry in Broomfield, Colo. He immediately began the study of temporomandibular disorders and occlusion, observing the link to periodontal disease. He completed the course work recognized by the Academy of General Dentistry and was awarded a Masters in the Academy of General Dentistry, which has been granted to less than 3,000 dentists worldwide.

## TREATMENT PLANNING

Treatments for the teeth were discussed, which included crowns, inlays, onlays and composite restorations.

The patient requested the restorations would be conservative, the best for each tooth and also have longevity. It was decided to do ceramic inlays on teeth numbers 12, 13 and a ceramic crown on tooth number 15.

The tooth preparation was completed and the CS 3600 intraoral scanner was used to scan the preparation sites and surrounding dentition to create the digital model. The digital model would be later used to plan the preparations in the computer-aided design (CAD) software.



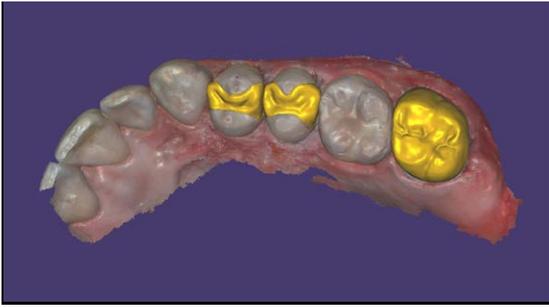
*Inlays and crown were prepped and rubber dam was removed for photos*



*Preparation site was scanned using the CS 3600 intraoral scanner*

The digital model was saved in the patient's chart in CS Imaging version 8 software. Due to direct integration, exocad ChairsideCAD software was launched directly from the patient's chart and the digital impression was automatically transferred into the design software. This seamless interface not only saved time, but also helped to reduce mistakes that can occur when the dataset must be saved by one software and later retrieved by another.

Next, the inlays and crown were designed, the occlusion checked and the blocks were nested for ideal placement of the restoration in the block. Once the design was complete, the job was sent to the CS 3100 Smart Milling queue for chairside manufacturing.



*Inlays and crown were designed in exocad ChairsideCAD*



*Restorations milled by CS 3100 chairside system*

Once the milling was complete, the restorations were polished, the fit was verified, and they were cemented in place.



*Final placement of the inlays and crown*

Final control radiographs were acquired with the RVG 6200 intraoral sensor to confirm the fit of the inlays and crown.



*Final control bitewing radiographs acquired with the RVG 6200 confirm fit*