

SPECIAL REPORT

IMPRESSIONING

Planmeca's Modular PlanScan™ Offers the Ultimate in Scanning Flexibility

Mike Moroni, DDS believes he is in the minority among colleagues who continue to use traditional impressioning methods. While the Castle Rock, Colorado, private practitioner “went digital” some 6 years ago, he says he still takes conventional impressions these days, but only rarely, estimating that digital technology serves his impressioning needs 99% of the time. “I just recently took one for an implant bridge that had to be fabricated in the laboratory, but it was the first I’d taken in the last 1-½ to 2 years,” he remarks.

Moroni says he is “all in” as far as going digital is concerned, yet he recognizes that many dentists aren’t quite ready to fabricate their own restorations. For them, however, the ability to take a digital impression can be a giant first step into digital dentistry. The system he uses, PlanScan™ from Planmeca, enables dentists to become involved at whatever level suits their practice needs, he says.

With PlanScan, the dentist or laboratory can choose either the entire workflow solution or only certain parts, according to their needs, Moroni explains. This is made possible with Planmeca’s unique and open

interfaces between devices and software. From the fast, easy-to-use digital scanner and sophisticated CAD software, to the high-precision Plan Mill 40, this unique solution, he says, includes all necessary tools for open CAD/CAM dentistry.

“With the scan-only system, you can easily take a digital impression and send it to any lab anywhere—even in another country,” Moroni says. This, he explains, is because Planmeca’s PlanScan ultrafast intraoral scanner, which requires no powder, is part of an open-architecture CAD/CAM system—“It allows you to work with any system.” It is also portable, so it can be easily moved from one operatory to another.

At the same time or subsequently, users can add a second component—the new open CAD software suite for easy 3-D design. Planmeca PlanCAD™ is integrated in the Planmeca Romexis software and, Moroni says, is ideal for designing prosthetic works from individual inlays to full-arch bridges and abutments. A laptop with design software enables users to design as well as scan, and continue to have their preferred laboratory mill and characterize the restoration.

Emphasizing the benefit of the open-architecture system, Moroni continues, “You can import files from any system and send files back and forth from anyone, anywhere.” For practitioners who place implants, he says, the Planmeca Romexis software enables them to import data needed for treatment planning from another system, whether or not it is Planmeca’s.

Although the system is considered easy to use, the company goes to great lengths to ensure that practitioners are adept in using the equipment before it is installed in their offices. “I worked on models for a month—30 to 40 crowns—just to get the feel of it; then I started seeing patients and was up and running,” Moroni acknowledges.

The use of the PlanScan system has dramatically changed the way Moroni practices dentistry, he says. “I use it whenever I make a crown.” While he executes many of his cases chairside, and a larger portion of the dental community is embracing digital impressioning, many dentists continue to use their laboratories for the more technical cases or for items such as dentures or nightguards.

Moroni also appreciates the reaction of his patients. “Patients love it. There’s no ‘goop’ in their mouth or temporary to wear for weeks while the lab is making a crown, and they don’t have to come back for a second appointment. Everything is done the same day.” He adds, “Word of mouth on that system alone has brought in a lot of new patients.”

Moroni has no illusions about the speed with which he expects an ultimate profession-wide adoption of digital dentistry. “I think there will always be a place for traditional methods, at least for the foreseeable future.” However, he anticipates use of impression material to dwindle going forward, as younger dentists continue to adopt the technology and future generations of dentists are trained in it. “Right now, traditional methods are about 90% of the market—so in 20 years it may be 50%.”

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