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— PROTOCOL —

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*All pictures should be taken with good lighting (LED light or flash/softbox)

Frontal photo smiling:

- Camera at 1 meter away from the patient (to prevent distortion)
- Camera at patient's eye level
- Phone/camera straight (a tripod helps with this)
- Make sure you can see the ears on both sides to ensure the face is centered and not rotated
- Make sure the patient does not move their chin up or down when smiling *(a very common error!)*
- Ensure the incisal edges are not covered by the lower lip
- Maximum smile with the arches at least slightly separated
- Patient should be looking into the camera lens
- Make sure you center the focus on the patient's mouth to ensure it is the sharpest area of the photo

Frontal photo at rest:

- Camera at 1 meter away from the patient
- Camera at patient's eye level
- Phone/camera straight
- Patient should be looking into the camera lens
- Make sure you can see the ears on both sides to ensure the face is centered and not rotated
- Make sure the patient does not move their chin up or down
- Ask the patient to make a prolonged 'M' sound with 'lazy' lips to get the best position. Some patients will struggle to get this position correct, so you could record a video and then take a screenshot of the video.
- Make sure you center the focus on the patient's mouth, to ensure it is the sharpest area of the photo

Profile photo smiling:

- Camera at 1 meter away from the patient
- Camera at patient's eye level
- Phone/camera straight
- Take photo from right profile
- Patient should be looking at the horizon
- Make sure the patient does not move their chin up or down when smiling
- Make sure the incisal edges are not covered by the lower lip
- Maximum smile with the arches at least slightly separated
- Make sure you center the camera focus on the patient's mouth to ensure it is the sharpest area of the photo

Profile photo at rest:

- Camera at 1 meter away from the patient
- Camera at the patient's eye level
- Phone/camera straight
- Take photo from right profile
- Patient should be looking at the horizon
- Make sure the patient does not move their chin up or down
- Ask the patient to make a prolonged 'M' sound with 'lazy' lips to get the best position. Some patients will struggle to get this position correct, so you could record a video of them making this sound and then take a screenshot of the video.
- Make sure you center the camera focus on the patient's mouth to ensure it is the sharpest area of the photo

Frontal 12 o'clock photo:

- With an DSLR camera: Take this photo with the patient lying down in the dental chair and you standing behind.
- With a smartphone: Take this photo with the patient sitting on a chair or standing. Ask the patient to place their chin close to their chest.
- Patient should be looking into the camera lens
- Make sure you can see the ears on both sides to ensure the face is centered and not rotated
- Maximum smile at full width
- Make sure the incisal edges are not covered by the lower lip
- If the patient has wear, short teeth or long lips and incisal edges are not showing: *Ask the patient to lift their lip with their fingers in the smile direction until you are able to see tooth structure.*

- At least the incisal edges from canine to canine should be shown.
- How do we know when we have a good 12 o'clock position?

  The tip of the nose should be level with the upper lip and not covering the teeth
- Make sure you center the focus on the patient's mouth, to ensure it is the sharpest area of the photo.

Video:

JCZ_9492
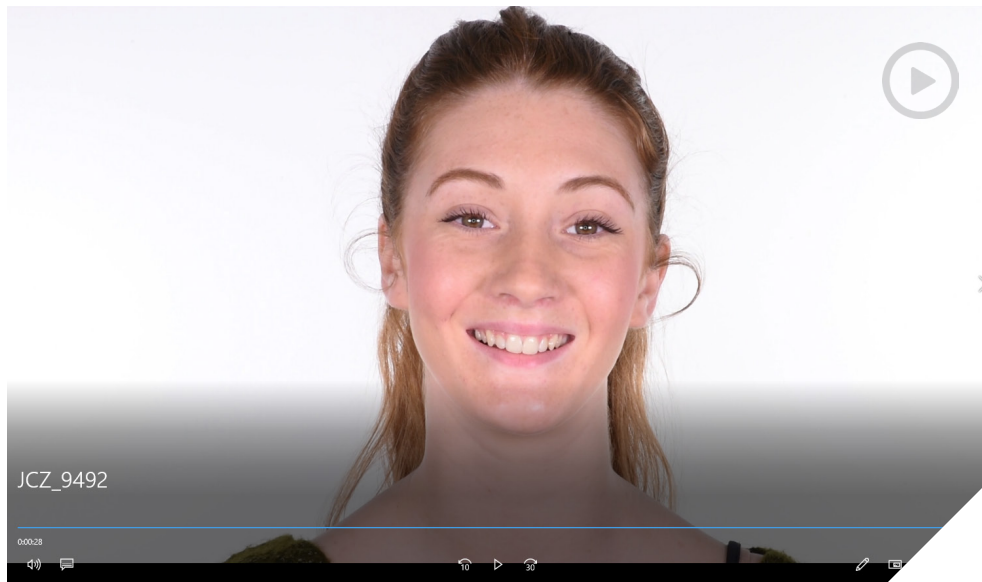
Here's how to capture the perfect video of your patient so that DSD's Planning Center team can create the most accurate treatment plan possible. It's a good idea to repeat the whole photo protocol with video in case you need to take screenshots of any of the views.

Focus on asking these 5 questions:

1. Why are you looking for treatment? What's your main complaint?
2. What do you like and not like about your smile?
3. What does an ideal smile look like to you?
4. What are your expectations of a smile makeover?
5. Pronounce the phonetic sounds ("V", "F", "S")

Make sure you capture:

- Frontal rest position: You may want to help the lip to settle in the rest position with your fingers.
- Frontal smiling: You need to make the patient laugh!
- 180 degrees: Frontal and both sides of the face. Move the camera from one side to the other.

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Video continued:

JCZ_9492
0:00:28
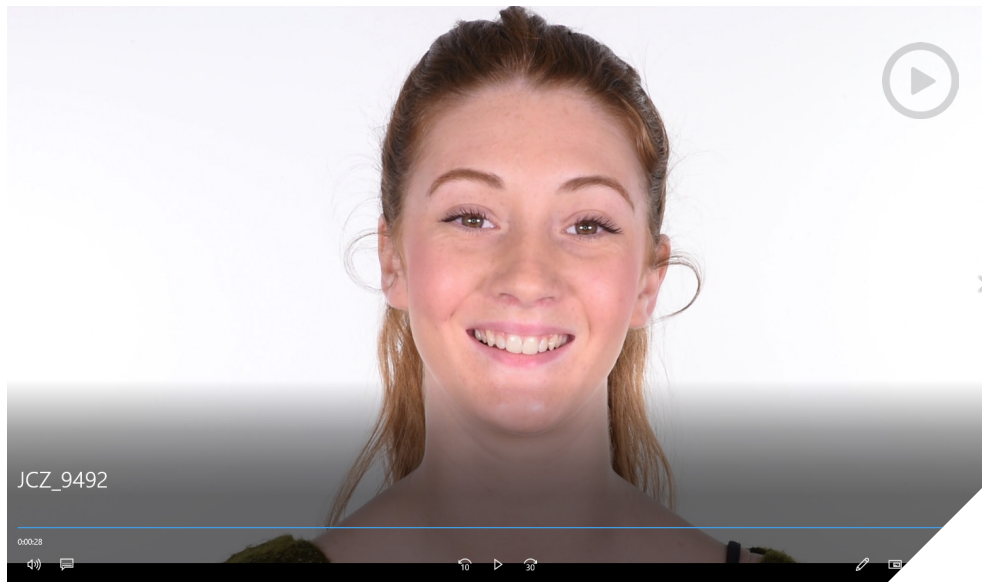
This will allow us to understand:

- Smile design and dento-facial harmony based on the lip and facial dynamic analysis
- Real tooth exposure in lip rest position – key for treatment planning!
- The real height of the lip at full wide smile
- The relationship between the lips, teeth, and phonetics
- Psychological aspects: It's important to capture personality characteristics and patient wishes

The additional benefits of video:

- Refresh your memory after the patient has left the first appointment during the process of treatment planning
- Team members who were not in the first appointment can understand who the patient is and what their issues are
- Powerful when played after the treatment, as a side by side before and after comparison

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.STL models in occlusion:
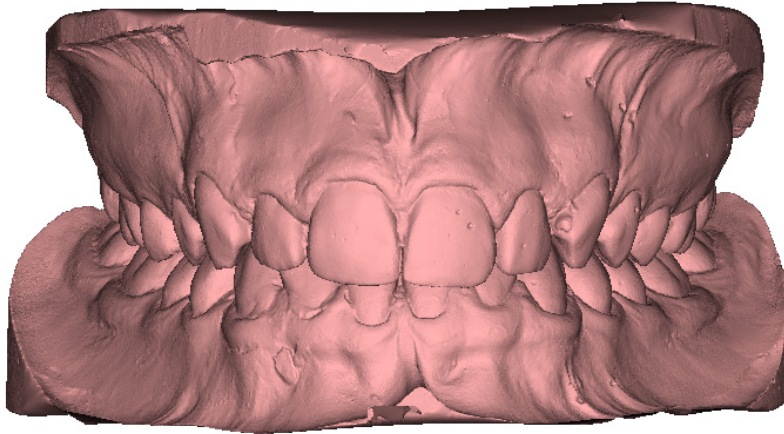
- Scan both the upper and lower arch separately in the correct bite position
- Make sure the occlusion is correct before you scan
- Make sure you do a clear scan of all tooth structure and as much soft tissue as possible
- When scanning the upper, it's important to scan the palatal area because it is the only reference we have if tooth structure changes after treatment and/or if any upgrade is required
- If the patient is edentulous, you should include edentulous ridge scans as well as fully scanned relined dentures (external and internal surfaces)

X-Ray:

When supplying X-rays with your documentation, a panoramic X-ray is ideal or if not, a periapical X-ray.

CBCT scans:
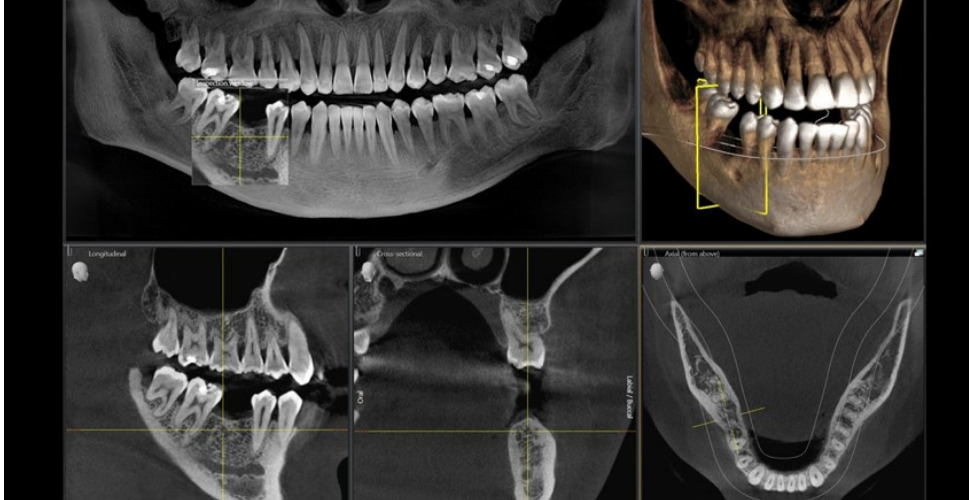
A CBCT scan is highly recommended, although it is only mandatory in interdisciplinary/surgical cases.

Please bear in mind that in some circumstances, our team might require these files additionally in order to create the DSD Ideal Design.

When uploading CBCT scans, it's important that the files are exported in the DICOM MULTI-SLICE format (.dcm) and that all files (from 300 to 500 .dcm) must be in a ZIP folder.

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