



**Dr Anthony Mak** obtained his dental degree at Sydney University (Australia) and then went on to complete his post-graduate diploma in Oral Implantology. He graduated with multiple awards and has worked with some of Sydney's most renowned practitioners. His interests lie in dental technologies and advances in materials and techniques. He has a unique understanding in CAD/CAM Digital dentistry and currently owns two practices in metropolitan Sydney focusing on comprehensive and implant dentistry. Anthony has a thorough understanding of direct vs indirect dental restorations and has lectured internationally on the topics of Aesthetic and Digital Dentistry. He is a sought after speaker and is a key opinion leader for several global dental companies.



**Dr. Andrew Chio** graduated as a dentist at the top of his year from the University of Melbourne (Australia) in 1995. On graduation he then undertook his dental internship at the Bendigo Base Hospital before spending the next one and a half years working in a rural hospital in Nepal. He is the principle dentist of Arawatta Dental Centre in Carnegie and an active member of various dental associations. He is a lecturer and gives advanced hands-on trainings to dentists in specific areas of restorative dentistry.

# A full digital workflow with 3D-printed temporary restorations

By Dr Anthony Mak and Dr Andrew Chio, Australia

The evolution of digital technologies in dentistry has paved the way for the development of simplified and predictable protocols in field of restorative dentistry. Digital dental technologies have allowed the seamless delivery of complex treatments.

Proper treatment planning protocols are the foundation of any fixed restorations in the arch involving dental implants. The data or information from the CBCT scan and intraoral surface scans (IOS) combined with the use of CAD software allow the simplification of workflows including diagnostic facially driven mock-ups, restoration-driven implant treatment planning and the design and fabrication of surgical guides. The design of the temporary and permanent prosthesis and the design of the master die model can all be done on CAD software and then manufactured either with 3D

printing or milling. The prosthetic design can be visualized, planned and even designed prior to the patient even attending for the surgical phase of treatment.

An accurate and predictable outcome of the implant surgery as well as the restorative rehabilitation are realised this way.

The following case study demonstrates a scenario where a complete digital workflow was utilised with two provisionalisation phases to rehabilitate the full upper arch.



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