

How to Register on the Aligner Portal









🗰 English	
CAligne	r Portal
ljøsername	
Password	and the second s
<u></u>	n In
Reg	<u>ister</u>
٢	







Fill up the mandatory fields

Clinic / Business name *

Demo Business

First Name *

Doctor

Last Name *

Test

Email *

demodoctor@demo.com

Your valid email address

Username *

DemoDoctor

Several special characters are allowed, including space, period (.), hyphen (-), apostrophe ('), underscore (_), and the @ sign.

Password *

•••••

Password strength: Strong

Confirm password *

•••••

Passwords match: yes

Provide a password for the new account in both fields.

Reference (Optional)

Telephone

+63 956 130 2000



To join an existing network, enter the unique '**Reference Code'** during registration.

Register and wait for your activated by your network's

's administrator.	Register	
r account to be	Sest	
	States Province	
	Postal Code *	
	Chr*	
		v
	Test Suite 004, Test Street	
	Shipping Address *	
	+63 956 130 2000	
	nique reference code*	
Reference (O	ptional)	
	Provide a password for the new account in both fields.	\
	Passwords match: yes	
	Confirm parcoword *	
	Password strength: Strong	

	the groups.	
	Several special characters are allowed, including space, period (), hyphen (-), apostrophe (), underscore (), and	



Admin Features

Go to page (

<u>How to Activate a User's Account</u> and Update/Review Profile Information



S Aligner Portal

How to Activate a User's Account and Update/Review Profile Information











5 *

View the list of users

- Waiting for Approval
- Rejected Plans



	• From	~~~ ~		~

C Planner			
Select the user			



and frequency in contrast



From the user's profile, click **'Edit'**



Save the change

▼ Language	settings
------------	----------

Site language

English

	\sim
7	

Cancel account

Accounts are blocked by default to allow you to only activate known users.

V

C Aligner Portal

How to Assign a Case to a User















700	Э			
S.	Alia	ner	Port	al
\sim				

	Search (By Patient name	Case Type 🗸 🗸	Select status 🗸	Search by Created Date	Search by Updated Date	Case ID		Apply Filter	Clear Filter
	Case ID	Patient	Dentist Name	Laboratory	Case Status	Product Type	Created	Updated	Accepted
	(2) 232	Demo Test	Test_user		Shipped	Clear Aligners	28.05.2024	31.05.2024	28.05.2024
	al M	test patient	Doctor		In Planning	Clear Aligners	28.05.2024	28.05.2024	
Se	ect the case that	cilia VOU	Test_user		In Planning	Clear Aligners	28.05.2024	28.05.2024	
WQ	nt to assign to a	user.	Test_user		In Production	Retainer	28.05.2024	28.05.2024	
	(2 228	test patient	Test_user		In Planning	Clear Aligners	27.05.2024	27.05.2024	
	(2 227	Patient Test	Test_user		In Planning	Clear Aligners	24.05.2024	24.05.2024	
	(2 226	Boguena Test	Test_user		In Production	Retainer	24.05.2024	24.05.2024	
	2 25	Boguena Test	Test_user		In Production	Clear Aligners	24.05.2024	24.05.2024	
	2 224	Test Patient	Test_user		In Production	Retainer	23.05.2024	23.05.2024	
	2 223	Test Test	Test_user		In Production	Retainer	23.05.2024	23.05.2024	
	(2 222	Test Patient	Test_user		In Planning	Clear Aligners	23.05.2024	23.05.2024	
	2 221	Test Beatriz	Test_user		In Planning	Clear Aligners	23.05.2024	23.05.2024	
	(2 220	Test DM-Aligner	Test_user		In Production	Clear Aligners	23.05.2024	23.05.2024	
	219	Test Patient	Test_user		In Production	Retainer	23.05.2024	23.05.2024	
	(2 218	Patient Test	Test_user		In Production	Retainer	22.05.2024	22.05.2024	
	2 217	Test Adam	Test_user		In Planning	Clear Aligners	21.05.2024	22.05.2024	



baland i fan in				Assign Doctor : TEst use Doctor FN Doctor Lab FN Lab LN
		Assign	Doctor :	∕ TEst user
	•			
Clinical data				



G



How to Submit an Aligner Case for Treatment Planning







Overview







 $\mathbf{x} = \mathbf{w}$











🕁 Manual

New case

Product Type			Pati	ent Det	ails		Treatm	ent Request
First Name								
Last Name *								
Gender *	Male		Female		Prefer not to	say		
Date of Birth	mm/c	ld/yyyy						
Country	- None	-						







Proceed to the next step





New case







Treat *	Both arches Upper Arch Lower Arch
Treatment Type *	3-3 Social Smile 5-5 Pre molar to pre molar 7-7 Full Treatme
Overjet *	Maintain Improve
Overbite *	Maintain Improve
Midline *	Maintain Improve
IPR *	Yes No As Recommended
Attachments *	Yes No As Recommended
Doctor's Instruction	ons
Patient is happy with Pha	se 1, please produce phase 2





ent

As Recommended

For each category, select the option that applies to your request

We recommend selecting 'As Recommended' for IPR and attachments.

Otherwise, we will inform you about possible deviations necessary to achieve desired results.

Use the **'Doctor's Instructions'** field to specify your preferences for the treatment plan.

If a pontic is required, specify the tooth and add the shade (A1, A2, or A3).

Proceed to next steps

















File Upload & Coefficiention

Select the type of scan that will be uploaded

Submission of both arches, **upper and lower**, is mandatory for treatment planning request. Bite Scan is ideal to for a more safe and predictable movement

Scans must be uploaded in STL format







Clinical Photos (Please click on the images below to upload photos)

















Extraoral photos are helpful for optimal planning

Follow the guide of which photos to upload. Visual samples are available on each field.

- Frontal bite
- Upper and lower occlusal
- Left and right lateral view

				An x- bone str	ray is used to asses ructure and highly r
Radiographs				optim	ial, predictable, and
Add a new file		Cho	oose File		
Other documents / I	Photos			For ade 'Ot	ditional files, uploac her documents/Ph
Add a new file		Choos	e File		
 I hereby confirm that I hereby confirm that 	I have filled out t I have read and a	he form complete accepted the Priva	ly and truthfully. acy policy. Furthe	* rmore, I agree to the p	processing of related data.



x-ray is used to assess the roots and e structure and highly recommended for ptimal, predictable, and safe planning.

additional files, upload them using the 'Other documents/Photos' button.

Confirm that everything has been filled completely and truthfully. Read and confirm the privacy policy.

Privacy Policy



Dashboard > Case List







* Use this field to ask questions. Our team will respond within 1 business day*





Section of the local division of

As forements

Daubhourd > Case List









Accept the plan to proceed with production

Share the link without giving the viewer access to the portal

 \mathbf{O}

Radio-graphs

Reject the plan

View the simulation



C Aligner Portal

Dashboard Overview







How to Review Your Case List





		8 0	E Case List
Overviev			
	te Production O	ventrug for Approxed O	
0	Name of Street Party of Street	0	









Search (By Patient name Case Type Select status Search by Creased Date Search by Updated Date Case ID (updated	gner Portal		🛨 New Case 🖬 Dashboar	rd 😑 Case List 🕂 D	virect manufacturing		9 ~	💥 English
Select your preferred Filter to view the cases accordingly	Search (By Patient name	Case Type	✓ Select status ✓ Search by Cree	eated Date Search by Updated Da	te Case ID		Apply F	ilter Clear Filter
Select your preferred Filter to view the cases accordingly Prefe	600 B (Care Take	Product Type	Contract		
Select your preferred Filter Apply or cleabased accordingly prefe				in Parriety			(10.00 (10.00)	
to view the cases accordingly based prefe			Select your preferred Filter	r			Apply or	clear the filte
Bit Lass			to view the cases				base	ed on your
			accordingly	(a. ********)			pro	



S Aligner Portal

How to Submit an Aligner Case for Direct Manufacturing













In Planning

Waiting for Approval

Rejected Plans

In Production





New case











A.

New case

Fill in the mandatory fields	radiust Type Period Decide
Last Name *	Patient
First Name	Test
Gender *	Male Female Prefer not to say
Date of Brith	

Country is not mandatory but helpful for keeping accurate records





and the state of t



Proceed to the next step





File Upload & Confirmation

Important notes can be added in the **Comment** field

Confirm that everything has been filled completely and truthfully. Read and confirm the privacy policy.

Save to create the draft

Save

Back



Daubhourd > Case List





Dashboard > Case List

Case 220 has been created. Please check the information for completeness and correctness and release the case for planning by clicking on 'Submit case'.

Case <u>Test DM-Aligner</u> has been created.



э.	\sim	۰			r			n	~1
а	с.	ι	ι	4		L	L		ч
									~



			×
S	ubmit the case	Edit Case	Delete Case
firm	Statu New		
ubmission to proceed			• •
	duction		Shipped

Files



Clinical data

Transfel (

Industry light





The status will change from **'In Production'** to **'Shipped'** accordingly.

•	•	
ing for approval	In Production	Shipped

C Aligner Portal

Request a Remake



		E Case	e List
)
			38
18			
	2		







·						
Í	(2 182	Test Patient	(m			
		The longe				
	Select the case ID					
		See Supervised				







Include photos of the affected alianer and
teeth especially important in case of fit
problems or manufacturing complaints such c
sharp edges or breakage.
Check for health conditions such as bruxism
(teeth arinding or excessive clenching)
If possible, return the aligners with a short note
for inspection or possible adjustment.

Add New Comment

Aligner #5 doesn't fit in the upper; gap between incisors and aligner. 0.2 mm IPR was done between 11 and 12; 13 and 14 before aligner #3 as recommended.



• Post a comment in the portal to point out the need for an Upper / Lower remake for Aligner XY.

影

- Doctor must indicate which aligner the patient is currently wearing.
- Add the reason for the remake (e.g. broken aligner, lost aligner, lack of fit, sharp edges or breakage, etc.)





Modification Request

for Standard ONYX treatment plan only

If Motionviewer Software is used, request modification inside the Viewer <u>as shown here</u>.





		•	Case List	
Overview			2 M	
	to Production O	nanting ter Approxisi D		
õ	Name of Street	 D		





·			Contraction Contractions			
	() 182	Test Patient	(Sec., sec.)			
·			(Sec., and			













* Use this field to ask questions about the case and our team will respond within 1 business day*



100

Dashboard > Case List



The modified Treatment Plan Simulation will be uploaded, within the agreed Turn-Around-Time.

Traditional Type

Contents in



Matting for approach

Clinical data



Accept the plan to proceed with production

Share the link without giving the viewer access to the portal

 \mathbf{O}

Radiographs

View the simulation

1000

Reject the plan



C Aligner Portal

How to Add Refinement





			Case List	
Overview			2 M	
	n Postantino O			
0	noperant Plane	0		





·						
Í	(2 182	Test Patient	(m			
		The longe				
	Select the case ID					
		See Supervised				







Overiet¹

Overhite:



Dashboard > Case List







IT	a	c	r	L	П	r	I	n	C
	u	~	۰	۲	1		1		9

Filos



-

Instants Type

Dashboard > Case List







How to Add Retainer to an Existing Aligner Case





		E Case	e List	
)	
			38	
18				
	2			







·						
Í	(2 182	Test Patient	(m			
		The longe				
	Select the case ID					
		See Supervised				





Destroyeed

Removable retainer

For an optimal fit, we recommend taking new impressions. If desired, we can also manufacture the retainers without new impressions.

Files *							
Impression Type *	Intraoral Scan ○ Desktop Scan ○ Silicone Impression						
Upper scan(.stl)	Choose File Choose File						
Lower scan(.stl)	Choose File Choose File						
Bite scan(.stl)	Choose File Choose File						
Retainer Request *							
Treat *	Treat * Both arches Upper Arch Lower Arch						
Retainer Type * O MEMOTAIN (fixed lingual retainer) Removable plastic retainer							
I hereby confirm that I have filled out the form completely and truthfully. *							
I hereby confirm that I have read and accepted the Privacy policy. Furthermore, I agree to the processing of related data. *							
	Sa	ave					

MEMOTAIN Fixed lingual retainer

It is **mandatory** to take new impressions and upload them when submitting a request for fixed Lingual Retainers.

Intraoral Scan	\bigcirc Desktop Scan	○ Silicone Impression							
Choose File Choose File Choose File Choose File									
Choose File	Choose File								
Choose File									
Both arches	Soth arches Oupper Arch Lower Arch MEMOTAIN (fixed lingual retainer) Removable plastic retainer								
72-2 ○3-3	• 4-4								
○ 2-2 ○ 3-3	• 4-4								

I hereby confirm that I have filled out the form completely and truthfully. *

Files *

Impression Type *

Upper scan(.stl)

Lower scan(.stl)

Bite scan(.stl)

Retainer Type *

Upper Range *

Lower Range *

data. *

Patient's Chief Complaint

Treat *

Retainer Request *

X

I hereby confirm that I have read and accepted the Privacy policy. Furthermore, I agree to the processing of related

<u>Privacy</u> <u>Policy</u> X



Dashboard > Case List



IT	a	c	r	L	П	r	1	n	CI.	
	u	~	۰	۲	1		1		9	

Filos

