User Guide Hiossen Digital Center Ordering Website



A KIT

DPM-2408001

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Getting Started

[Account creation and login]

HÍOSSE	N
Account Number *	
Password *	۲
	Forgot password?
Login	
Need an account?	IGN UP

① Please log in using your current ID and password

② If you are a new customer, please click"Create your account" and fill in the google form

[Note]

The initial password was sent to your registered email If you don't know the password, please contact us. <u>smartfit@hiossen.com</u> <u>digitalpm@hiossen.com</u>

Getting Started

[Account creation and login]

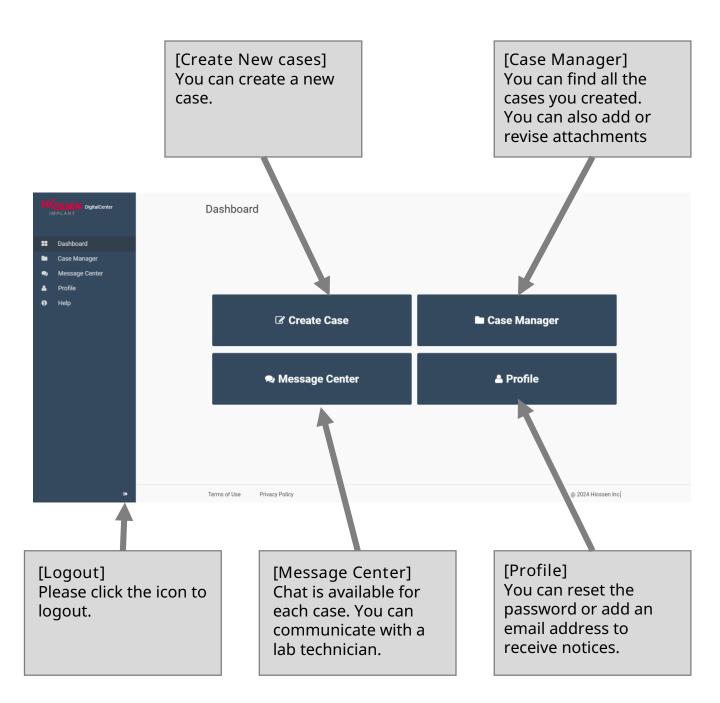
	OSSEN DigitalCenter	Dashboa	rd	
			Welcome,	
=	Dashboard		We're excited to have you at the Hiossen Digital Center.	
	Case Manager		For your security, please take a moment to update your	2 11
2	Message Center		password before proceeding.	
*	Profile		New Password	
6	Help		New Password	
			Confirm Password	🖿 Ca
			Change Password	
	Lab 🗕 🖙	Terms of Use	Privacy Policy	

 For security reasons please change your password.

Dashboard 🛛 Your password has been reset successfully

② A notification will appear once the password has been successfully changed.

Website Navigation



Create Cas	e			Cancel	
Patient Name:	First name	Last name Attachments	Review	Complete	 Please add the patient's name
	aamaa	66666666	Ama		
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	6 7 8 9 10 11 12 27 26 25 24 23 22 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		② Please select the tooth numbers
	U	Ipper Arch Lower Arch		_	
				Next	

atient Name:	Hiossen	Digital Center		
Teeth Selection	Instruction	Attachments	Review	Complete
	$ \begin{array}{c} $		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
Teeth Image	Tooth # \$	V V V V V V V V OneGuide Template ≎	Abutment ¢	Crown ¢
Teeth Image	Tooth # \$	OneGuide Template ÷	Abutment ÷	Crown ¢
Ĩ	19			

③ Please check the empty square boxes to choose the desired items

[Note] You can cancel it by clicking the selected tooth.

Tee	th Selection	Instruction	Attachments	Review	Complete
	0	n m m A A	$\Lambda \Lambda \Lambda \Lambda \Lambda \Lambda$	AAmm	
	E		990099	GAGGE)
		1 2 3 4 5	6 7 8 9 10 11	12 13 14 15 16 21 20 19 18 17	
	OneGuide Te	emplate (Required)	×		
	Select one ite	m			
		Stent Normal Case (Plannin	g & Fabrication)		
Tee		Planning Only plate Only (Design File Req	uired)	Abutment ¢	Crown ¢
		phic Guide			
	Apply this s	selection to all teeth			
		Save			
	_				

 If you click on one of the empty boxes, a pop up will appear to choose specific options.

② Please select the items you want.

[Surgical Stent]

Тее	th Selection	Instruction	Attachments	Review	Complete
	Ĺ)
	OneGuide To Select one ite	emplate (Required) m	×		
Tee	Surgical F	stent Normal Case (Planning Planning Only plate Only (Design File Req	- <i>'</i>	Abutment ¢	Crown ≎
		phic Guide selection to all teeth			
	_	Save			
					Next

③ If you want to apply this selection to all selected teeth, please check "Apply this selectin to all teeth" box.

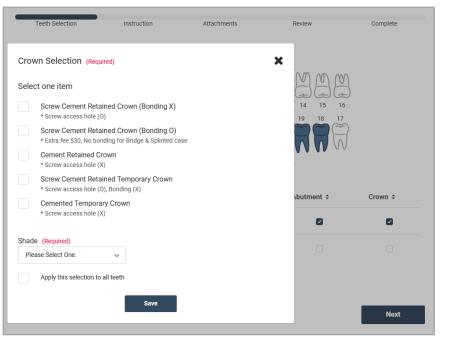
④ Please	click	"Save"
----------	-------	--------

[Custom Abutment]

Teeth Selection	Instruction	Attachments	Review	Complete
	0.0	ΛΛΛΛΛ	Λο	
Abutment Selecti	ON (Required)	×	JAMAM	
Select one item			12 13 14 15 16 11 20 19 18 17	
Titanium Abutm Hybrid Abutmer Gold Shade Abu	nt		JONNE.	
Oold Shade Abd	atment			
Implant System (Re			Abutment +	Crown +
	equired)	ystem	Abutment ÷	Crown ¢
Implant System (Re	equired)	ystem	Abutment ¢	Crown ≎
Implant System (Re	equired)	ystem ~		
Implant System (Re ET system Additional Feature	equired) EK sy Please Select One.		۵	
Implant System (Re Implant System) ET system Additional Feature Connection	equired) EK sy Please Select One.		۵	

[Note] Please select the desired abutment and implant system(ET/EK).

[Crown]



Teeth Selection	Instruction	Attachments	Review	Complete
00	nmmAA		A M M M M	
1			12 13 14 15 16	
3				
\bigvee	$V(n)(n) \nabla \nabla$	77777777	TTNNW	
Teeth Image	Tooth # \$	OneGuide Template \$	Abutment ¢	Crown ¢
Teeth Image	Tooth # + (OneGuide Template ÷	Abutment ¢	Crown ¢
$\overline{\square}$	19			
$\overline{\square}$	19			

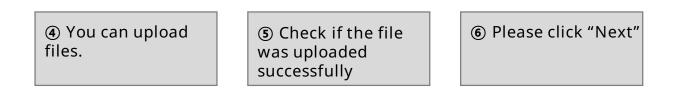
S When all items are selected, please click next.

Create Case					Cancel
Patient Name:					
Teeth Selection	Instruction	Information	Review		Complete
Instructions					
Enclosed					
CBCT Upload		Oad (When sending IOS data directly via software, please specify the scanner	Addit	ional	
CBCT Upload	any scanner model.)	software, please specify the scanner	Addit	ional Sending Stone M	odel
	any scanner model.) 35		Addit		

 You can add notes in the instructions text box. ② When sending IOS data directly via any scanner software, please specify the scanner model. ③ You can choose additional options.

BCT Upload	IOS Upload (When sending IOS data directly via any scanner software, please specify the scanner	Additional
DICOM CBCT Radiographic CBCT Denture CBCT Other Please enter information	any scanner sortware, please specify the scanner model.) 3Shape Medit iTero Sirona (CEREC) Other	Sending Stone Model Sending Impressions

Attachments (Max 1GB files only)*		
N Data Sample.zip		
Click to Upload File	Data Sample.zip	success



[Note] If you are not ready, you can also upload the file later.

reate Case				Cancel
itient Name: Hioss	sen Digital Center			
Teeth Selection	Instruction	Attachments	Review	Complete
onfirm your shipping a	address *			
Contact Name	e:			
Contact Number:	6'			Cancel
	6'			Cancel
Contact Number:	6 [.] 2			Cancel
Contact Number: Shipping Address:	6 [.] 2			Cancel
Contact Number: Shipping Address:	6' 2 e:			Cancel
Contact Number: Shipping Address: Contact Name Hiossen	6' 2 e:			Cancel
Contact Number: Shipping Address: Contact Name Hiossen Best Contact Number	6' 2 e:			Cancel

 Please check if the information for shipping is correct. ② If the address is not correct, you can edit it.

When you change the info and click "Save", then the background color will be changed ③ If you want to cancel it, please click "Cancel".

Select HQ if: Surgical Guide cases: Custom Crown & Abutment cases: All LA (West):6940 Beach Blvd. Select LA if:	reet Suite 2, Morrisville, PA, 19067, USA er code begins with a number from 0 to 7. customer codes apply. Suite D-401, Buena Park, CA, 90621 r code begins with a number from 8 - 9.	Case Delivery Typ Please Select On 1. Express Saver is of times ranging from 2. UPS Ground servi 3. Some delivery typ locations. Select Due Date *	ign D per implant or crov De * e. equivalent to UPS Gr 3-7 business days. ice is not available for bes may not be available	Rates round, with delivery or Hawaii and Alaska
Back				Next
① You can also choose to ship to the digital center.	② Please choos the delivery typ and preferred d	e	③ If you you can f table bel	

[Note] Onefit(Smartfit) and Crown are only available at HQ.

		L	BS	
TERM	 ~1	3	~2	2~
EXPRESS SAVER	\$ -	\$	-	\$ -
SECOND DAY	\$ 8	\$	10	\$ 10
STANDARD OVERNIGHT	\$ 12	\$	13	\$ 15
PRIORITY OVERNIGHT	\$ 13	\$	15	\$ 16
FIRST OVERNIGHT	\$ 30	\$	30	\$ 30
SATURDAY DELIVERY	\$ 32	\$	37	\$ 42

Select Digital Center *	Confirm Schedule
 HQ (East): 60 East Bridge Street Suite 2, Morrisville, PA, 19067, USA Select HQ if: Surgical Guide cases: Customer code begins with a number from 0 to 7. Crown & Abutment cases: All customer codes apply. LA (West):6940 Beach Blvd. Suite D-401, Buena Park, CA, 90621 	Rush Design Additional fee: \$20 per implant or crown Case Delivery Type * Please Select One.
Select LA if: Surgical Guide case: Customer code begins with a number from 8 - 9.	Please Select One.
	Express Saver (3-7 Business Day) First Overnight (Next-Day 8:00AM to 9:30AM) Priority Overnight (Next-Day 10:00AM to 12:00PM) Saturday Delivery Second Day (Second Day by the End of Business Day) Standard Overnight (Next-Day 3:00PM to End of Business Day) DUE DATE 10/04/2024
Back	Next

 Please choose the delivery type and preferred date. [Note] Regular case: 14 (business day)

Select Digital Center *	Confirm	n Sch	edule	Э				
HQ (East): 60 East Bridge Street Suite 2, Morrisville, PA, 19067, USA Select HQ if: Surgical Guide cases: Customer code begins with a number from 0 to 7.	2024	Se	epteml	ber			>	
Crown & Abutment cases: All customer codes apply.	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
LA (West):6940 Beach Blvd. Suite D-401, Buena Park, CA, 90621 Select LA if:								
Surgical Guide case: Customer code begins with a number from 8 - 9.						13		lelivery
						20		d Alaska
		23	24	25	26	27		nin
		30	1	2	3	4	5	
	6	7		9	10	11	12	
	Select	a Date	;					
	Select	a Date	:					
Back							Ne	xt

① select a date and click "Next".

A Please carefully review the information before submitting the case!

0-----

② You will see this message appear. Please click it to remove it.

Create	Case			Cancel
Patient Nan	ne: Hiossen Digital Center	Due Date: 09/12/2024	Delivery Type: FI	RST OVERNIGHT
Teeth S	Selection Instruction	Attachments	Review	Complete
	AAA AAA			A H
Tooth #	OneGuide Template ¢	Abutment	Connection \$	Crown \$ Shade \$
19	Surgical Stent Normal Case	system		
18	Surgical Stent Normal Case	system		

① Please review the final order page and submit the case

② You can find the cancel icon on the top right side.

[Note] It will take few seconds to complete the new case creation.

If your case creation is successful, you can find it in the case manager.

IMPLANY Ogladome Case Manager Message Center Profile Help	Constraints Constraints </th <th></th>	
	Terms of Use Privacy Policy	@ 2024 Hiossen Inc.

① When a new order is successfully submitted, you can find this page. ② You can also print the RX.

How to Use Case Manager

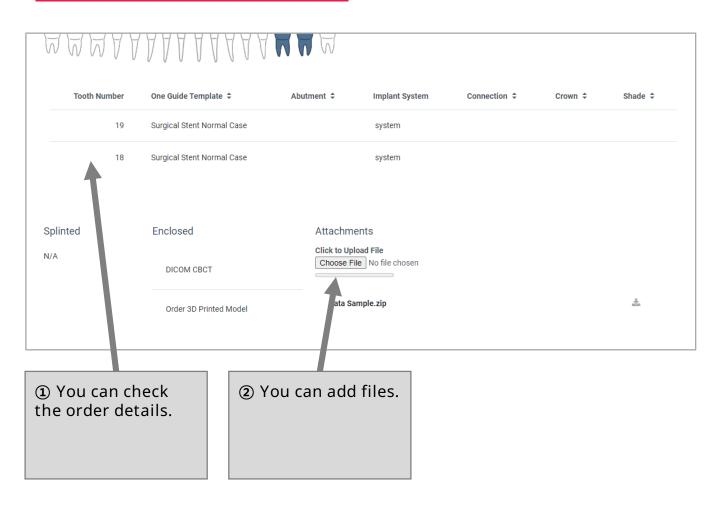
Hi	OSSEN DigitalCenter	Case	Manager							Create Case
	Dashboard	*					Q Search Cas	e		
•	Case Manager		Created Date 🗢	Case Number 🗘	Patient \$	Case Ty	ype \$	Due Date 💠	Status ‡	Tracking Number
•	Message Center	1	08/27/2024	300020031	Hiossen Digital Center	OneGui	de Template	September 12 2024	Case Submitted	
A	Profile Help									
•	нер									
	(+	Terms of	Use Privacy	Policy						@ 2024 Hiossen Inc.

 You can find all the cases in Case Manager. ② Please click a case number to check order details.

How to Use Case Manager

		er: 300020031	
Dashboard	< Back		
🖿 Case Manager			
🗪 Message Center	Patient Name: Due Date:	Hiossen Digital Center 09/12/2024	Patient : Hiossen Digital Center
💄 Profile	Delivery Type:	FIRST OVERNIGHT	
Help	Case Submitted		
			Type a message Send
	Teeth Chart		Instructions
			Please check following instructions.
G	1	Privacy Policy	@ 2024 Hiossen I
① You can ch current orde status	r co a l	You can ommunicate with lab technician via nat.	

How to Use Case Manager



How to Change Your Profile

Profile	Email for notifica	ation setting	
Customer Code:		ill be sent to the email address save otifications at additional email addre	
Contact Name:	below and save.		
Contact Number:	Email address saved in your Hios Email address:	ssen account.	
Shipping Address:	Name Title	¢ Email ≎	Active ‡
New Password:			
Confirm Password:	Add more email		Save
Terms of Use Privacy Policy	@ You can add	1	@ 2024 Hiossen Inc.
You can reset our password.	② You can add emails to receive status change notifications.		