# User Guide Hiossen Digital Center Ordering Website



- SAIT

DPM-2409001

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# **Getting Started**

#### [Account creation and login]

HÍOSSE	N
Account Number *	
Password *	۲
	Forgot password?
Login	
Need an account? S	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]

Hi	OSSEN DigitalCenter	Dashboa	rd	
			Welcome,	
=	Dashboard		We're excited to have you at the Hiossen Digital Center	5
	Case Manager		For your security, please take a moment to <b>update your</b>	: I
2	Message Center		password before proceeding.	
*	Profile		New Deserved	
0	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**



Teeth Image

Ŵ

Ð

Tooth # ¢

19

18

OneGuide Template 🗧

reate Case	)			Cancel	
tient Name:	First name	Lest name			
Teeth Selection			Review	Complete	① Please add the patient's name
Tarit lawa	32 31 30 20 28		<b>****</b> **	6	② Please select th tooth numbers
R	19				
T	18				
ient Name:	Hiossen	Digital Center Attachments	Review	Next	
	$ \begin{array}{c}                                     $	6         7         8         9         10         11         1           27         26         25         24         23         22         21	1 20 19 18 17	Jonghee	③ Please check th empty square box to choose the des items

Abutment ¢

Crown ¢

Next

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

Tee	eth Selection	Instruction	Attachments	Review	Complete
	OneGuide Te Select one ite	emplate (Required)	AAAAA 6 7 8 9 10 11 ×	21 20 19 18 17 22 V V V V V V V V V V V V V V V V V V	
Tee	Surgical S Surgical F Print Tem	Planning Only Planning Only plate Only (Design File Req	uired)	Abutment ¢	Crown ¢
	Radiograp	ohic Guide			
	Apply this s	selection to all teeth			
					Next

① 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]

Tee	th Selection	Instruction	Attachments	Review	Complete
	(-				]
	OneGuide T Select one ite	emplate (Required) em	<b>×</b> )(	21 20 19 18 17 <b>1 1 1 1 1 1 1 1 1 1</b>	)
	Surgical Surgical	Stent Normal Case (Planning Planning Only	a & Fabrication)	Abutment ¢	Crown ¢
Tee	Print Tem	ipiate Uniy (Design File Requ			
Tee	Print Tem Radiogra	pliate Only (Design File Requ phic Guide			
Tee	Print Terr     Radlogra     Apply this	phate Uniy (Design File Requ phic Guide selection to all teeth Save			

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

#### [Custom Abutment]

Teeth Selection	Instruction	Attachments	Review	Complete
Abutment Selection Select one item Vitanium Abutmen Hybrid Abutment Gold Shade Abutr	n (Required) nt ment	∧ ∧ ∧ ∧ ∧ ∧ ∧ <b>×</b>	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
Implant System (Requ	uired) EK s	ystem	Abutment ¢	Crown ¢
Implant System (Requ ET system Additional Feature	uired) EK s	ystem	Abutment ≎	Crown ≎
Implant System (Requ ET system Additional Feature Connection	uired) EK s Please Select One.	ystem V	Abutment ÷	Crown ÷
Implant System (Requ ET system Additional Feature Connection Apply this selection	uired) EK s Please Select One. to all teeth	ystem V	Abutment ≎	Crown ÷
Implant System (Requ ET system Additional Feature Connection Apply this selection	uired) EK s Please Select One. to all teeth Save	ystem V	Abutment ≎	Crown ¢

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

#### [Crown]



Teeth Selection	Instruction	Attachments	Review	Complete
	$m m m \Lambda \Lambda$			
		9999999966		
,	1 2 3 4 5 32 31 30 29 2	6 7 8 9 10 11 8 27 26 25 24 23 22 2	12 13 14 15 16 1 20 19 18 17	
	アモノモノロロ	20111100		
		/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/		
		///////////////////////////////////////		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Teeth Image	√ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √ √	OneGuide Template \$	Abutment ÷	Crown ¢
Teeth Image	VV (V (V ) (V ) Tooth # ≎ 19	OneGuide Template \$	Abutment ÷	Crown ÷
Teeth Image	Tooth # \$	OneGuide Template \$	Abutment ÷	Crown ¢
Teeth Image	Tooth # + 19 18	OneGuide Template ÷	Abutment ÷	Crown ÷
Teeth Image	Tooth # \$ 19 18	OneGuide Template ÷	Abutment ÷	Crown ¢
Teeth Image	Tooth # ÷ 19 18	OneGuide Template ÷	Abutment ÷	Crown ÷

**(5)** When all items are selected, please click next.

Create Case				Cancel
Patient Name: Sample Te	st	Information	Review	Complete
Instructions Enclosed CBCT Upload DICOM CBCT Radiographic CBCT Denture CBCT Other	IOS Upload (w any scanner software model.) 3Shape Medit iTero Sirona (O Other	hen sending IOS data directly via , please specify the scanner 'EREC)	Additional Sending Ston Sending Impr	e Model essions

① 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.

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

Attachments (Max 1GB files only)*		
No. Data Sample.zip		
Click to Upload File	Data Sample.zip	success



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

Create Ca	se					Cancel
Patient Name:	Test Test					
Teeth Selection	Ins	truction In	formation	Review	Com	plete
Confirm your ship	ping address *					
Name	Phone # 🗘	Email ≑	Shipp	ing Address 🗘	Send to	Delete
DIGITAL SITE TEST	888-888- 8888	hiossen@hiossen.com	270 SYLVAN A CLIF	VE #1130 ENGLEWOOD FS, NJ, 07632		•
	υυυυ					
Contact I	Name:					
Best Contact	Number:					Save
Best Contact	Email:					Cancel
Shipping Add	lress:					

① 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".



① You can also choose to ship to the digital center. ② Please choose the delivery type and preferred date. ③ If you click Rates, you can find the table below.

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

		L	.BS	
TERM	~1		~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



① Please choose the delivery type and preferred date.

[Note] Regular case: 14 (business day)



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 Name: Test Test	Du	e Date: 11/27/2024	Delivery Type: ST OVERNIGHT	FANDARD
Teeth Selection	Instruction	Information	Review	Complete
	EMAAA WWYAAA			N H N
Tooth # OneGuide Tem	plate \$ Abutment \$	Implant System	Connection ¢	Crown 🗧 Shade 🗢
19	Titanium Abutr	nent ET 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 a few seconds to complete the new case creation.

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

Hí	DigitalCenter						
	Dashboard Case Manager Message Center Profile Support Hiossen eShop			Your or Case Nu You will receive a confirmat	der is complete! mber: 300020059 tion email containing your orc Print RX	ler details.	
TES	T Customer 🚽 🕞	Terms & Conditions	Terms of Use	Privacy Policy	Copyright Policy	CCPA	@ 2024 Hiossen Inc.

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

Case Number: 300020050			
•	7632059	Order Date: 09/18/2024 Phone: 888-888-8888	
Doctor		Patient	
DIGITAL SITE TEST		TEST TEST	
Ship Date		Client Due Date	
10/02/2024		10/02/2024	
Rush Design		Delivery Type	
No		SECOND DAY	
Tooth# OneGuide Template	Abutment	Implant System Connection Crown Sha	de
8 Surgical Stent Normal Case			
Special Instruction		Enclosed	
Client Contact:		Lab Contact:	
DIGITAL SITE TEST		SmartFit Center Hiossen	
888-888-8888		267-759-7071 60 East Bridge Street Suite 2 Marrisville PA 19	1067
hinssen@hinssen.com		ee eest energe street seite 2, menstine, m, i	
hiossen@hiossen.com 270 SYLVAN AVE #1130 ENGLEWOOD 07632	CLIFFS, NJ,		
hlossen@hlossen.com 270 SYLVAN AVE #1130 ENGLEWOOD 07632 Doctor's Signature:	CLIFFS, NJ,	Wiesen	

### How to Use Case Manager

	, DSSEN/ DigitalCenter IPLANT	Са	ise Manage	er					Create Case
	Dashboard		*			Q3	00020059		
	Case Manager		Created Date	Case Number 🗢	Patient 🗢	Case Type ≑	Due Date ≑	Status ≑	Tracking Number
2	Message Center		1 10/28/2024	300020059	Test Test	Abutment	November 27 2024	Case Submitted	
<b>▲</b> ⊕	Profile								
<b>_</b>	Hiossen eShop								
TES	T Customer P	Torr	me & Conditione	Terms of Use	Privacy Policy	Copyrig	ht Policy CCPA		© 2024 Hiossen Inc
153		Terr	ns a conultions	Terms of USE	Filvacy Policy	Сорунд	IL FOILCY COPA		@ 2024 HIOSSEN INC.

① You can find all the cases in Case Manager. ② Please click a case number to check order details.

# How to Use Case Manager

IMPLANT DigitalCenter	Case Number: 300020059
Dashboard	K Back
<ul> <li>Case Manager</li> <li>Message Center</li> <li>Profile</li> <li>Support</li> <li>Hiossen eShop</li> </ul>	Patient Name:     Test Test       Due Date:     11/27/2024       Delivery Type:     STANDARD OVERNIGHT       Contact Number:     888-988-9889       Contact Email:     hiossen@hiossen.com       Shipping Address:     270 SYLVAN AVE #1130 ENGLEWOOD CLIFFS, NJ, 07632
TEST Customer - 19	Teeth Chart Instructions
① You can che current order status	2 You can communicate with a lab technician via Chat.

## How to Use Case Manager



# **How to Change Your Profile**

Customer Code: Contact Name: Contact Number:	Email for no Email notifications for account. If you wish to below and save. Email address saved in Email address:	Dtification s updates will be sent to receive notifications your Hiossen accour	setting o the email address saved in at additional email address of.	n your Hiossen es, please add it
Shipping Address:	Name	Title ‡	Email ‡	Active ¢
New Password:				
Confirm Password:	Add more email			Save
Terms of Use Privacy Policy	② You can add			@ 2024 Hiossen Inc.
Terms of Use Privacy Policy You can reset our password.	② You can add emails to receive status change notifications.			@ 2024 Hiossen Inc.

## **How to Use Support**



[Note] Please download necessary documents or Find your local Sales Representative