

# User Guide Hiossen Digital Center Ordering Website



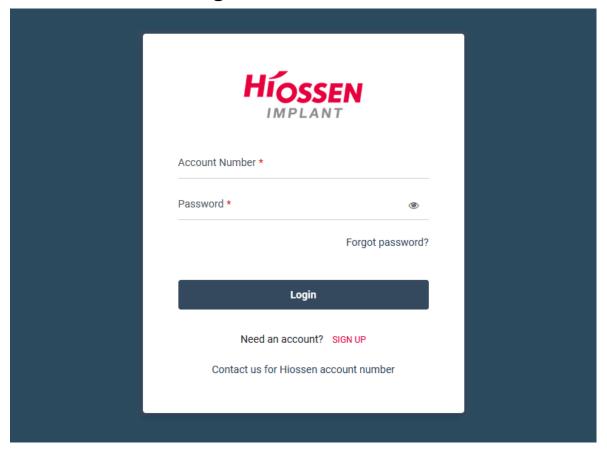
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#### **Getting Started**

#### [Account creation and login]



① Please log in using your current ID and password

② If you are a new customer, please click "SIGN UP" 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]



#### Hiossen Digital Center

Dear Valued Customer.

Welcome to the Hiossen Digital Center!

#### To get started, please fill out the form below.

We'll use this information to verify your identity and create your account.

#### [Note]

Shipping address: It can be modified at any time after your account is created.

Customer Code: This is an 8-digit number that matches the code registered in the Hiossen system.

If you're unsure of your Customer Code, please contact your sales representative.

Once we receive your information, we'll review it and set up your account within 48 hours.

Sincerely,

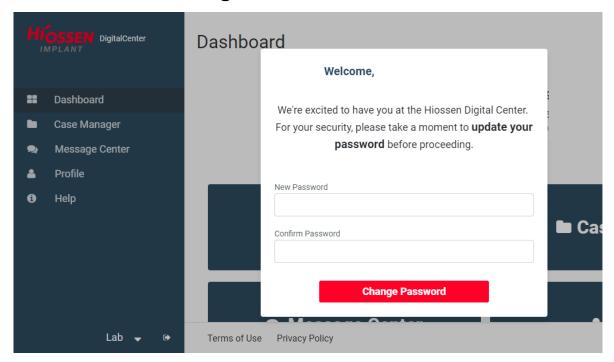
Hiossen Digital Center

#### [Note]

Please reach out to Fabiana (<u>fabiana.dibiase@Hiossen.com</u>) for help with account activation or resetting password

#### **Getting Started**

# [Account creation and login]

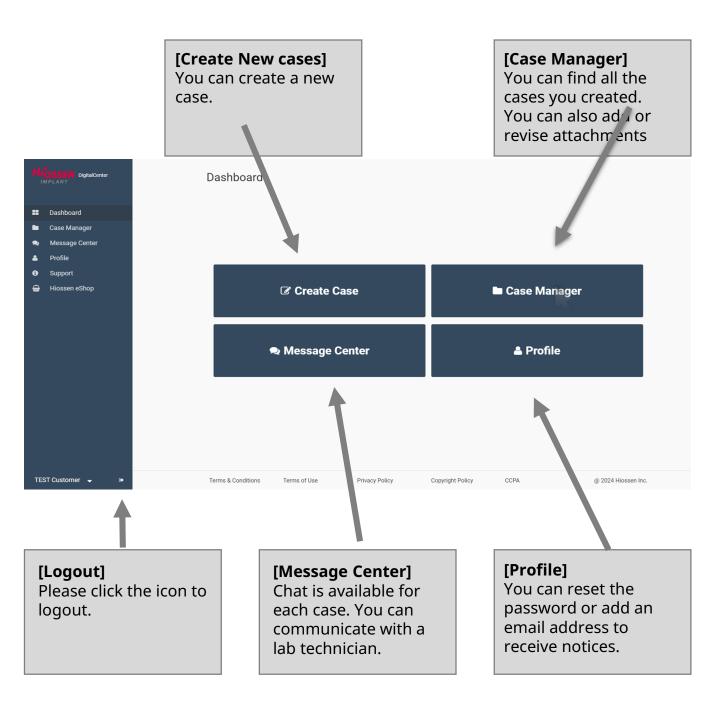


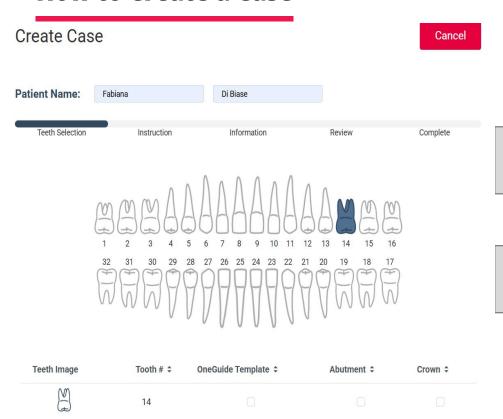
① For security reasons please change your password.

Dashboard • Your password has been reset successfully

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

#### **Website Navigation**





① Please add the patient's name

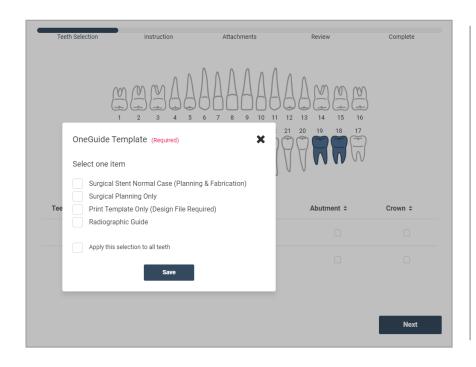
② Please select the tooth numbers

Teeth Image	Tooth # \$	OneGuide Template \$	Abutment \$	Crown \$
(V)	14			

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

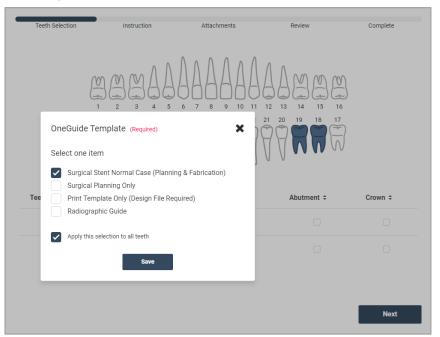
Next

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



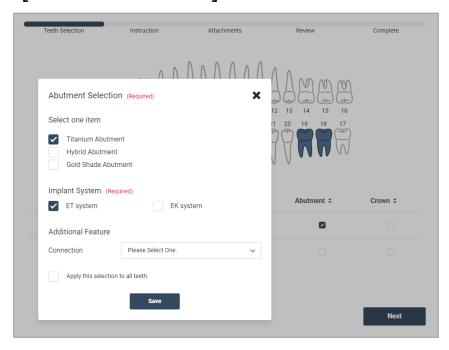
- ① If you click on one of the empty boxes, a pop up will appear to choose specific options.
- ② Please select the items you want.

#### [Surgical Stent]



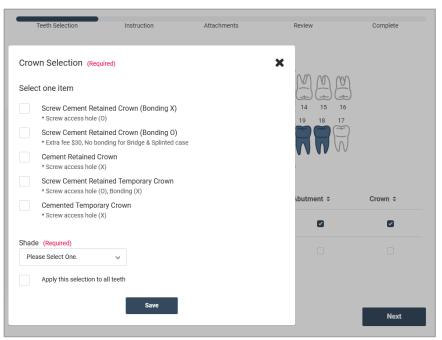
- ③ If you want to apply this selection to all selected teeth, please check "Apply this selectin to all teeth" box.
- 4 Please click "Save"

#### [Custom Abutment]



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

#### [Crown]



#### **OneBox Service**

If you are not interested in the 'OneBox' service, please uncheck the box and continue.

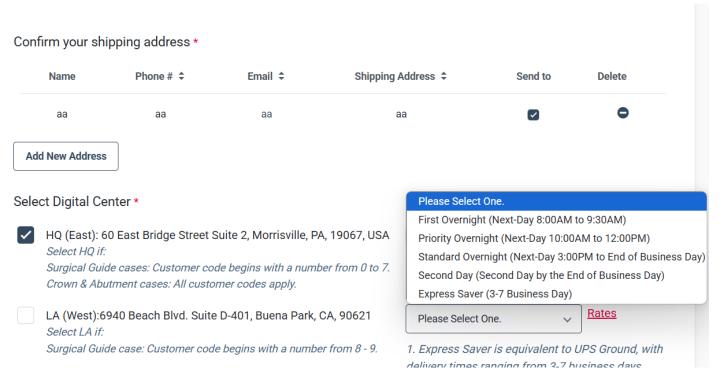
OneBox Service

By checking this box, I agree that the implant will be ordered alongside the surgical stent. The final size will be determined during the surgical planning stage. The implants will be ordered using your selected implant package.

Save & Continue

⑤ If you would like the implant to be ordered with the surgical stent check the OneBox Service – If not click "SAVE & CONTINUE" to move on

Instr	uctions		
Enclo	osed		
	I'd like to upload the CBCT DICO	M data (ZIP file)	
	I'd like to upload the Intraoral Sc	an data	
	I'd like to send the intraoral scan	data via other scanner software	
Addi	tional		
	Sending Stone Model		
	Sending Impressions		
	Back		Next
	① You can add notes in the instructions text box.	② When sending IOS data directly via any scanner software, please specify the	



- ① Please check if the information for shipping is correct.
- ② Please choose the delivery type and preferred date.
- ③ If you click Rates, you can find the table below.



#### RATES TERM

		LDS	
TERM	"1	<b>~2</b>	2"
EXPRESS SAVER	\$ -	\$ -	\$ -
SECOND DAY	\$ 6.00	\$ 8.00	\$ 8.00
STANDARD OVERNIGHT	\$ 18.50	\$ 19.50	\$ 21.50
PRIORITY OVERNIGHT	\$ 19.50	\$ 21.50	\$ 22.50
FIRST OVERNIGHT	\$ 40.00	\$ 41.00	\$ 43.00

Enclosed

Your shipping address \*

#### Contact Name: aa



Contact Number: aa

Email: aa

Shipping Address: aa

Back

**Submit Case** 

① Submit your case

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

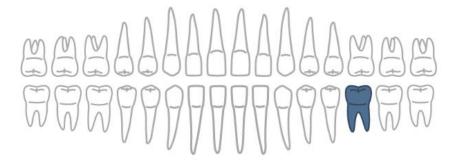
#### Create Case

Cancel

Patient Name: Test Test Due Date: 11/27/2024 Delivery Type: STANDARD

**OVERNIGHT** 

Teeth Selection Instruction Information Review Complete



Tooth # OneGuide Template \$ Abutment \$ Implant System Connection \$ Crown \$ Shade \$

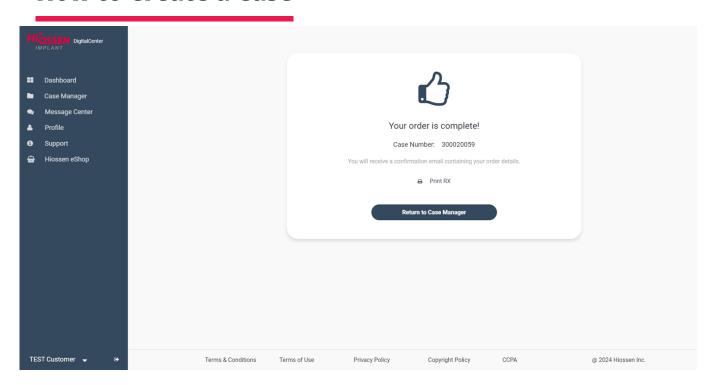
19 Titanium Abutment ET system

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.

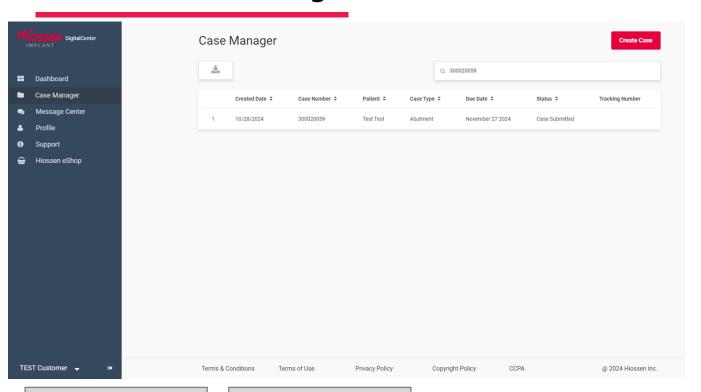
If your case creation is successful, you can find it in the case manager.



① When a new order is successfully submitted, you can find this page.

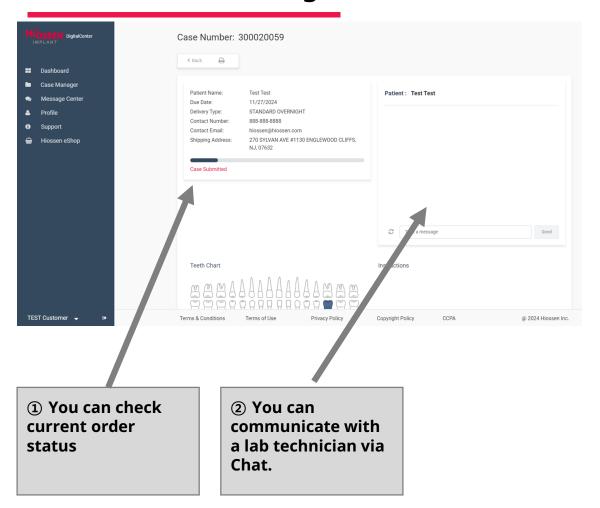
② You can also print the RX.

# **How to Use Case Manager**

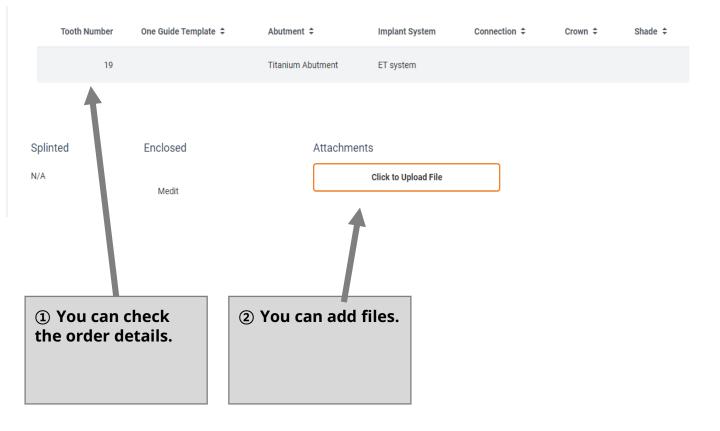


① You can find all the cases in Case Manager. ② Please click a case number to check order details.

# **How to Use Case Manager**



# **How to Use Case Manager**



Instruction

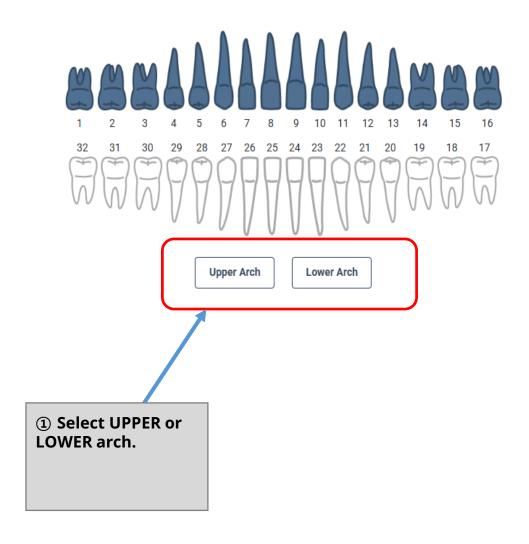
Teeth Selection

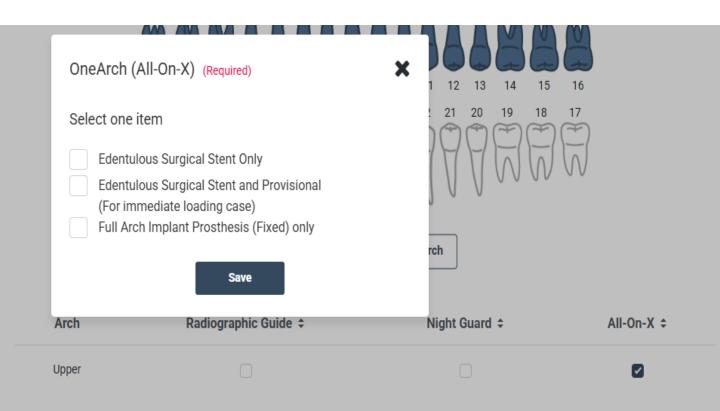
# Create Case Patient Name: Fabiana Di Biase

Information

Review

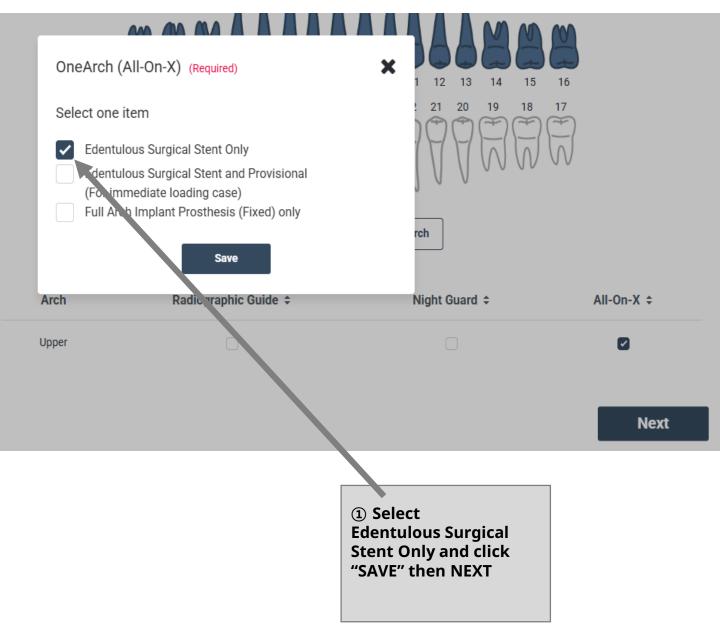
Complete





① We have three options available. Please choose the option you would like to proceed.

# [Edentulous Surgical Stent Only]



# [Edentulous Surgical Stent Only]

#### **OneBox Service**

If you are not interested in the 'OneBox' service, please uncheck the box and continue.

OneBox Service

By checking this box, I agree that the implant will be ordered alongside the surgical stent. The final size will be determined during the surgical planning stage. The implants will be ordered using your selected implant package.

Save & Continue

If you would like the Implants, Multi-abutments and Temporary cylinders to be ordered with the surgical stent check the OneBox Service – If not click "SAVE & CONTINUE" to move on

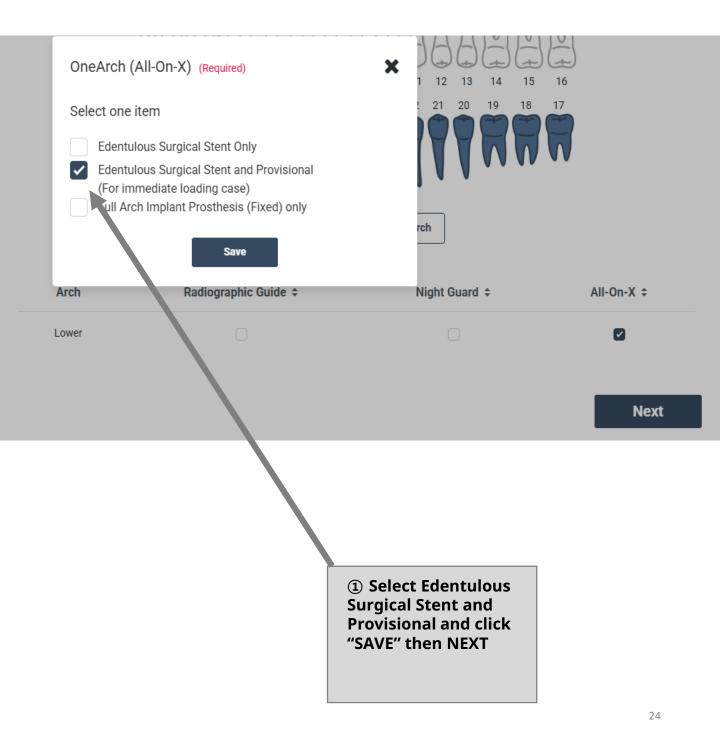
# [Edentulous Surgical Stent Only]

I'd like to upload the CBCT DICOM data (ZIP file)

**Enclosed** 

<b>~</b>	I'd like to upload the scan data (Arch for the restoration)	
	Click to Upload File	
	I'd like to upload the scan data (Opposing Arch)	
	Please upload the scan data (Bite registration)	
Additi	onal	① Upload your scan
	Sending Stone Model	data and click next.
	Sending Impressions	
	receiving the radiographic guide and Taking CBCT, please upload the CBCT DIC ne surgery and design the surgical stent.	OM data (zip file) so that we can
	Back	Next

# [Edentulous Surgical Stent and Provisional]



#### [Edentulous Surgical Stent and Provisional]

#### **OneBox Service**

If you are not interested in the 'OneBox' service, please uncheck the box and continue.

OneBox Service

By checking this box, I agree that the implant will be ordered alongside the surgical stent. The final size will be determined during the surgical planning stage. The implants will be ordered using your selected implant package.

Save & Continue

If you would like the Implants, Multi-abutments and Temporary cylinders to be ordered with the surgical stent check the OneBox Service – If not click "SAVE & CONTINUE" to move on

# [Edentulous Surgical Stent and Provisional]

Pleas	e choose the option you would like to process.*	
	I'd like to send the <b>analog impression</b> only. Patient doesn't h radiographic guide and the wax rim to check the midline and	
	I'd like to send the <b>scan data</b> . Patient doesn't have the dentu and the wax rim to check the midline and vertical dimension	re, and I understand that I will receive the radiographic guide
	I'd like to send the <b>scan data</b> and the patient has a denture. I receive the radiographic guide only and you don't have to ch I understand that the denture should be thoroughly scanned	eck the midline and vertical dimension)
	I'd like to send the <b>scan data only</b> and the patient has remain radiographic guide and wax rim but the digital center might	ning teeth which will be extracted. I understand I don't need the recommend them.
Instru	actions	
Enclo	sed	
	I'd like to upload the CBCT DICOM data (ZIP file)	** Remember for certain conditions
	I'd like to upload the scan data (Arch for the restoration)	the wax rim is needed.
	I'd like to upload the scan data (Opposing Arch)	
	Please upload the scan data (Bite registration)	
	Choose the rocess that best	

pertains to your

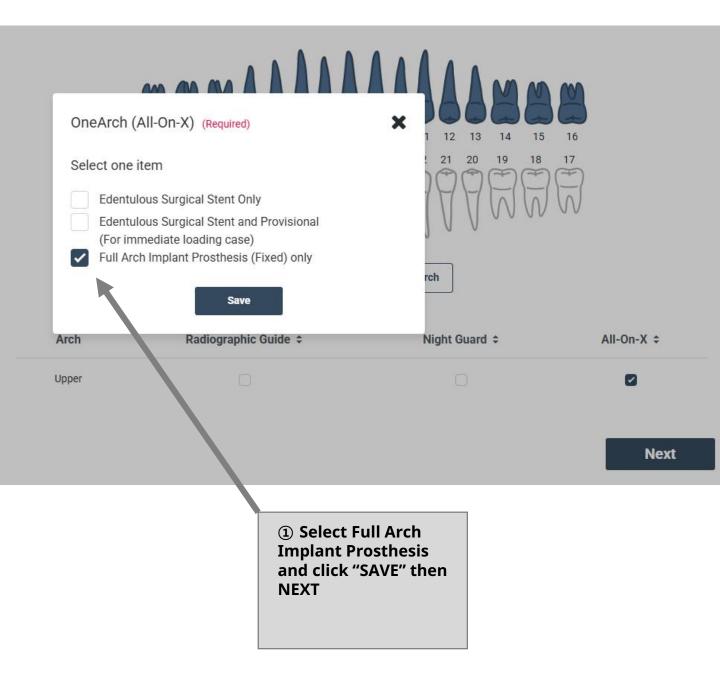
situation.

# [Edentulous Surgical Stent and Provisional]

Please choose the option you would like to process.\*

<b>✓</b>	• •	on only. Patient doesn't have the denture, and to check the midline and vertical dimension	
Instruc	ctions		
Additio	onal		
	Sending Stone Model		
	Sending Impressions		
dimens Please Please	sion, to mark the mid-line.  proceed with the bite registration upload the CBCT DICOM data (2)	we strongly recommend to adjust the on before taking the CBCT.  ZIP file) and please send back the radio in the surgical stent and the provisiona	ographic/wax rim/bite registration so
ı	Back		Next
		② After selecting an option, a description will be provided explaining your choice.	

#### [Full Arch Implant Prosthesis (fixed) only]



# [Full Arch Implant Prosthesis (fixed) only]

	e choose the impression method you would like to provide us for Try-in and Final Implant prosthesis.*
	Analog impression (You will receive the verification Jig)
	Hiossen Multi Scan Body (You will receive the verification Jig)
	iCAM Photogrammetry
If pos	ssible, please specify the range of Full Arch prosthesis in the instructions. (e.g. 3-14, 2-15, 19-30, 18-31)
e.g.	3-14, 2-15, 19-30, 18-31
	ressbry, please exchange the multi abutment to the correct size, before taking analog impression or scan data.

#### [Full Arch Implant Prosthesis (fixed) only]

(If needed) If you want to modify the midline, occlusal plane, or bite on the current temporary denture, please mark the changes or provide a photo from the eyes to the chin.

- 1. (Required) Take a impression (scan or physical) while wearing the temporary denture. (Ensure the gingival area is fully captured, as it will be used for software matching.)
- 2. (Required) Please take a bite registration (physical) with the current temporary denture.
- 3. (Required) Take an impression (scan or physical) of the opposing arch. (Previously used scans are acceptable.)
- 4. (Required) Take an impression of the transfer coping without the temporary denture or perform a scan with a scan body.

Once we receive all four steps, we will send a second temporary denture with a cap inserted inside.

If it fits well we will proceed with the final zirconia material. If adjustments are needed again, we will repeat this process.

Back

② After choosing your option, follow the REQUIRED steps.

Next