



MediMatch
DENTAL LABORATORY



DentUcation | Powered by MediMatch
HANDS-ON DENTAL COURSES

PHOTOGRAMMETRY DIGITAL WORKFLOW



DentUcation | Powered by MediMatch
HANDS-ON DENTAL COURSES

Photogrammetry Digital Workflow

for Definitive and Interim Full-Arch Prostheses

This Photogrammetry Digital Workflow Pack has been developed in collaboration with **Dr Emanuele Clozza**, an internationally recognised implant clinician and educator.



After qualifying at the University of Trieste in Italy, Dr Clozza completed advanced postgraduate training in Comprehensive Dentistry and Periodontics at New York University (NYU). With experience placing and restoring more than 13,000 dental implants, he is recognised for his expertise in full-arch implant rehabilitation and All-on-X ("Teeth in a Day") treatment.

A respected international lecturer, published author, and scientific reviewer, Dr Clozza has reviewed and approved this workflow pack. We are also proud to be partnering with Dr Clozza to deliver a series of advanced educational courses, bringing his expertise and proven clinical protocols to clinicians through our training programmes.



To book your place on the course
use this QR Code

4

Clinical Workflows

X-GRAM

Photogrammetry System

CONTACT US

For Course enquiries

events@medimatch.co.uk

Mobile +44 7546 304176

For implant cases enquiries

implants@medimatch.co.uk

WhatsApp +44 7803 146457



FOREWORD

Why Photogrammetry Changes Everything

Full-arch implant prosthetics demand extraordinary precision. Even small errors in recording implant positions can result in screw fractures, bone loss, or prosthetic failure. Analogue impression techniques introduced inaccuracies at every stage: distortion, cast expansion, and analogues that shifted during pouring.

Photogrammetry solves this by capturing implant positions with sub-25-micron accuracy using the X-GRAM system. The result is a geometric record that no impression material can distort and no stone can expand. What you send to the laboratory is precisely what exists in the patient's jaw.

Photogrammetry does not improve on analogue impression techniques. It removes their limitations entirely.

This guide covers four workflows: the Definitive Prosthesis workflow for patients with an established interim restoration, and three Interim Prosthesis workflows, each suited to a different intraoperative reference strategy. Read each workflow in full before your first case.

What This Guide Covers

CONTENTS

Section A: Definitive Prosthesis Workflow	page 4
Section B1: Interim: Soft Tissue Reference Technique	page 15
Section B2: Interim: Tooth Reference Technique	page 20
Section B3: Interim: Fiducial Marker Technique	page 26
Price List – Implant & Digital Solutions	page 32



SECTION A

Definitive Prosthesis Workflow

For patients with an existing interim restoration

By this stage, the interim prosthesis has been trialled and refined over months of wear. It is not just a temporary solution. It is a clinical record encoding tooth position, occlusion, vertical dimension, and lip support.

The definitive workflow translates that intelligence into a final restoration. Photogrammetry ensures the implant positions underpinning that restoration are captured at a precision analogue methods cannot match.

The interim prosthesis is your most valuable clinical record. Scan it with the same care you would give the final restoration.

PROTOCOL A – DIGITAL WORKFLOW FOR DEFINITIVE FULL-ARCH PROSTHESIS





Step 1 – Clinical Records (In Surgery)

Establish a comprehensive aesthetic and clinical baseline before any scanning begins. These records guide the laboratory through prosthetic design and validate final aesthetics at delivery.

- Full-face photographs, frontal, three-quarter view, and lateral profile
- Smile photographs, at rest, during speech, and at maximum smile
- Intraoral photographs, occlusal, buccal, and anterior views
- Shade records, tooth shade for the definitive prosthesis using your preferred shade guide
- Aesthetic assessment records, lip line, smile arc, incisal edge position, and any patient preferences noted

CLINICAL NOTE

Send all photographs to the laboratory with your prescription, clearly labelled. The design team will use these alongside the scan data when positioning and selecting teeth for the definitive prosthesis.

COMPREHENSIVE PHOTOGRAPHIC RECORDS

1. FULL-FACE PHOTOGRAPHS

Full-face photographs, frontal, three-quarter view, and lateral profile



2. SMILE PHOTOGRAPHS

Smile photographs, at rest, during speech, and at maximum smile



AT REST



DURING SPEECH



MAXIMUM SMILE

3. INTRAORAL PHOTOGRAPHS

Intraoral photographs, occlusal, buccal, and anterior views



MAXILLARY OCCLUSAL



MANDIBULAR OCCLUSAL



RIGHT BUCCAL



ANTERIOR



LEFT BUCCAL



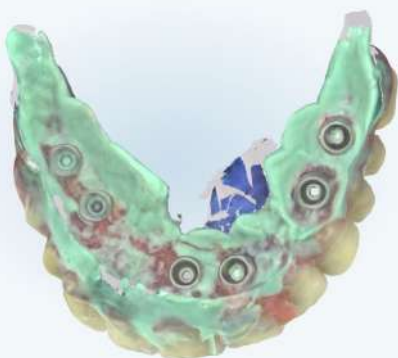
Step 2 – Interim Prosthesis Records (In Surgery)

- Scan the existing interim prosthesis fully in situ, capture the buccal, lingual, and occlusal aspects
- Scan the opposing arch in full
- Capture the occlusal relationship with the prosthesis fully seated
- Ensure surrounding soft tissue and anatomical landmarks are included to aid laboratory alignment



CLINICAL NOTE

If the interim prosthesis fully covers the soft tissue and landmarks cannot be adequately captured intraorally, scan the prosthesis extraorally and pair this with a wash impression or soft tissue index to enable accurate alignment in the laboratory.

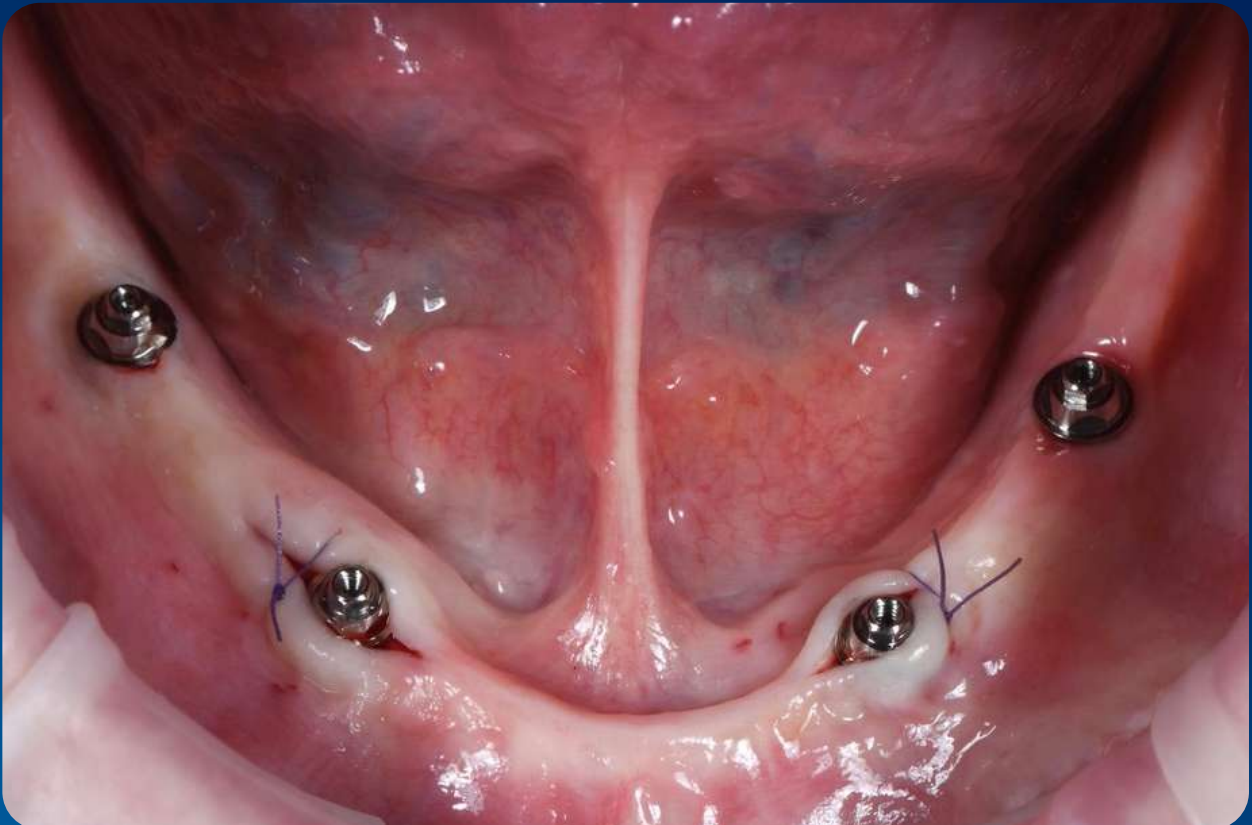




Step 3 - Clinical Implant Assessment (In Surgery)

With the prosthesis removed, assess the implant infrastructure before proceeding. An MUA that is not correctly torqued will produce a prosthesis that does not fit, and this is far easier to correct now than after manufacture.

- Assess implant integration clinically, look for mobility, peri-implant inflammation, or signs of stress
- Confirm integration radiographically where appropriate, periapical radiographs at each implant site
- Verify all Multi-Unit Abutments (MUAs) are fully seated and correctly oriented
- Torque all MUAs to the manufacturer's recommended values.





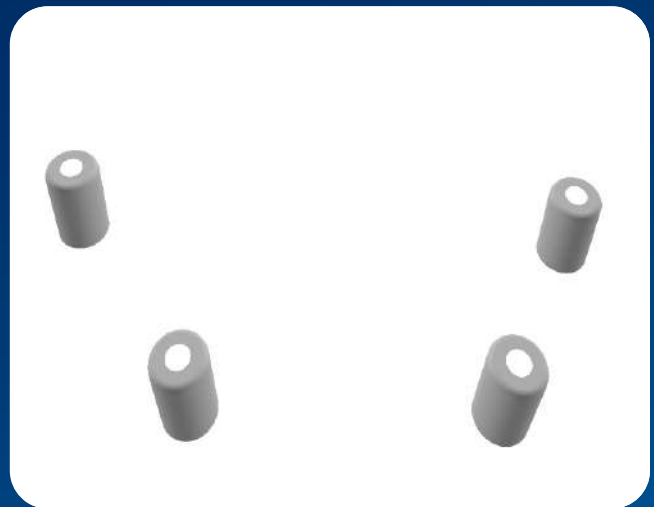
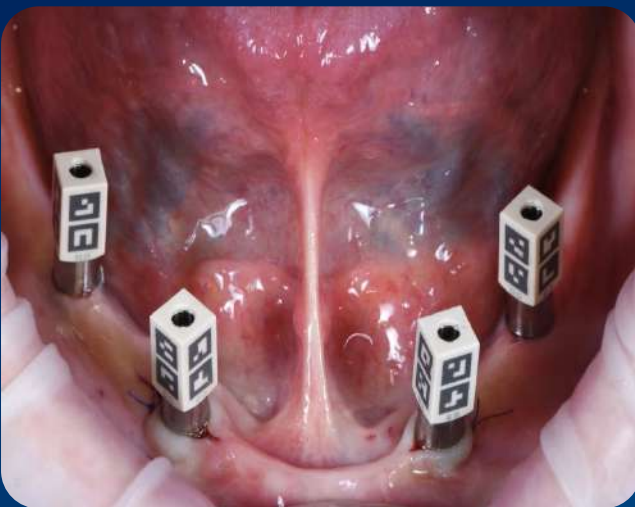
Step 4 – Photogrammetry Scan (In Surgery)

The X-GRAM photogrammetry scan records the exact 3D position and angulation of each implant through geometric measurement, achieving accuracy of 10 to 25 microns across a full arch. This coordinate map becomes the geometric foundation for the entire definitive design.

- Attach the photogrammetry scan posts securely to each MUA, ensure full seating and verify there is no movement
- Perform the X-GRAM photogrammetry scan according to the system protocol
- Review the captured data on screen to confirm all implant positions are registered
- Export the completed scan as an STL file
- Send the STL file to MediMatch laboratory with your prescription

CLINICAL NOTE

This scan captures the exact 3D spatial coordinates of your implants. Do not rush it. Verify that every scan post is fully seated before initiating capture, even a partially loose post will introduce error that cannot be corrected in the laboratory.





Step 5 – Soft Tissue and Mucosal Scan (In Surgery)

The soft tissue scan defines the emergence profile, flange contour, and mucosal relationship of the definitive prosthesis. A thorough scan here is what separates a prosthesis that fits from one that also looks natural and cleans efficiently.

- Remove the photogrammetry scan posts from all MUAs
- Place the scan bodies onto the MUAs, ensure each gingiva scan body is fully seated and screw into position
- Perform a comprehensive intraoral scan of the full arch
- Capture the buccal vestibules bilaterally
- Capture the lingual mucosa and floor of mouth
- Capture the palatal anatomy where applicable (upper arch)
- Review the completed mesh for voids or distortion before sending
- Export as STL and send all files to MediMatchlaboratory



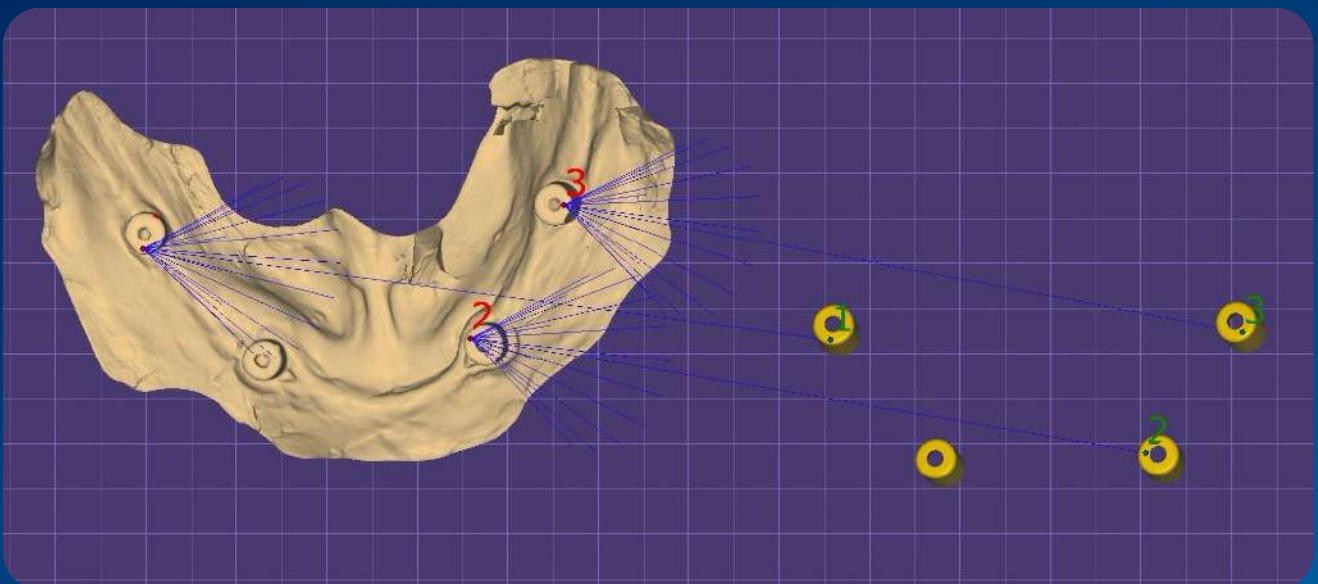


Step 6 – Digital Design of the Definitive Prosthesis (In Laboratory)

The laboratory aligns the photogrammetry data with the soft tissue scan in CAD/CAM software, then overlays the interim prosthesis scan as the aesthetic and functional template.

The interim prosthesis provides the tooth positions, occlusal contacts, vertical dimension, and aesthetic parameters. The laboratory honours that blueprint and optimises it for the chosen definitive material.

- Align the photogrammetry implant data with the intraoral soft tissue scan
- Import the scan of the interim prosthesis as the aesthetic and occlusal reference
- Establish tooth position and incisal edge position from the interim reference
- Confirm and digitally capture tooth shape, size, and characterisation
- Verify occlusal contacts and establish the correct vertical dimension of occlusion
- Confirm aesthetic parameters: lip support, smile arc, and phonetic clearance
- Complete the digital design of the definitive prosthesis framework and tooth arrangement





Step 7 – Prototype Try-In (Optional) (In Surgery)

A prototype try-in provides a clinical checkpoint before the definitive is manufactured. For complex cases with aesthetic changes, occlusal uncertainty, or phonetic demands, it allows the full outcome to be verified before committing to the final material.

- Seat the prototype prosthesis and verify passive fit
- Check occlusion, note any premature contacts or areas of heaviness
- Assess phonetics, ask the patient to say sibilant sounds (“sixty-six”, “scissors”)
- Evaluate aesthetics with the patient, tooth shade, shape, size, and lip support
- Assess oral hygiene access, confirm embrasure spaces allow cleaning aids to pass
- Photograph all findings
- Record any adjustments required and communicate them to the laboratory in writing

CLINICAL NOTE

If occlusal adjustments are required following the try-in, take a new intraoral scan or bite registration with the prototype in situ. Send this updated record to the laboratory so the revised maxillo-mandibular relationship is captured before definitive manufacture begins.



Step 8 – Fabrication of the Definitive Prosthesis (In Laboratory)

With the design approved, the definitive prosthesis enters manufacture. MediMatch manages the full production process, from milling or printing through to surface characterisation and polishing.

- Mill the definitive prosthesis from the approved digital design
- Characterise and glaze the prosthesis to the prescribed shade and surface finish
- Verify passive fit on the laboratory model before dispatch
- Package and dispatch to the practice with the completed clinical prescription





Step 9 – Delivery of the Definitive Prosthesis (In Surgery)

With a fully digital workflow, the prosthesis should seat passively without chairside modification. Your role at this appointment is verification: confirming the laboratory precision has translated into the planned clinical result.

- Seat the definitive prosthesis and check for passive fit, there should be no rocking, no gaps at the abutment interface, and no resistance to full seating
- Check occlusion with articulating paper, mark all contacts and verify even bilateral loading
- Assess tissue adaptation, confirm the flange and emergence profile are harmonious with the surrounding mucosa
- Evaluate aesthetics with the patient, confirm shade, shape, and smile result match expectations
- Assess phonetics, re-check sibilant sounds and confirm no speech changes from the interim
- Take a periapical or panoramic radiograph, confirm complete seating at all implant connections
- Tighten prosthetic screws to manufacturer's recommended torque values, do not exceed specified limits
- Seal screw access channels with the prescribed material and restore access openings
- Take delivery photographs, these form part of the patient record and can be shared with the laboratory

CLINICAL NOTE

A radiograph at delivery is not optional, it is the only reliable method of confirming complete seating across all implant connections simultaneously. Do not seal the screw channels until the radiograph has been reviewed and passive fit confirmed.





SECTION B

Interim Prosthesis Workflows

Three techniques for same-day loading with photogrammetry

The interim prosthesis must be designed, manufactured, and delivered on the same surgical day or the next day. There is no opportunity for a second impression. Every element of the pre-surgical planning has to work first time.

Photogrammetry makes this possible by capturing implant positions digitally during surgery. The three techniques in this section share the same surgical and digital architecture but differ in one variable: how the diagnostic wax-up is oriented to the post-surgical scan data.

B1 Soft Tissue Reference

Teeth are present. Soft tissue anatomy and vestibular landmarks guide registration.

B2 Tooth Reference

One or two teeth retained strategically during surgery to anchor digital alignment.

B3 Fiducial Marker

Pre-placed screws in bone or palate create stable landmarks independent of tissue or teeth.

Choose the technique that gives you the most reliable registration reference for your patient and clinical scenario.



SECTION B1 • INTERIM WORKFLOW

Soft Tissue Reference Technique

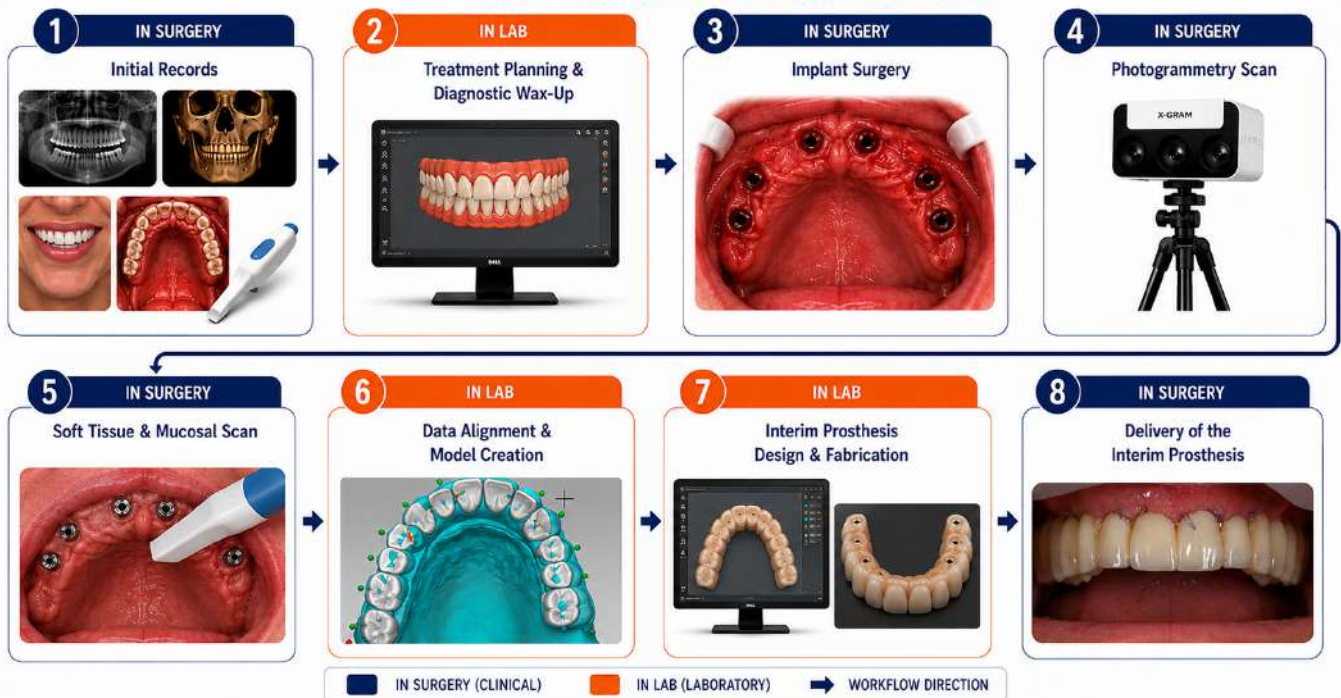
Best for: patients with teeth so they can be used to design the interim prosthesis

The laboratory aligns the diagnostic wax-up to the post-surgical scan using mucosal anatomy as the registration reference.

The quality of the pre-operative mucosal scan directly determines registration accuracy. Capture it thoroughly.

DIGITAL WORKFLOW FOR INTERIM PROSTHESIS

B1 – SOFT TISSUE REFERENCE TECHNIQUE





Step 1 – Initial Records (In Surgery)

The consultation appointment establishes the clinical and aesthetic foundation for the entire treatment. Every record taken here will be used by the laboratory to design the interim prosthesis before the patient even enters the surgical suite.

- Comprehensive clinical examination, periodontal, occlusal, and restorative assessment
- OPG and CBCT imaging, for implant planning, bone volume assessment, and surgical guide design
- Full-face and smile photographs
- Intraoral photographs, current dentition, soft tissue
- Shade selection and aesthetic assessment, note the patient's preferences explicitly
- Intraoral scans of the existing dentition and opposing arch



Step 2 – Treatment Planning and Surgical Guide Design (In Laboratory)

Armed with the pre-operative records, the MediMatch team builds the digital treatment plan. This is where the prosthetic outcome is designed before a single implant is placed, a critical advantage of the digital workflow.

- Design the diagnostic wax-up, establish ideal tooth position, occlusion, and aesthetics
- Merge the intraoral scan with CBCT data to plan implant positions in the context of the proposed prosthetic design
- Design and fabricate the surgical guide when guided surgery is planned



Step 3 – Implant Surgery (In Surgery)

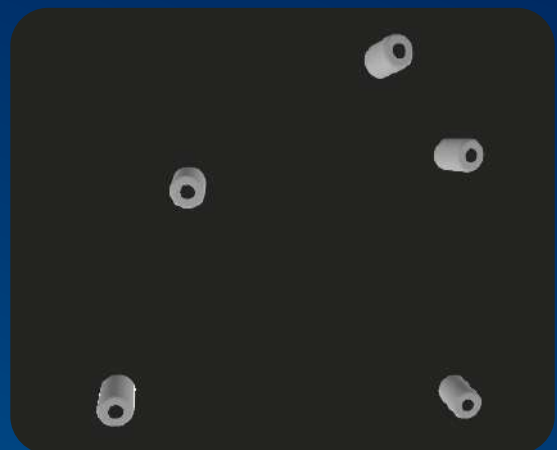
The surgical day is where the plan meets reality. Follow your surgical guide or freehand protocol, extract remaining teeth, and connect your Multi-Unit Abutments before proceeding to scanning.

- Extract the remaining teeth following the surgical plan
- Place implants using freehand or guided approach according to the treatment plan
- Connect the Multi-Unit Abutments (MUAs) to each implant, verify full seating

Step 4 – Photogrammetry Scan (In Surgery)

With the flap still open and MUAs accessible, attach the scan posts and capture the implant geometry. Performing this step before flap closure gives you the clearest access and minimises any tissue interference with the scan posts.

- Attach the photogrammetry scan posts firmly to each MUA
- Capture implant positions using the X-GRAM photogrammetry system
- Verify all positions are registered on screen before removing posts
- Export scan as STL and transmit to MediMatch laboratory immediately

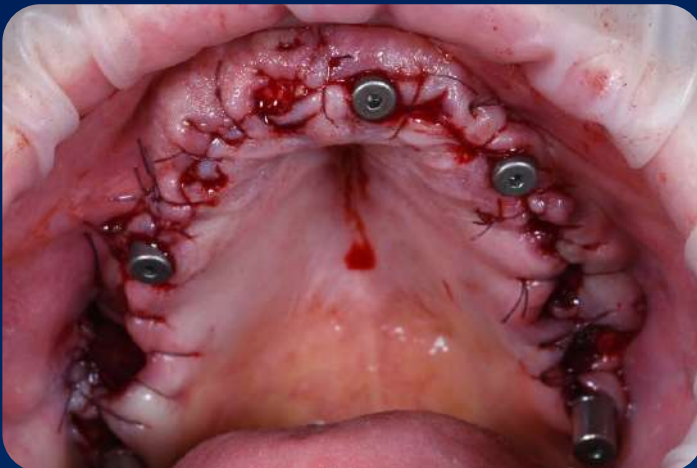




Step 5 – Soft Tissue and Mucosal Scan (In Surgery)

After photogrammetry, swap the scan posts for scan bodies and perform a complete intraoral scan. This scan gives the laboratory the mucosal anatomy they will use as the registration reference, capture it as thoroughly as possible.

- Remove photogrammetry scan posts and attach gingiva scan bodies to all MUAs
- Perform a full-arch intraoral scan
- Capture buccal vestibules, lingual mucosa, and palate (upper arch)
- Review the mesh for completeness, rescan any voids
- Export STL and transmit to the laboratory



Step 6 – Data Alignment (In Laboratory)

The laboratory aligns the photogrammetry implant positions with the post-surgical soft tissue scan and uses the mucosal landmarks to register the pre-operative wax-up. When this step is accurate, the interim prosthesis will deliver precisely what was planned.

- Align photogrammetry implant positions with the intraoral soft tissue scan
- Use soft tissue landmarks to register the diagnostic wax-up to the post-surgical anatomy
- Verify digital registration accuracy across all reference points
- Create the final digital model for interim prosthesis design



Step 7 – Interim Prosthesis Design and Fabrication (In Laboratory)

With the model aligned, the laboratory designs and manufactures the interim prosthesis. Digital fabrication allows this to happen rapidly, typically within the same clinical day.

- Design the interim prosthesis using the wax-up as the template
- Manufacture by 3D printing or milling
- Finish, characterise, and polish the restoration
- Prepare for same-day or next day delivery



Step 8 – Delivery of the Interim Prosthesis (In Surgery)

Seat the interim prosthesis and complete all clinical checks. This is a provisional restoration and minor occlusal adjustment is expected, but passive fit must be confirmed radiographically before the appointment ends.

- Seat the interim prosthesis and check passive fit, no rocking or lifting at any implant connection
- Hand-tighten the prosthetic screws according to the clinical protocol
- Check and adjust occlusion with articulating paper
- Take a periapical or panoramic radiograph to confirm complete seating
- Provide postoperative instructions, diet, cleaning, review intervals





SECTION B2 · INTERIM WORKFLOW

Tooth Reference Technique

Best for: patients where one or two teeth can be strategically retained during surgery

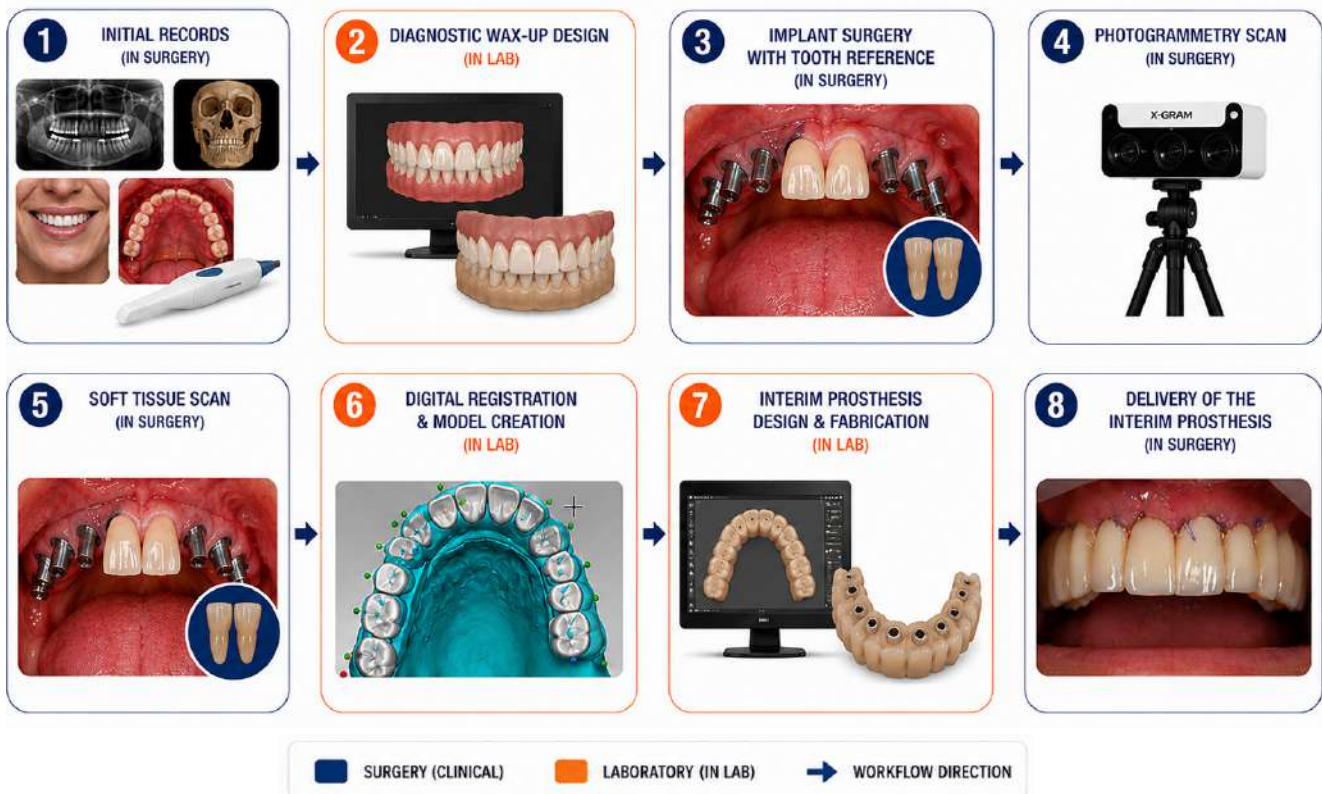
Rather than relying on soft tissue landmarks that can swell or shift during surgery, this technique retains one or two strategic teeth throughout the procedure as hard, stable registration points for the laboratory.

Typically upper canines or lower premolars are retained. They are extracted only after the intraoral scan is complete and transmitted to the laboratory.

Two retained teeth give the laboratory a fixed coordinate system that no soft tissue reference can match.

DIGITAL WORKFLOW FOR INTERIM PROSTHESIS

B2 – TOOTH REFERENCE TECHNIQUE





Step 1 – Initial Records (In Surgery)

Identical to B1 in scope, comprehensive records at this appointment underpin the entire treatment plan.

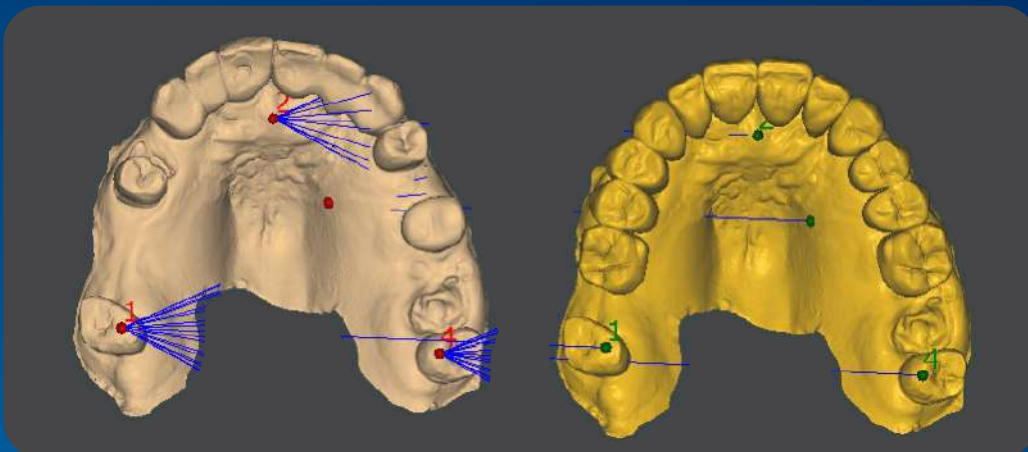
- Comprehensive clinical examination
- OPG and CBCT imaging
- Full-face and smile photographs
- Intraoral photographs of the existing dentition
- Shade selection and aesthetic assessment
- Intraoral scans of the existing dentition, these are critical for the wax-up and for identifying which teeth to retain



Step 2 – Diagnostic Wax-Up Design (In Laboratory)

The laboratory designs the diagnostic wax-up from the pre-operative records. This wax-up will later be registered to the post-surgical anatomy using the reference teeth, so the pre-operative intraoral scan must include these teeth in clear detail.

- Design the diagnostic wax-up from the pre-operative records
- Establish proposed tooth position, occlusion, and smile aesthetics
- Confirm that the reference teeth are clearly visible in the scan data for post-surgical alignment





Step 3 – Implant Surgery with Tooth Reference (In Surgery)

Plan the extraction sequence carefully. The reference teeth are the last to come out, and their presence throughout the surgical and scanning phase is what makes this technique work.

- Extract the teeth planned for removal according to the surgical plan, leave the reference teeth in place
- Place implants using freehand or guided approach
- Connect Multi-Unit Abutments (MUAs) to all implants

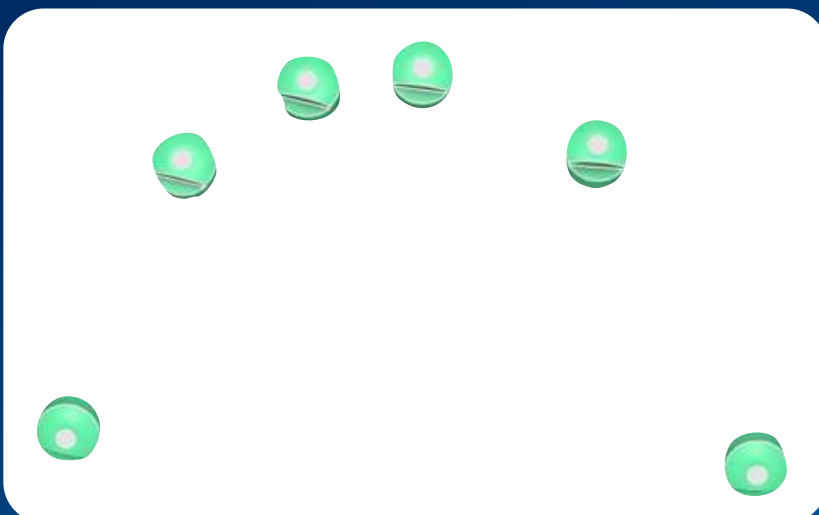
CLINICAL NOTE

A radiograph at delivery is not optional, it is the only reliable method of confirming complete seating across all implant connections simultaneously. Do not seal the screw channels until the radiograph has been reviewed and passive fit confirmed.

Step 4 – Photogrammetry Scan (In Surgery)

Same protocol as B1, capture implant positions with the X-GRAM system before removing any remaining teeth or disturbing the surgical field.

- Attach photogrammetry scan posts to all MUAs
- Capture implant positions using the X-GRAM system
- Export STL and transmit to the laboratory





Step 5 – Soft Tissue and Mucosal Scan (In Surgery)

This scan must include the reference teeth clearly, they are the registration anchors the laboratory will use to align the wax-up. Do not extract them before this scan is confirmed as complete and transmitted.

- Remove photogrammetry scan posts and attach gingiva scan bodies
- Perform a full-arch intraoral scan
- Capture buccal vestibules, lingual mucosa, and palate
- Ensure the reference teeth are clearly captured within the scan
- Export and transmit STL to the laboratory
- Extract the remaining reference teeth only after scan transmission is confirmed

CLINICAL NOTE

Confirm with the laboratory that the scan has been received and the reference teeth are clearly visible before you extract them. Once they are gone, they cannot be rescanned.

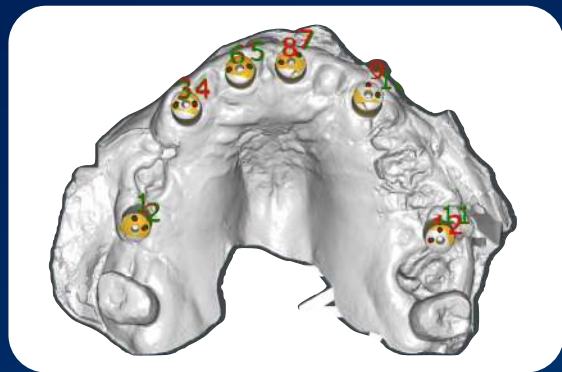
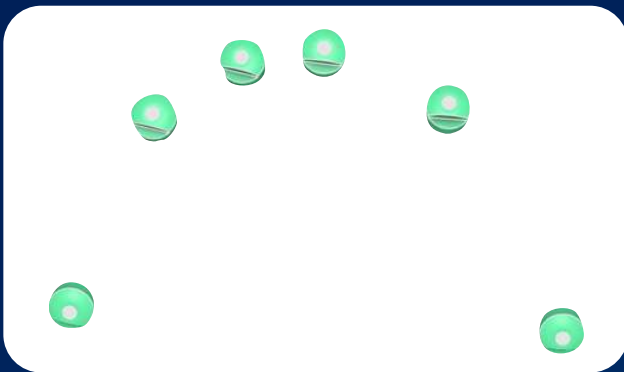




Step 6 – Digital Registration and Model Creation (In Laboratory)

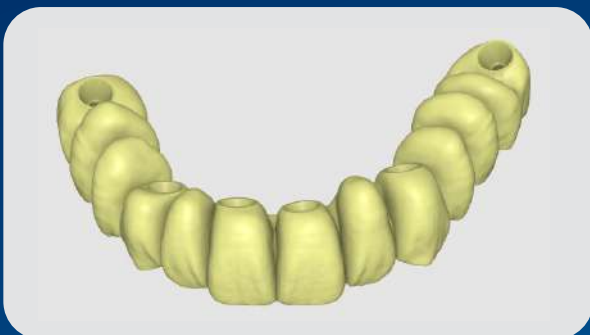
The reference teeth provide the laboratory with a precise, unambiguous coordinate system for aligning the pre-operative wax-up to the post-surgical scan. This is the registration step where the tooth reference technique demonstrates its accuracy advantage.

- Align photogrammetry implant positions with the post-surgical soft tissue scan
- Use the reference teeth to register the diagnostic wax-up to the post-surgical anatomy
- Transfer the planned tooth position and occlusal scheme to the digital model
- Verify registration accuracy across all reference points



Step 7 – Interim Prosthesis Design and Fabrication (In Laboratory)

- Design the interim prosthesis using the diagnostic wax-up from Step 2
- Manufacture by 3D printing or milling
- Finish, polish, and prepare for same or next day delivery





Step 8 – Delivery of the Interim Prosthesis (In Surgery)

- Seat the interim prosthesis and verify passive fit
- Hand-tighten prosthetic screws according to the clinical protocol
- Check and adjust occlusion
- Take a radiograph to confirm complete seating at all implant connections
- Provide postoperative instructions to the patient



CONTACT US

For Course enquiries

events@medimatch.co.uk

Mobile +44 7546 304176

For implant cases enquiries

implants@medimatch.co.uk

WhatsApp +44 7803 146457



SECTION B3 · INTERIM WORKFLOW

Fiducial Marker Technique

Best for: complex cases where maximum registration accuracy is required regardless of teeth or tissue

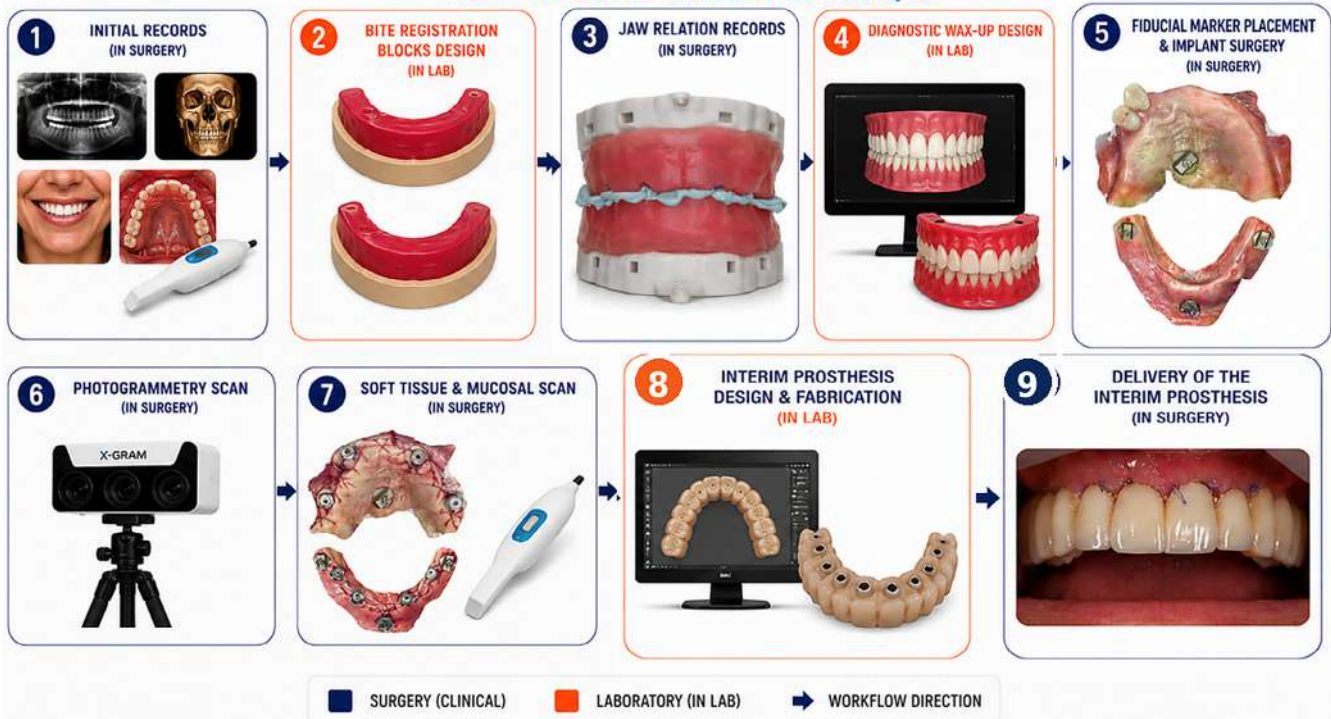
Small titanium marker screws are placed into stable bone or the hard palate before surgery begins. They remain fixed throughout the entire procedure and serve as the reference points that bridge the pre-surgical wax-up to the post-surgical scan data.

The pre-operative scan captures the markers alongside the existing dentition. The post-surgical scan captures them again with the MUA scan bodies in place. The laboratory uses both captures to compute a precise registration that is independent of soft tissue change during surgery.

Fiducial markers are pre-planned certainty in an environment where almost everything else is variable.

DIGITAL WORKFLOW FOR INTERIM PROSTHESIS

B3 – FIDUCIAL MARKER TECHNIQUE





Step 1 – Initial Records (In Surgery)

Record collection follows the same protocol as B1 and B2, with the addition of pre-operative scans that will be used for fiducial marker planning.

- Comprehensive clinical examination
- OPG and CBCT imaging
- Full-face and smile photographs
- Intraoral photographs
- Shade selection and aesthetic assessment
- Pre-operative intraoral scans, these must capture the full arch clearly as the fiducial planning reference
- Take upper and lower intraoral scans and send the STL files to MediMatch for fabrication of the wax bite blocks





Step 2 – Bite Registration Block Design (In Laboratory)

For the fiducial marker technique and for cases with no clear occlusion the laboratory first fabricates bite registration blocks before designing the wax-up. These blocks allow you to record the jaw relationship at the pre-surgical appointment, before the surgical anatomy changes.

- Fabricate the bite registration blocks from the pre-operative records
- Dispatch registration appliances to the practice before the surgical appointment

Step 3 – Jaw Relation Records (In Surgery)

Using the bite registration blocks at a pre-surgical appointment, capture the jaw relationship before any surgical changes occur. These records give the laboratory the dimensional framework for the wax-up design.

- Seat the bite registration blocks and establish the vertical dimension of occlusion (VDO)
- Record the centric relationship (CR) with the blocks in place
- Verify and record the dental midline
- Assess and note aesthetic parameters, lip support, incisal edge visibility, and smile arc
- Confirm the planned restorative position

Step 4 – Diagnostic Wax-Up Design (In Laboratory)

With the jaw relation records in hand, the laboratory designs the diagnostic wax-up that will serve as the template for the interim prosthesis. This wax-up will be registered to the post-surgical scan using the fiducial markers.

- Design the diagnostic wax-up using the pre-operative records and jaw relation records
- Establish proposed tooth position, occlusion, and aesthetics
- Use the wax-up as the reference for interim prosthesis design following surgery



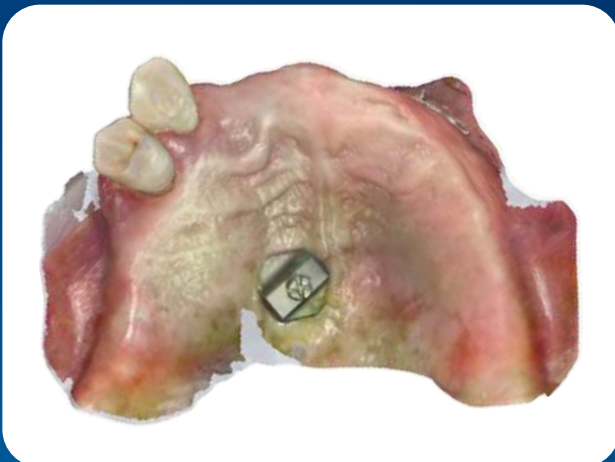
Step 5 – Fiducial Marker Placement and Implant Surgery (In Surgery)

The fiducial markers are placed first, before implant surgery begins, and they remain in position throughout the procedure. Their placement positions must be captured in the pre-operative intraoral scan before any extractions occur, and again in the post-surgical scan after implants are placed. This dual-scan capture is what enables the laboratory to use them as a registration bridge.

- Place fiducial marker screws into bone before implant surgery begins
- Maxilla: place one fiducial marker in the hard palate (midline or paramedian)
- Mandible: place three fiducial markers, two posteriorly and one buccally
- Perform a pre-surgical intraoral scan capturing all fiducial markers in their pre-extraction positions
- Extract the remaining teeth following the surgical plan
- Place implants using freehand or guided approach
- Ensure fiducial markers remain stable, undisturbed, and clearly accessible throughout
- Connect Multi-Unit Abutments (MUAs) to all implants

CLINICAL NOTE

Fiducial marker stability is paramount. Any movement of a marker between the pre-surgical and post-surgical scans will introduce registration error. If a marker moves, it must be removed and replaced before proceeding.





Step 6 – Photogrammetry Scan (In Surgery)

Proceed with the standard X-GRAM photogrammetry protocol. The fiducial markers remain in position during this step.

- Attach photogrammetry scan posts to all MUAs
- Capture implant positions using the X-GRAM system
- Export STL and transmit to the laboratory

Step 7 – Soft Tissue and Mucosal Scan (In Surgery)

The post-surgical intraoral scan must include all fiducial markers clearly. This is the scan that, combined with the pre-surgical marker positions, gives the laboratory the coordinate bridge they need for registration.

- Remove photogrammetry scan posts and attach gingiva scan bodies to all MUAs
- Perform a full-arch intraoral scan
- Capture buccal vestibules, lingual mucosa, and palate
- Ensure all fiducial markers are clearly visible within the scan mesh
- Export STL and transmit to the laboratory
- Remove all fiducial markers only after the scan has been transmitted and confirmed received

CLINICAL NOTE

Do not remove the fiducial markers until the laboratory confirms they are clearly visible in the transmitted scan data. Marker removal before this confirmation risks losing the registration reference entirely.





Step 8 – Digital Registration, Interim Design and Fabrication (In Laboratory)

The fiducial markers give the laboratory a precise, geometry-defined registration framework. With the pre-surgical marker positions and the post-surgical marker positions, a mathematically exact alignment can be computed and the wax-up registered to the post-surgical reality.

- Align photogrammetry implant positions with the post-surgical soft tissue scan
- Use pre- and post-surgical fiducial marker positions to register the diagnostic wax-up to the post-surgical anatomy
- Transfer the planned tooth position and occlusal scheme to the implant-supported design
- Verify registration accuracy at all fiducial reference points
- Create the final digital model for interim prosthesis design
- Design the interim prosthesis using the diagnostic wax-up from Step 4
- Manufacture by 3D printing or milling
- Finish, polish, and prepare for same or next day delivery

Step 9 – Delivery of the Interim Prosthesis (In Surgery)

Seat and verify the interim prosthesis using the same protocol as B1 and B2. Provide the patient with clear postoperative instructions, same-day loading patients require careful guidance on diet, loading protection, and follow-up.

- Seat the interim prosthesis and verify passive fit
- Hand-tighten the prosthetic screws according to the clinical protocol
- Check and adjust occlusion with articulating paper
- Take a radiograph to confirm complete seating at all implant connections
- Provide comprehensive postoperative instructions, soft diet protocol, cleaning regimen, and review schedule





MediMatch Dental Laboratory

Implant & Digital Solutions

PRICE LIST

evertis
SHINUNG IMPLANT

Implant & Digital Solutions

A clear pricing guide for surgical guides, photogrammetry, single implant restorative packages and full arch All-on-X solutions.

Digital dentistry support from the MediMatch Implant & Digital teams

Surgical Guides

Single implant, two implant and full arch guide options.

Photogrammetry

Pay as you go, subscription or full purchase options.

Restorative

Single implant package pricing for Evertis Implant System.

Surgical Guides

Service	Price
Full Arch Implant Surgical Guide	£250
Single Implant Surgical Guide	£140
Two Implant Surgical Guide	£175

Photogrammetry

Service	Price
Photogrammetry Machine - Pay As You Go	£600 per case + VAT
Photogrammetry Machine - 6 Month Subscription	£500 per month + VAT
Photogrammetry Machine - Full Purchase	£12,000 + VAT

FIRST-TIME USER OFFER

50% off for first-time users

When ordering a Surgical Guide + All-on-X 3D Printed Temporary.

Offer valid until 30 September 2026.

Offer ends after this date. Prices may change - always check with the lab before ordering.

To order: implants@medimatch.co.uk

Evertis implant support: [Contact Mark on WhatsApp +44 7749 774587](#)

50% OFF
LIMITED-TIME OFFER



MediMatch Dental Laboratory

Implant & Digital Solutions

Restorative

Single Implant Package

For Evertis Implant System only. Includes digital analogue, prosthetic screw, and Ti-base where applicable.

Service	Price
Full Contour Zirconia Crown on Ti-Base	£245
Zirconia with Porcelain Crown on Ti-Base	£260
Full Contour Zirconia Crown with CAD/CAM Abutment	£290
Zirconia with Porcelain Crown on CAD/CAM Abutment	£334

Full Arch All-on-X

Prices exclude implant components and prosthetic parts.

Service	Price
3D Printed Temporary for All-on-X (Direct to MUA or Pick-Up)	£450
Full Zirconia with Bar	£1,800

Ready to order?

Email implants@medimatch.co.uk

MediMatch WhatsApp [+44 7803 146457](https://www.whatsapp.com/channel/0029va833333333333333333)



Evertis implant support

Contact Mark: [+44 7749 774587](https://www.whatsapp.com/channel/0029va833333333333333333) via WhatsApp

Pricing note

Implant package prices may change or increase.

Please check with the lab before placing an order.

Use this contact for Evertis implant ordering support.



DentUcation | Powered by MediMatch
HANDS-ON DENTAL COURSES

Ready to submit your first case?

Send your scans to scan@medimatch.co.uk or call us on 020 3875 8530.
medimatch.co.uk

Digital dentistry gives clinical skill a more accurate and more predictable means of expression.

These workflows represent the current clinical standard for full-arch implant prosthetics, refined through case experience and laboratory feedback. The underlying principle will not change: measure accurately, design intelligently, deliver with confidence.

We look forward to supporting your cases.



CONTACT US

For Course enquiries

events@medimatch.co.uk

Mobile +44 7546 304176

For implant cases enquiries

implants@medimatch.co.uk

WhatsApp +44 7803 146457

CPD-Certified Dental Courses

Enhance your skills with hands-on, CPD-certified courses designed for dental professionals. From cutting-edge techniques to practical applications, our training ensures you stay ahead in modern dentistry. Learn from industry experts and gain the confidence to apply new skills in your practice.

Here's what we have on offer



Veneer Masterclass

Dr Andrew El Nazir
& Dr Khalil Karwani



E.tchd

Dr Hassan Asad



ICON Whitening

Dr Kiran Shankla



Clear Aligners

Dr Carlos Diez Acero



The Full Implantology Workflow

Dr Marco Vinattieri Amelotti



Telescopic Dentures

Dr Pedram Negahban



The Ultimate Patient Journey

Dr Phil Broughton



Occlusion Essentials

Dr Mahmoud Ibrahim



Conical Retention and Full Digital Workflow

Dr Pavan Bopanna



Resonate Patient Communication

Dr Sorabh Patel



Master Exocad

Dr Kavir Shah



Digital Full-Arch & Photogrammetry for All-on-X

Dr Emanuele Clozza



Copy Dentures

Dr Ramona Seth

Want to learn more about our courses?

Scan the QR code to explore our full range of CPD-certified courses. For any questions or to book your spot, contact us at events@medimatch.co.uk or call +44 7546 304176.



Deliver results your patients will love



MediMatch

DENTAL LABORATORY



DentUcation

HANDS-ON DENTAL COURSES | Powered by MediMatch

CONTACT US

For Course enquiries

events@medimatch.co.uk

Mobile +44 7546 304176

For implant cases enquiries

implants@medimatch.co.uk

WhatsApp +44 7803 146457