

Input Data Checklist for CAD Design

AUROFORM Design — checking your data package before design starts

Who it's for: implantologists and dental laboratories sending cases for remote design.

Design-only. Surgical guides and prosthetic constructions are designed for exocad DentalCAD.

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How to use: for each item, assess the data and choose an action — **accept** or **request a rescan / resend**. Item codes (A1, B2...) are repeated in the checklist in section H.

A Intraoral jaw scan (STL/PLY)

CODE	WHAT WE CHECK	TYPICAL MISTAKE	ACTION
A1	Upper and lower jaw files in STL/PLY, opening without errors	Only one jaw sent, or a corrupted file	Request the missing file
A2	Implant site, adjacent teeth and mucosa fully captured, no holes	Gaps or blur in the area of the future construction	Outside the site — accept; inside the site — request a rescan
A3	No doubled surfaces, shifts, saliva or blood in key areas	Doubled surface, margin hidden by retraction cord	Request a rescan of the area

B CBCT (DICOM)

CODE	WHAT WE CHECK	TYPICAL MISTAKE	ACTION
B1	Complete DICOM series in one folder	A screenshot or a single slice instead of the series	Request the full series
B2	Field of view covers the implant site; voxel size is known	Cropped field, unknown scan parameters	Request resend or clarification
B3	No pronounced motion or metal artifacts in the area of interest; tags free of name/PatientID	Motion blur; personal data in tags	Artifacts — inform the clinician (the decision on a repeat scan is theirs); tags — request an anonymised export

C1	Scanbody model matches the manufacturer library entry for exocad DentalCAD	Different model or library version	Request part number and version
C2	Scanbody fully captured, no holes on working surfaces	Missing lateral surface, deposits, scratches	Request a rescan
C3	Number and positions of scanbodies match the plan	Swapped positions, loose seating	Confirm positions or request a rescan

D Bite registration

CODE	WHAT WE CHECK	TYPICAL MISTAKE	ACTION
D1	A bite registration is present and linked to both jaws	Registration missing	Request the registration
D2	Jaw relationship is unambiguous, with no shift on alignment	Gap, unstable position, shift	Request a rescan
D3	Notes on occlusion and vertical dimension are provided (where relevant)	Notes missing	Request clarification

E Photo protocol

CODE	WHAT WE CHECK	TYPICAL MISTAKE	ACTION
E1	No names, identifiers or data screens in frame; lower third of the face only, if needed	Visible wristband, monitor, label	Request replacement photos
E2	Frontal and occlusal views, in focus, without glare	Shadows, defocus, glare	Request new photos
E3	For shade-related tasks — a frame with a shade reference	Inconsistent white balance, no reference	Request a photo with a reference

F Accompanying metadata

CODE	WHAT WE CHECK	TYPICAL MISTAKE	ACTION
F1	Implant system, platform and positions (FDI) stated	Only “standard”, no platform	Request clarification
F2	Sleeves: type, diameter, height; drilling system	Missing or inconsistent with the system	Request clarification
F3	Offset and implant parameters (diameter, length) per the surgeon’s plan	Default values without confirmation	Request from the surgeon

Incomplete DICOM series	Request resend	G1
Gaps in the implant-site scan	Request a rescan	G2
Implant system or platform not stated	Request clarification	G3
Unstable or unclear bite	Request clarification or a rescan	G4
Not enough photos	Request photos	G5

G1 resend DICOM

Hello! For case [case code] we received an incomplete CBCT series. Could you please send the full DICOM series in anonymised form (no name or PatientID)? Thank you!

G2 rescan

Hello! For case [case code], the scan has gaps in the area of [position]. If convenient, could you rescan this area and send an updated file? Thank you!

G3 implant system

Hello! For case [case code], could you please clarify the implant system, platform and sleeve parameters (type, diameter, height)? We cannot start the design without them. Thank you!

G4 occlusion

Hello! For case [case code], the jaw relationship in the bite registration remains unclear. Could you please send a new registration or a short note on the occlusion? Thank you!

G5 photos

Hello! For case [case code], could you please send additional photos: [list of views], with no visible identifiers? Thank you for your cooperation!

H One-screen quick checklist

Case code: _____ Date: _____ Checked by: _____

- ☐ **A1–A3**. Both jaw scans in STL/PLY, implant site without gaps
- ☐ **B1–B3**. Full DICOM series, field of view, no name/PatientID in tags
- ☐ **C1–C3**. Scanbody model and library version confirmed
- ☐ **D1–D3**. Bite registration present and unambiguous
- ☐ **E1–E3**. Required photo views without identifiers
- ☐ **F1**. Implant system, platform, positions
- ☐ **F2**. Sleeves: type, diameter, height
- ☐ **F3**. Offset and implant parameters per the surgeon's plan
- ☐ **All items marked “accept” — release to work**
- ☐ **Items marked “request” — request sent (G1–G5)**

— This material concerns design only (design-only); it is not clinical advice and not a guarantee of any outcome.

— Responsibility for the clinical plan and final approval lies with the treating physician / clinician.

— The final decision on the surgical procedure are the surgeon's responsibility.

— Verification before printing is mandatory.

AUROFORM DESIGN

for exocad DentalCAD

Prepared with the assistance of the AuraForm AI assistant