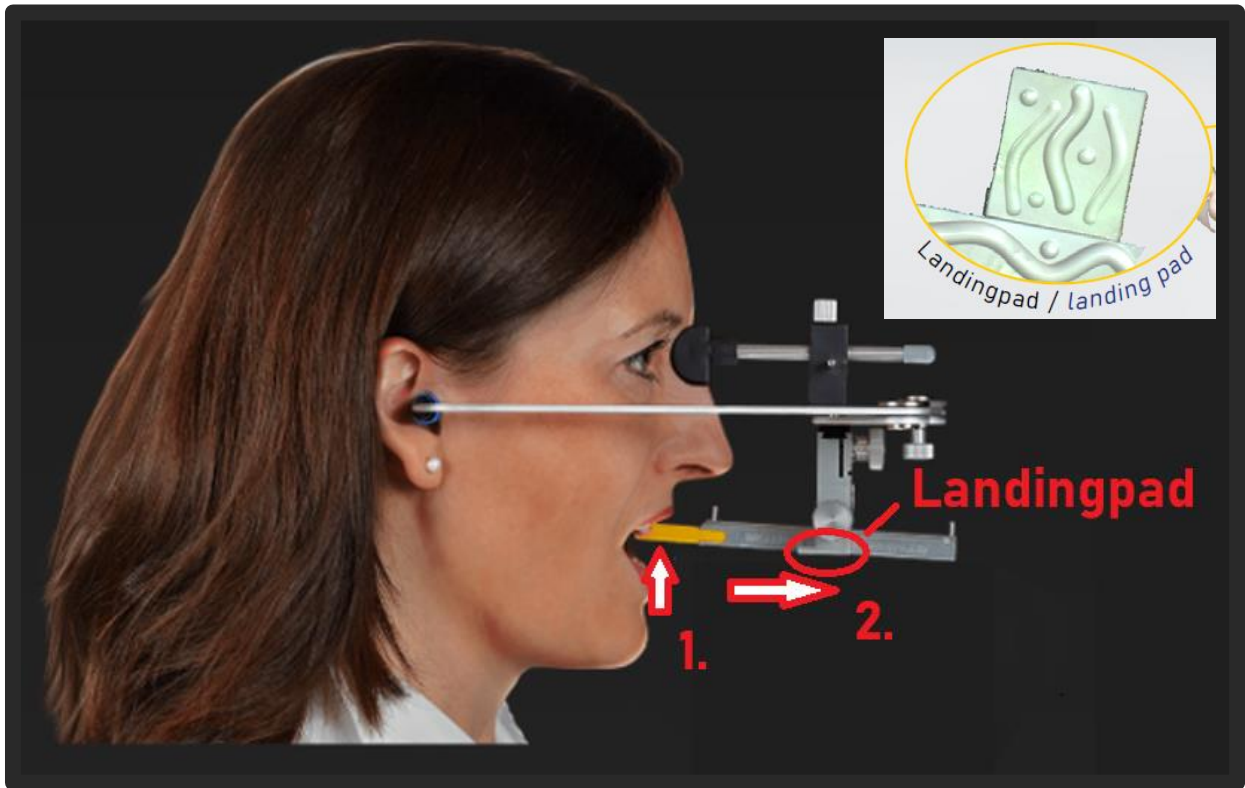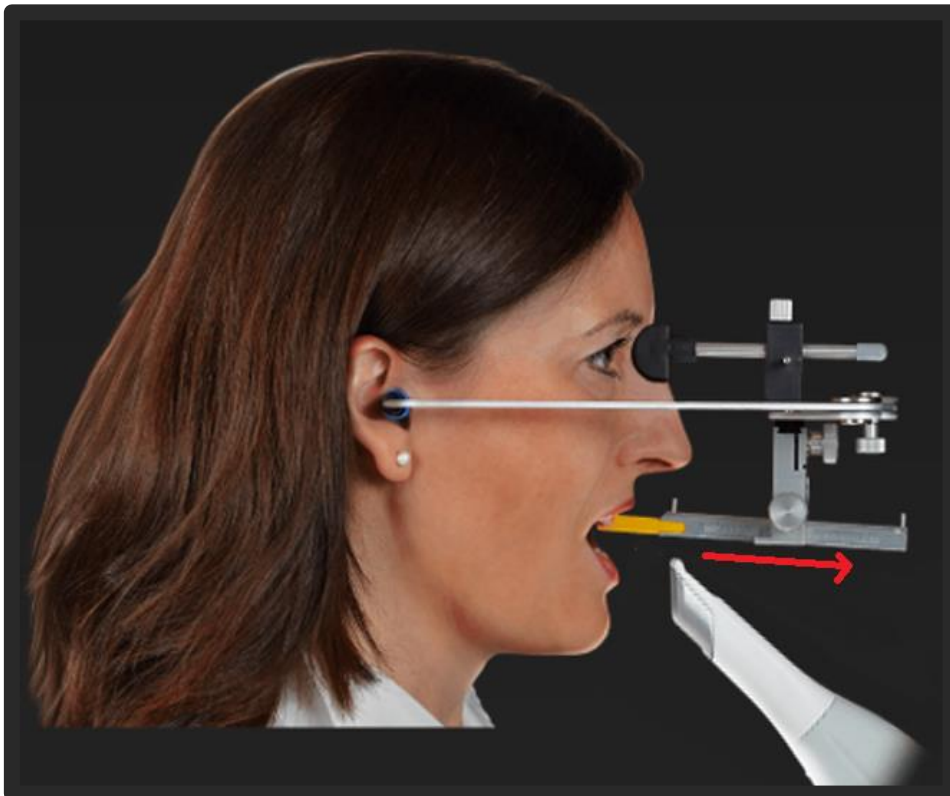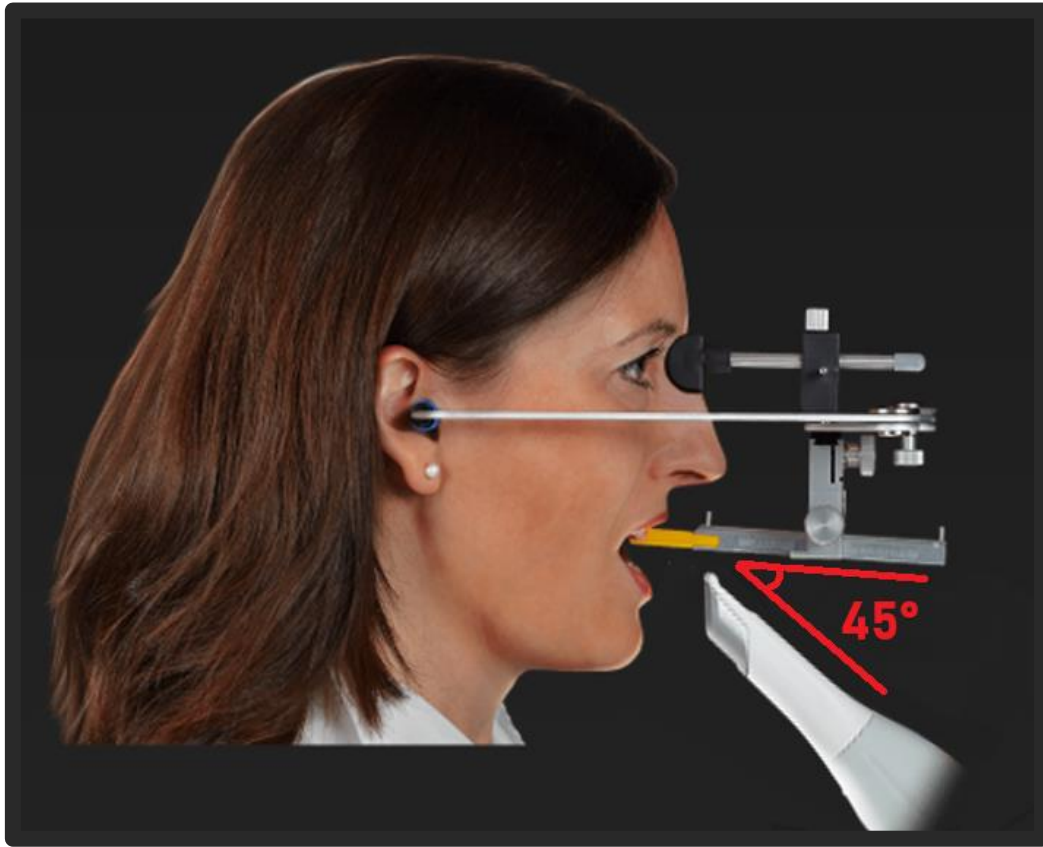Scanstrategie

Start at the AxioJig (1.) and move the scanner to the landing pad (2.) at the end of the sagittal rod.
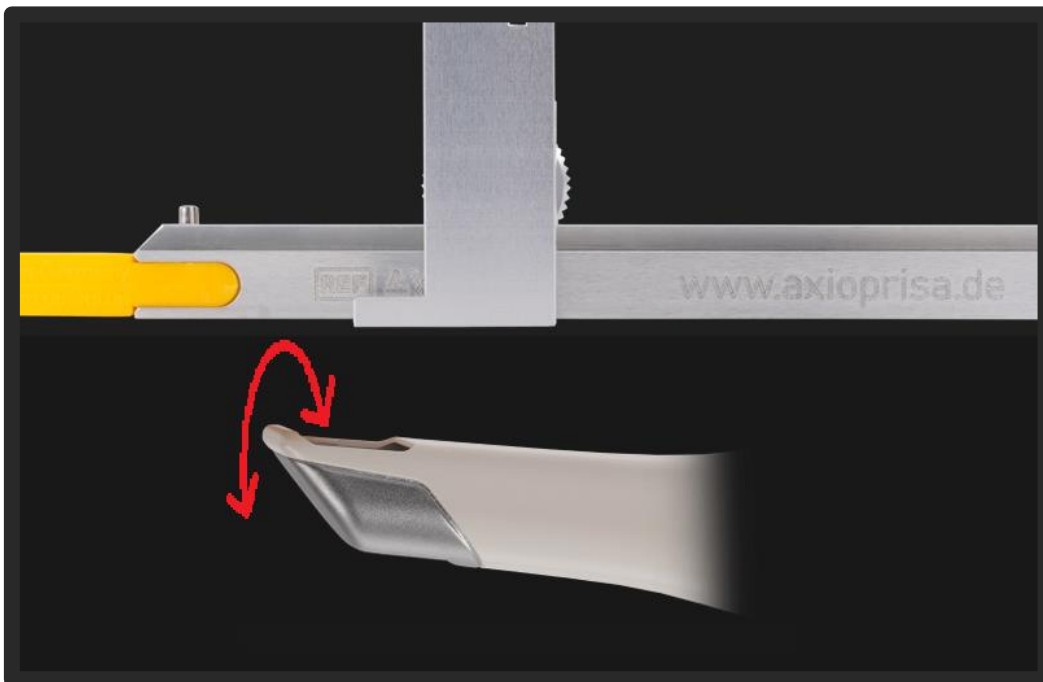

Try to move the scanner at a constant speed.

With some scanners, it is helpful to align the scanner at a 45° angle to the AxioPrisa.

A slight rotation around the longitudinal axis can also be useful.

Many scanners have difficulty detecting parallel surfaces. It is therefore recommended that the scan is made over the edges of the transfer fork carrier. This allows the scanner to record a three-dimensional object.
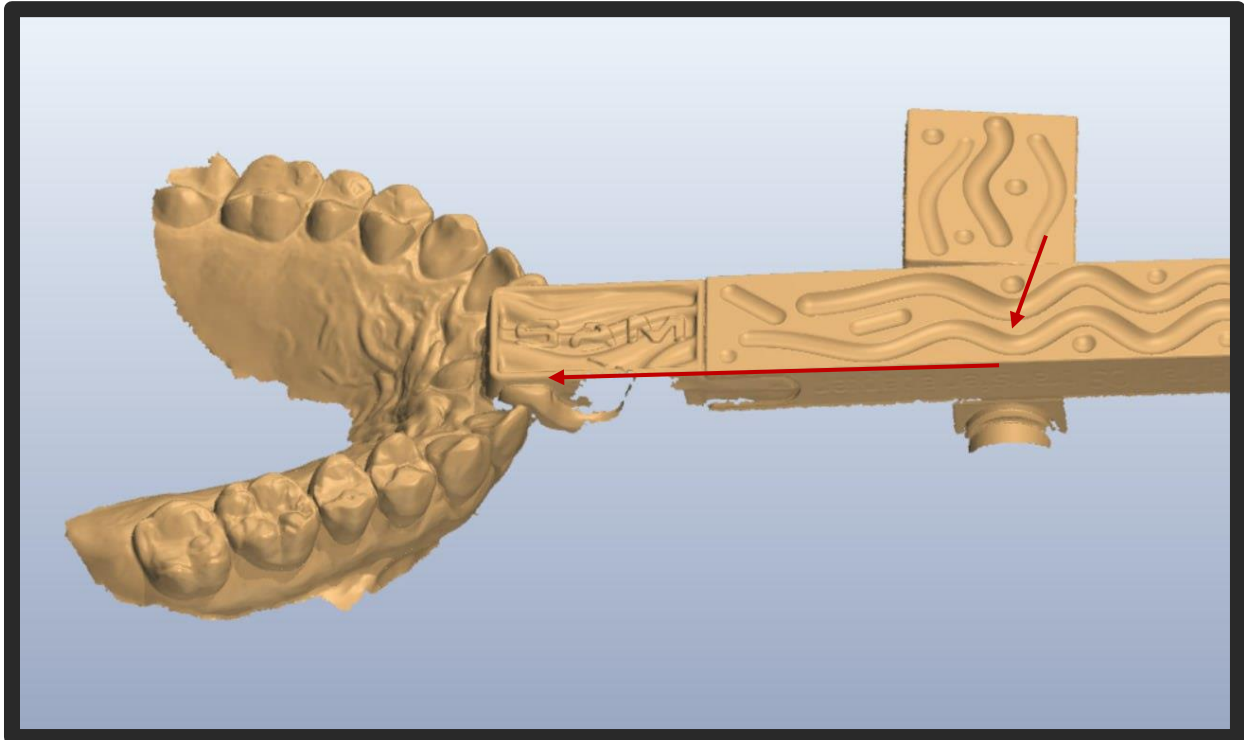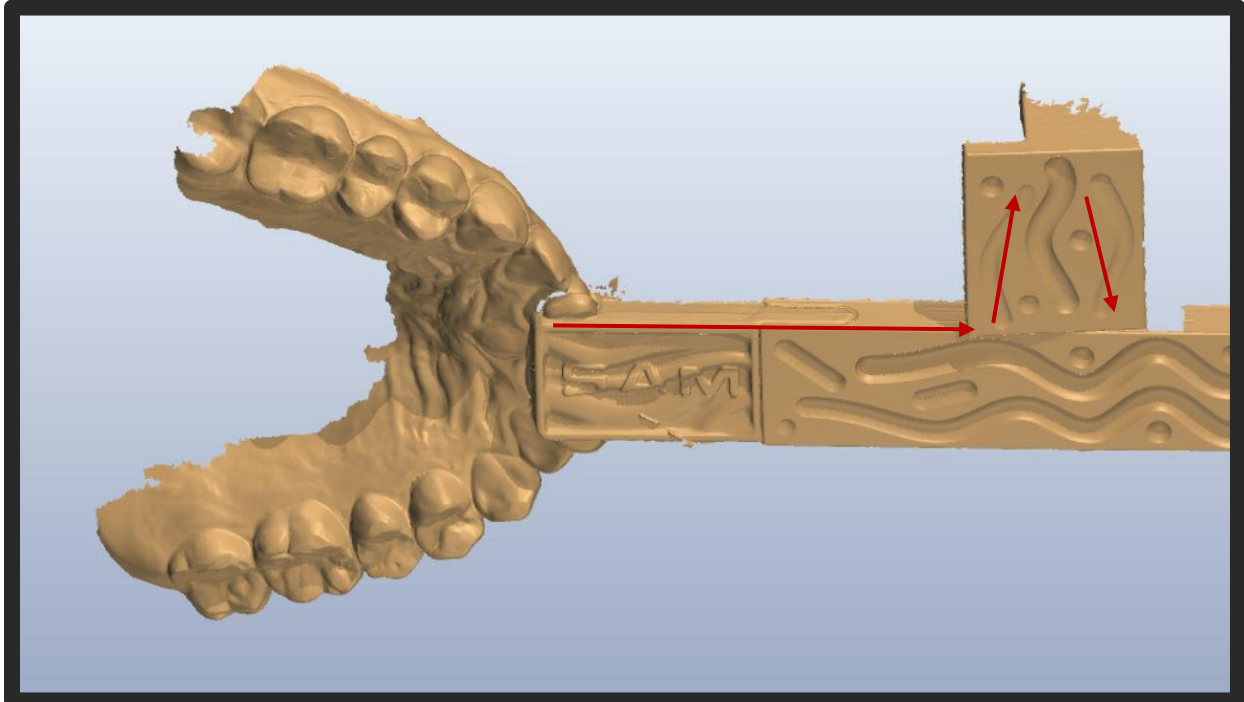
Scanning patients without anterior teeth

In patients with edentulous jaws or a missing front, a bite block or wax plate should be applied. For completely edentulous patients, a wax plate that extends into the palatal margin is helpful.
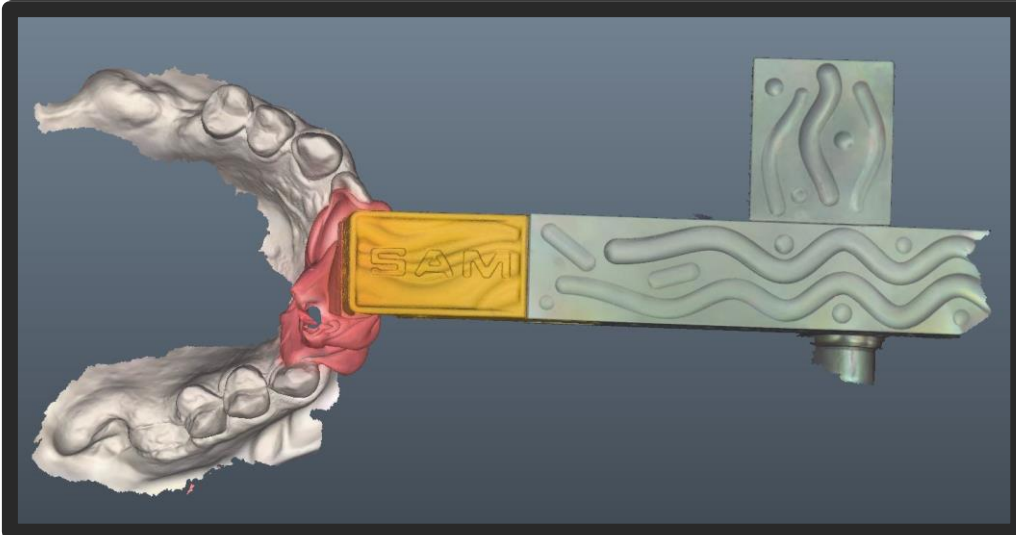
!! Before using the next tip, the occlusal plane should have been scanned with the AxioJig !!!
!! The locking screw on the bite fork carrier must be firmly tightened !!!


Some fewer scanners cannot capture the aluminium well. It is therefore recommended that after scanning the occlusion and the AxioJig, the facebow is removed from the patient and the fingers are placed along the sagittal bar up to the landing pads and these are also recorded.
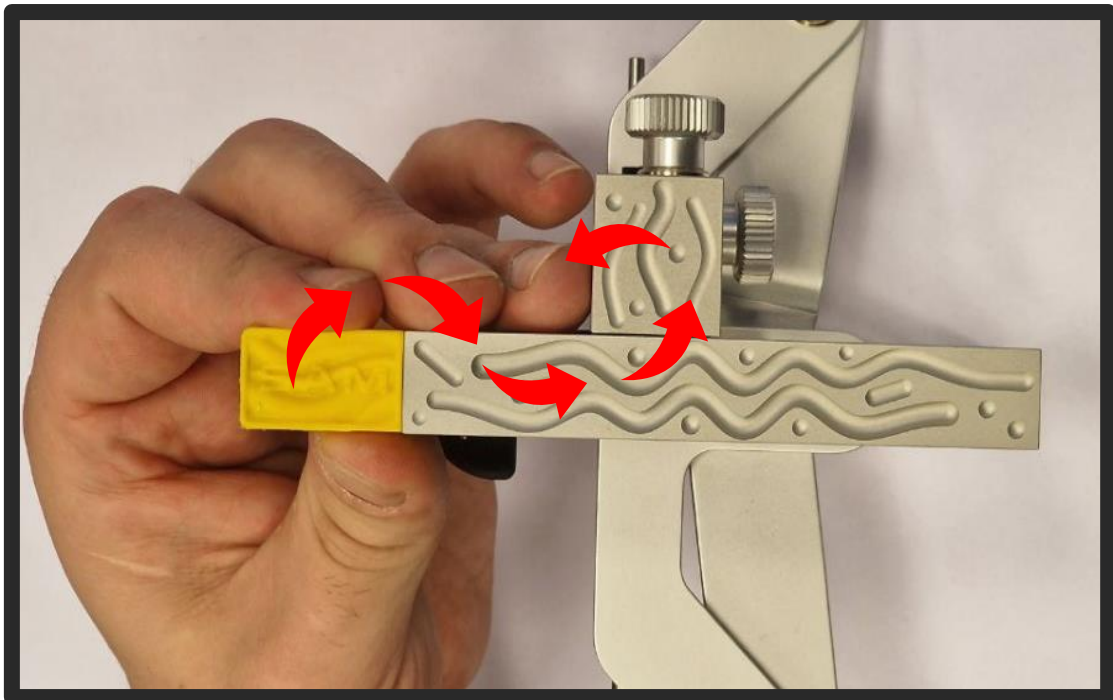
Helpful Ticks for scanning with AxioPrisa

Sometimes it is not possible to scan the entire landing site. The scan software restricts the scan area. (therefore the scan should start on the AxioJig)

Some scanners limit the scanning area, which is why we recommend that the scan starts at the yellow jig. However, if the landigpad is not completely scanned, you can define new reference areas in the software. To do this, click on the small rubbish bin.
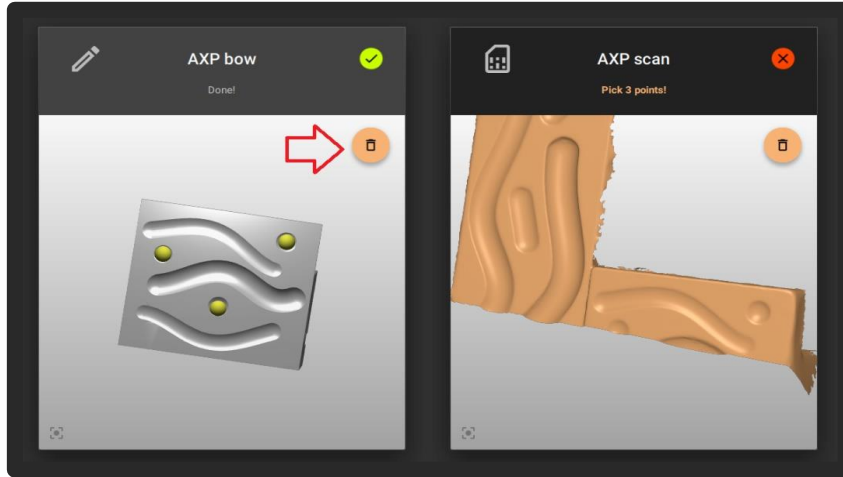
This deletes all points and you can set new reference points.
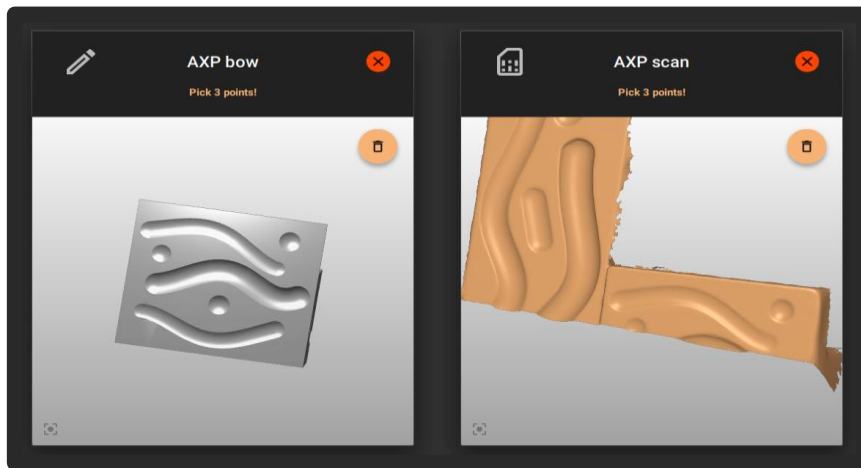
Now select points on the left landing pad that are also present on the scan.