

GO NATURAL..... DIGITALLY!

RSD Photo
Protocol

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FRONTAL PICTURE SMILING



- In order to prevent distortion, following should be the operator's position from patient:
 - 1) For phone camera: 1 meter
 - 2) For DSLR with 100 macro lens: 2 meters
 - 3) All photos / videos should cover only head, face and neck region
- Ensure that the device (phone/camera) is not tilted (use of tripod devices may help) and hold the camera at the patient's eye level.

Patient Preparation

Patient should be looking at the camera.

For female patients, hair should be tied back.

Both ears should be equally visible and that the face should not be rotated horizontally.

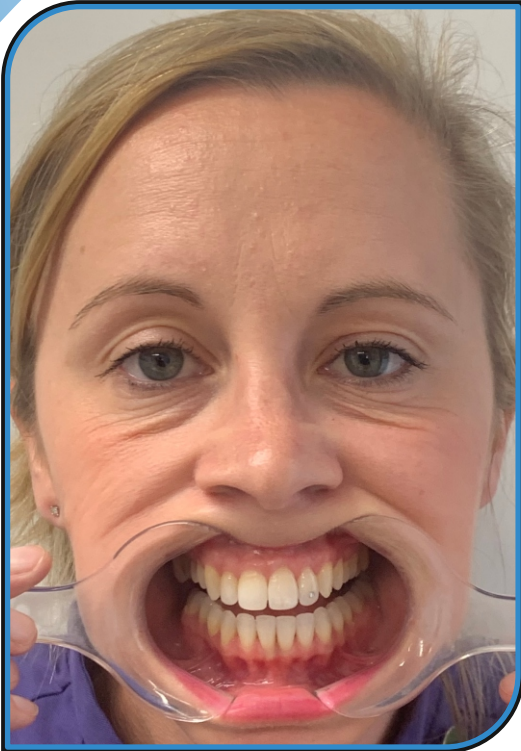
Make sure the patient does not lift their chin up or down when smiling as this gives a wrong reading on smile curve and is a common error.

An imaginary line should pass through base of the nose and touch both ear lobes.

Place the focus on the patient's mouth.

Ensure that the incisal edges are not covered by the lower lip. Maintain a gap of 5mm minimum between incisal edges of maxillary anterior teeth and lower lip vermilion border.

FRONTAL PICTURE CHEEK RETRACTED



- In order to prevent distortion, following should be the operator's position from patient:
 - 1) For phone camera: 1 meter
 - 2) For DSLR with 100 macro lens: 2 meters
 - 3) All photos / videos should cover only head, face and neck region
- Ensure that the device (phone/camera) is not tilted (use of tripod devices may help) and hold the camera at the patient's eye level.

Patient Preparation

Patient should be looking at the camera.

For female patients, hair should be tied back.

Both ears should be equally visible and that the face should not be rotated horizontally.

Make sure the patient does not lift their chin up or down when smiling as this gives a wrong reading on smile curve and is a common error.

An imaginary line should pass through base of the nose and touch both ear lobes.

Place the focus on the patient's mouth.

Ensure that the incisal edges are not covered by the lower lip. Maintain a gap of 5mm minimum between incisal edges of maxillary anterior teeth and lower lip vermilion border.

Make sure 4mm of gingiva is seen above the gingival zeniths in this photo.

SMILING PICTURES AT 45 Degree RIGHT & LEFT

THIS PHOTO IS IMPORTANT TO DEVELOP THE CURVE OF SPEE FOR 3D PLANNING.



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 - 3) All photos / videos should cover only head, face and neck region
- Ensure that the device (phone/camera) is not tilted (use of tripod devices may help) and hold the camera at the patient's eye level.

Patient Preparation

For female patients, hair should be tied back.

Make sure the patient does not lift their chin up or down when smiling as this gives a wrong reading on smile curve and is a common error.

Place the focus on the patient's mouth.

Ensure that the incisal edges are not covered by the lower lip. Maintain a gap of 5mm minimum between incisal edges of maxillary anterior teeth and lower lip vermilion border.

Make sure you are able to see cusp tip of at least 2nd premolar.

Profile Picture at Rest



- In order to prevent distortion, following should be the operator's position from patient:
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 - 3) All photos / videos should cover only head, face and neck region
- Ensure that the device (phone/camera) is not tilted (use of tripod devices may help) and hold the camera at the patient's eye level.

Patient Preparation

Make sure the patient does not lift their chin up or down.

Opt for the right profile always.

Patient should be looking at the horizon.

Ask the patient to breath through mouth and then relax.

Place the focus on the patient's mouth for a sharp image.

TIP: Some patients will struggle to get this position correct. You can record a video of them making the sound for the above mentioned breathing action and then take a screenshot.

FRONTAL 12 o'CLOCK PICTURE



- Patient position: Sitting
- Operator position: Standing in front of the patient

All photos / videos should cover only head, face and neck region.

Patient Preparation

Patient should be looking at the camera.

Ask the patient to place their chin near to their chest.

Both ears should be equally visible and that the face should not be rotated horizontally.

Patient should display Maximum smile.

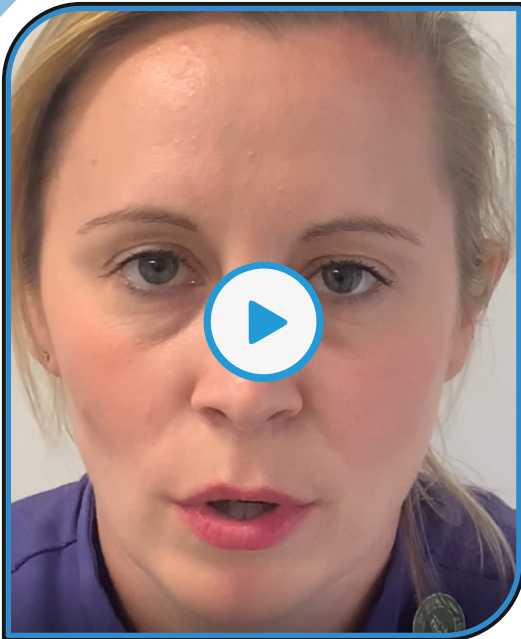
Place the focus on the patient's mouth for a sharp image.

Make sure the incisal edges are not covered by the lower lip. At least the incisal edges from canine to canine should be shown.

If the patient has wear, short teeth or long lip and incisal edges are not shown: ask the patient to lift their lip with their fingers in the smile direction until you are able to see tooth structure.

TIP : How do we know when we have a good 12 o'clock position?
The tip of the nose should be at the beginning of the upper lip in this view and not cover the teeth.

VIDEO



- This video should be covering head face region only to be taken on smart phone for Max 40 seconds and enough light source to be used.
- Use of dedicated chair for patient and operator is must seating at same eye level. Use of plain black or white background is preferred. Successful digital dentistry planning is dependent on correct photo video protocol. We encourage the operator to undergo a formal training for use of mobile or DSLR photography.

Patient Preparation

Ask the patient to relax by making some hand, neck movements and breath through the mouth. This helps us to record visibility of central incisors at rest position.

Ask the patient to count 51 to 70 to check for F,S sounds.

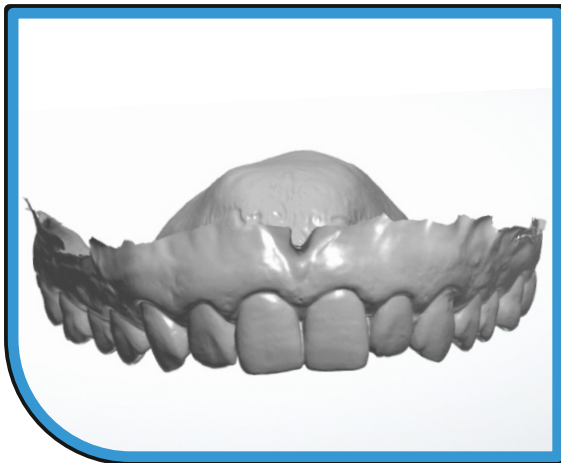
Ask patient questions pertaining to the happiness quotient of their current smile on a scale of 1 to 10.

Ask the patient what things they want to change from their current smile.

Requirements for the ideal photos / videos:

- Use of a dedicated chair for patient seating
- **Background:** Plain wall preferably black or white with ample light source.

RSD SCANNING PROTOCOL



Always scan full palate for upper jaw.

Minimum of 10 mm of attached gingiva around the teeth should be scanned for upper lower jaw scans.

Make sure scans do not have any small holes or artefacts.

While scanning the bite give preference to the software to auto align but still continue to scan few more seconds even after software has completed alignment.

If scanning prepared teeth always use gingival retraction to visualize finish line.

Provide us with STL or PLY files.



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