

15 CRITICAL CHECKPOINTS

TO VERIFY
BEFORE SENDING
YOUR NEXT SCAN
TO YOUR LAB

FACT: LESS THAN 5% OF SCANS WE RECEIVE ARE TRULY IDEAL

Most issues are completely avoidable with a quick pre-submission check. The difference between a smooth case and a frustrating remake often comes down to 30 seconds of verification before you hit send.

We created this checklist after analyzing thousands of cases that came through DSD Lab. These are the 15 checkpoints that, when verified, virtually eliminate remakes and chairside adjustments.

HOW TO USE THIS CHECKLIST

Print it. Laminate it. Keep it at your scanning station. Run through it before every case submission.

It takes 30 seconds and saves hours of rework.

THE 15 CHECKPOINTS

MESH QUALITY

☐	1	Mesh resolution is sharp with full surface detail
☐	2	No blur or distortion in critical areas
☐	3	No mesh crash (holes) — especially near margins

MARGINS & PREP

☐	4	Finishing lines are sharp and clearly visible
☐	5	Adequate clearance verified (occlusal, interproximal, outline)
☐	6	Path of insertion confirmed via scanner diagnostics

THE 15 CHECKPOINTS

BITE REGISTRATION

☐	7	No occlusal artificial collision (upper mesh inside lower)
☐	8	No occlusal artificial gaps (missing contact where contact exists)
☐	9	Bite visually inspected in sagittal view

SOFT TISSUE & CONTEXT

☐	10	Gingival architecture captured (esthetic cases)
☐	11	Provisionals scanned (when applicable)
☐	12	Scan extension sufficient for file matching

THE 15 CHECKPOINTS

IMPLANT CASES

☐	13	Scan body positioning verified, minimal surrounding noise
☐	14	Photogrammetry used for 4+ implant cases
☐	15	CBCT-to-STL alignment confirmed (guided cases)

THE 30-SECOND FIX

**Before sending any scan, do a sagittal
slice check of your bite
(Checkpoints 7-9).**

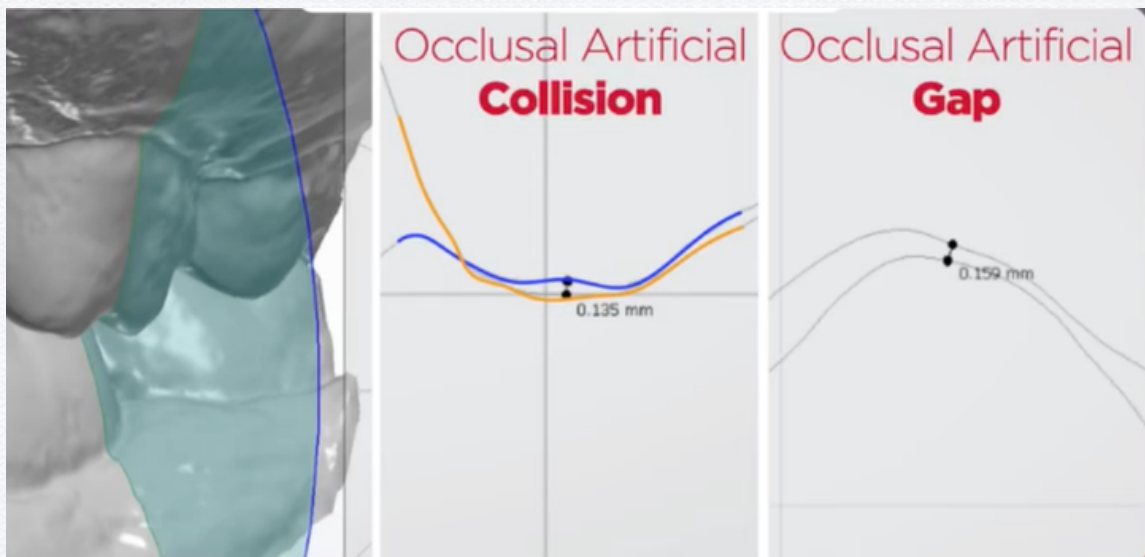
**This single habit catches the #1 issue
we see at DSD Lab.**

QUICK REFERENCE

What 'Good' Looks Like for the Trickiest Checkpoints

CHECKPOINTS 7 & 8: BITE REGISTRATION ISSUES

Occlusal Collision	Occlusal Gap	Correct
Upper mesh penetrates into lower mesh	Space between meshes where teeth actually touch	Meshes touch where teeth touch, separate where they don't
Result: Under-contoured restoration	Result: Over-contoured restoration	Result: Accurate occlusion



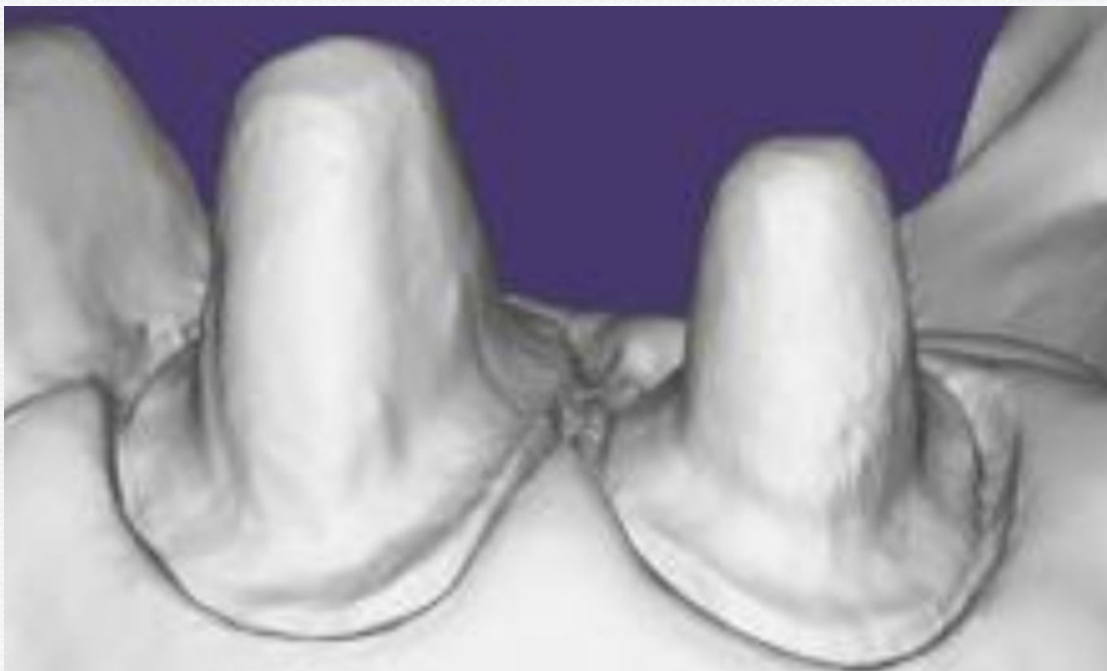
The Fix: Always inspect your bite in sagittal (side) view before submitting. Most scanners have a 'slice' or 'cross-section' tool. Tools like BiteFinder can automate this check.

QUICK REFERENCE

What 'Good' Looks Like for the Trickiest Checkpoints

CHECKPOINT 4: FINISHING LINES

✗ Unclear Margin Blurry edge where prep meets tooth structure. Lab has to guess where to end the restoration.	✓ Sharp Margin Crisp, clearly defined finishing line. Lab can precisely identify where restoration ends.
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The Fix: Retract and dry the area.
Rescan margins at a slower pace.
Consider hemostatic agents for bleeding tissue. If margin is subgingival, use retraction cord.

QUICK REFERENCE

What 'Good' Looks Like for the Trickiest Checkpoints

CHECKPOINT 3: MESH CRASH (HOLES)



Why Auto-Fill Is Risky:

When your scanner encounters a hole in the mesh, it 'auto-fills' the gap with a guess. This is especially dangerous near margins and functional surfaces.

Look for: Smooth, 'too perfect' surfaces that look different from the surrounding mesh texture. These are often auto-filled areas.

The Fix: Rescan the area slowly from multiple angles. If holes persist, check for moisture, saliva, or blood contamination. Some scanners have a 'hole detection' mode that you should make use of.

WANT TO MASTER THE TECHNIQUES BEHIND EACH CHECKPOINT?

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hands-on course 100% dedicated to
intraoral scanning mastery.

All leading scanner brands will be represented.
Real practitioners will be teaching real
techniques - no sales pitches.

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