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Fig 3 Scan body placement. (a) Occlusal, (b) Buccal

Fig 4 Second CBCT digital impression. (a) Maxillary, (b) Emerging profile, (c) Scan body, (d) Maxilla

Fig 5 Conventional implant impression. (a) Occlusal, (b) Buccal, (c) Maxillary, (d) Maxilla

Table 1 Procedures of three impression techniques.

	Full CBCT	Direct CBCT	Conventional implant impressions
Implant impression procedures	1. Insertion of scan body	1. Removal of healing cap	1. Try waxbite
	2. CBCT scanner	2. Insertion of scan body	2. Removal of healing cap
	3. Removal of scan body	3. CBCT scanner	3. Insertion of transfer post
	4. Removal of healing cap	4. Removal of scan body	4. Impression taking
	5. Colour identification	5. Removal of healing cap	5. Removal of transfer post
	6. Colour identification	6. Colour identification	6. Insertion of healing cap
		7. Debris identification	7. Debris identification

* Internal wax process, adjacent teeth, implant site, opposite arch, occlusal registration.
* Impression taking without site adjacent teeth, opposite arch, occlusal registration.

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exhausted following the manufacturer's instructions. After implantation, a scan body (Stratman BI, BE, Intrae Stratman AG) was screwed into the implant. The day was then secured with 3-0 PDSII (Johnson & Johnson, New Brunswick, New Jersey, USA). Once digitalization of the implant position was scanned with an ICN technique (the ICDFig 1). The scan body was removed after scanning and a healing cap was screwed back onto the implant.

The regular CBCT and conventional implant impression

After 3 months, a second digital impression (2nd ICN) was taken under the condition of implant occlusal registration. The healing abutment was removed and the scan body (Stratman BI, BE) was screwed onto place. A complete-arch digital impression, including the arch with implant, surrounding dentition and nonocclusal

region (BI, BE). In addition, a high-precision alginate impression was taken for the opposite arch (Fig 5).

Outcome variables

Impression operating time was measured with a regular stopwatch (Lester, Oberlin, China) in minutes and seconds for all the procedures (Table 1), respectively. After each impression, the healing cap was screwed back and the colour of the crown was determined. The time of all the clinical procedures was recorded on a time sheet.

Patients were asked to complete a visual analogue scale (VAS) questionnaire regarding their perception of the three techniques in order to describe their satisfaction and state their preference¹¹. A self-developed, eight-item questionnaire that related to the relevant literature¹² was designed to evaluate patient satisfaction regarding the three impression methods. The ten seven questions focused on treatment time and the patients' perception of the impression procedure with regard to overall convenience, accuracy, taste, nausea, difficulty brushing and the possible sensation of pain. To respond to the eighth question¹³ "Which impression technique is

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