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

Fig 4 Accurate CB digital impressions. (a) Mandible. (b) Emergency profile. (c) Scan body. (d) Maxilla.

calibrated following the manufacturer's instructions. After implementation, a scan body (Stromascan BL-RC; Imaline Segment AG) was screwed into the implant. The fit was then tested with 2-6 Proflex (Johnson & Johnson, New Brunswick, New Jersey, USA). Direct digitalization of the implant position was achieved with an IOS technique (in IOS) (Fig 3). The scan body was removed after scanning and a healing cap was screwed back onto the implant.

After 3 months, a second digital impression (Zed IOS) was taken after the completion of implant osseointegration. The healing abutment was removed and the scan body (Stromascan BL-RC) was screwed into place. A complete-arch digital impression, including the arch with implant, antagonistic dentition and maxillofacial record, was performed by the same dentist (Fig 4). Then, at the same appointment, a conventional implant impression was also taken with the close-sty approach using putty-like material (Stromascan Plus; 3M ESPE GmbH, Neus, Germany) and an implant transfer pose (Stromascan BL-RC). In addition, a high-strength alginate impression was taken for the opposite arch (Fig 5).

Outcome variables

Impression operating time was measured with a regular stopwatch (Lectro, Zhongshan, 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 rate their preference¹⁴. A self-developed, eight-item questionnaire that referred to the relevant factors¹⁵ was designed to evaluate patient satisfaction regarding the three impression methods. The first seven questions focused on treatment time and the patients' perception of the impression processes with regard to overall convenience, anxiety, taste, noise, difficulty breathing and the possible sensation of pain. In regard to the eighth question—"Which impression technique is

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

Table 1 Procedures of three impression techniques.

	Intr IOS	Zed IOS	Conventional implant impression
Implant impression procedures	1. Insertion of scan body	1. Removal of healing cap	1. Try transfer
	2. Self-protection	2. Insertion of scan body	2. Removal of transfer cap
	3. Removal of scan body	3. IOS process*	3. Insertion transfer pose
	4. Insertion of healing cap	4. Removal of scan body	4. Impression taking
	5. Colour determination	5. Insertion of healing cap	5. Removal of transfer pose
	6. Colour determination	6. Insertion of healing cap	6. Colour determination
		7. Colour determination	7. Colour determination

* removal scan process, adjacent teeth, implant site, opposite arch, occlude registration.
 * Impression taking, implant site, adjacent teeth, opposite arch, occlude registration.

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