

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

INSIDE THIS ISSUE

SPECIAL REPORT

Digital Smile Design

Background and
Current Technologies
page 1

Our AI + Artistry
Workflow, with
Case Example
page 2

PRACTICE TIPS

The Importance of
the 12 o'clock view,
with Case Example
page 3

COMPLEX CASES

Dr. Chao & Dr. Nguyen
Both Have Specialized
Training & Skill To Make
These Treatments
More Successful
page 4

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SPECIAL REPORT: Digital Smile Design



AI smile design —
example on next page

At Renu Prosthodontics we use advanced AI-driven technologies to visualize, design, and refine the ideal smile before any treatment begins. We don't just let the computer drive this process; it's guided by the hands and eyes of a prosthodontic specialist.

We also use multiple digital design platforms, choosing the one that best fits the needs and goals of each unique patient, including:

Smilecloud – a cloud-based design tool that uses facial scanning and AI to visualize a potential smile that balances harmony, proportion, and personality.

Exocad Smile Creator – a digital design engine for precision restorative planning, ensuring that function and beauty align seamlessly.

Invisalign® Smile Architect – for patients combining orthodontic alignment with smile design, showing how tooth movement and esthetics work together.

If you have a patient with several missing, broken or worn teeth — or failing restorations — they may be a candidate for oral rehabilitation with the assistance of an advanced Prosthodontist.

Read more on the next page...

◆ Do you want another opinion on a complex case? Or to talk and share ideas?

There are many ways we can help each other by working together on complex cases and by sharing knowledge and experience.

If you'd like to discuss a difficult procedure, or talk on the phone about how we can help each other, please call or email our office with specific days and times when you are available.

More Examples

Stay informed on new findings and best practices for cosmetic and restorative dentistry.

See more examples of complex cases online:



**AdvancedProsthodontist.com/
RenuPros**

Our AI + Artistry Workflow

by the Specialists of **Renu Prosthodontics** —
Dr. Maggie Chao & Dr. Olivia Nguyen

Step 1 — AI-Powered Visualization

We begin in **Smilecloud**, where artificial intelligence helps us simulate the patient's ideal smile based on facial scans, expressions, and proportions. A patient can preview their new smile with lifelike accuracy (preview on page 1).

Step 2 — Biometric Design Integration

Once finalized, we download biometric tooth forms — digital representations of natural tooth anatomy — and import them into **Exocad Smile Creator**. This ensures precision planning for restorations that harmonize aesthetics, bite, and function.

Step 3 — 3D Printing and Try-In

A virtual smile is brought to life as a 3D-printed mockup that a patient can try in. They will see and feel the new smile before treatment begins — and we'll fine-tune the design together for comfort and confidence.

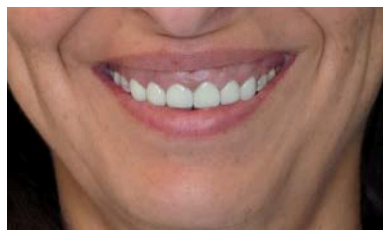
Step 4 — The Human Touch: Ceramist Collaboration

Using each digital design as a guide, our master ceramists handcraft restorations with artistry and care. Each veneer or crown is layered and shaped to reflect light naturally — creating a result that's not only beautiful, but truly natural-looking.

If you have questions about our prosthodontic protocols or want to discuss a case, please call our office at: **(925) 425-7545**

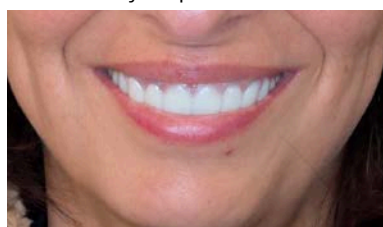
CASE EXAMPLE

Initial

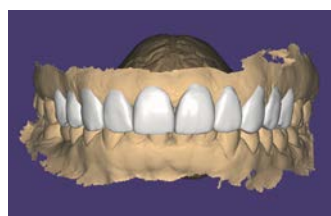


Motivational Mockup

They don't imagine it
They experience it



Imported Smilecloud to
Exocad



The STL now drives execution

Guides



Prototype 1



Prototype 2



Final Result



Practice Tips

◆ Do you have a patient in a complex situation?

If you have a question about a case and want another opinion, give our office a call. Or, if there's a case that you want to work together on, please see the enclosed referral info sheet to learn more about what you and your patient can expect when referring to our specialty office.

We will take great care of your patient and keep you informed. Dental professionals refer to us as **The Complex Case Specialists™** because we perform complex cases every day.

The Importance of the 12 o'clock view

If you have a patient in your chair who says, “*There’s something about my smile that’s off*” (but it seems straight) — here’s what to look at: the **12 o’clock (coronal view)**. This is from Coachman’s Digital Smile Design (DSD), which is not only “photos” but a **facially-driven diagnostic system**. You start with standardized views, then overlay reference lines, but you also relate teeth → lips → face → function. The core concept: You stop diagnosing teeth in isolation and instead diagnose the **tooth position within the face**. Core views needed: Frontal (repose + smile) ... Profile ... Occlusal ... and the **12 o’clock (coronal view)**. Each view answers a different diagnostic question.

The 12 o’clock view — what it actually is

This is taken from a **superior/coronal perspective**, looking down toward the maxillary anterior teeth. Positioning: Camera above the head, patient looking upward, and lip slightly retracted or relaxed. What it must show to be useful: Facial midline, Mandible angles, Lower lip, and Incisal edges.

Why the 12 o’clock view is so valuable

It solves a major blind spot: **Frontal photos lie about depth**. The 12 o’clock view introduces: 3D spatial understanding of anterior tooth position relative to lips and face.

What it tells you diagnostically

A. Incisal edge position vs lower lip (CRITICAL)

This helps determine: Overprojection vs underprojection, Smile arc depth, and Incisal dominance.

Clinical meaning:

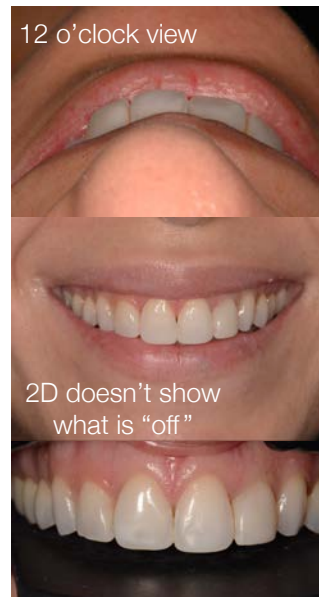
- Too facial → “bulky / fake / denture look”
- Too lingual → flat smile, aged appearance

B. Labio-lingual tooth position

You can directly if centrals are too facial or lingual? Also, if there is room to move them. This is nearly impossible to judge correctly from frontal alone. This is key information for cases that involve: Veneers, Full-mouth rehabilitation, and/or Orthodontic-prosthetic planning.

CASE EXAMPLE

Before



After



C. Arch form + curvature relative to face

From the 12 o’clock view (above angle), you see: Symmetry of arch ... Taper vs square vs ovoid ... the Relationship to: Facial midline, Mandibular angles, and Lip envelope.

D. Midline + facial integration

Unlike frontal (which is 2D), the 12 o’clock view shows: Is the dental midline truly centered in **3D space**? Or just “appears centered” in frontal projection?

E. Envelope of function & space

You can infer the available space for: Lengthening, Facialization, and Restorative volume.

F. Smile arc mechanics

From the 12 o’clock view angle, you understand how incisal edges will **flow with lower lip curvature**, not just visually but spatially.

Continued

◆ How can a Prosthodontist assist you and your dental team?

We specialize in the treatment of complex cases, usually involving several procedures over months of care. The next time you see a challenging case, please feel free to call us and we can discuss treatment planning or help you with any part of the treatment. Our goal is to be a resource for your office by helping manage difficult and time-consuming procedures, restoring the function and esthetics that the patient desires, then referring them back to your office for their ongoing care.

Coachman considers the 12 o'clock view to be “one of the most important views” because it connects: **facial esthetics + tooth position + lip dynamics**.

Traditional dentistry	Digital Smile Design (DSD)
Tooth-based	Face-driven
2D thinking	3D spatial planning
Static esthetics	Dynamic lip interaction

How the 12 o'clock view integrates with the rest of the DSD set of photos:

- **Frontal view** → symmetry, proportions, smile arc
- **Profile view** → AP position, lip support
- **Occlusal view** → arch form, symmetry
- **12 o'clock view** → depth + incisal positioning relative to lips

Together they allow: Accurate 2D → 3D conversion and digital planning.

Clinical takeaway

The 12 o'clock view is a diagnostic for anterior tooth position in 3D space relative to the lips and face. And specifically, it tells you: Where the teeth **should be positioned**, not just how they look.

When a case “doesn’t look right” but the midline is fine, proportions are fine, and the gingiva is fine... The problem is often: **labio-lingual position of incisors** and the 12 o'clock view exposes it instantly.

When you review your patient, ask yourself:

1. Are the incisors ahead or behind the lower lip?
2. Is the smile arc flattening because of lingual position?
3. Is lip support adequate or deficient?
4. Does the arch form harmonize with facial width?
5. Is there room to move teeth facially without over-bulking?



RENU mission: Restore smiles, Enhance lives, Nurture trust, and Unite communities through exceptional prosthodontic care!

In addition, Renu Prosthodontics is equipped with an **in-house dental lab**, for your referred patients to receive custom restorations from the best materials using the latest technology.

Learn more about how we can help your patients by scanning this QR code:



Dr. Maggie Chao and Dr. Olivia Nguyen are specialists in prosthodontics and available to help you and your patients with complex cases.

◆ Have you seen a patient in one of these situations?

These are the most common reasons why other dentists refer to a Prosthodontist:

- **Failing Restorations** — Broken or worn prosthetics, or poorly-fitting dentures
- **Implant Complications** — Mal-positioned or loose implants, or multiple systems
- **Severe Wear** — Advanced attrition from grinding or erosion, and collapsed vertical
- **Terminal Dentition** — Perio disease or neglect, requiring extractions and prosthetics
- **Edentulous Problems** — Resorbed ridges or lack of bone, wanting a fixed solution
- **Occlusal Issues** — Advanced mal-occlusion, jaw discrepancies, canted plane
- **Challenging Esthetics** — Un-esthetic restorations, high smile line, high expectations
- **Missing Anteriors** — Central incisors from trauma or laterals from genetics

Our Pledge

When your patient is referred:

- ✓ We will only treat what your patient needs.
- ✓ We will send you updates.
- ✓ We will be part of your team, not take over your patients.