



AURORA[®]

Trusted Clear Aligner Technology

Doctor's Quick Start Guide

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About Us

Aurora Innovation Pte Ltd was established in partnership with one of the fastest growing clear aligner company in Europe today*. Our mission is to offer their highly acclaimed aligner technology to Asia at an affordable price point.

Founded in 2014 by ex-Align Technology employees, our European partner has established a strong proven track record of clinical success. This has been achieved through the use of state-of-the-art proprietary technology and techniques.

Together, we are committed to providing effective and high quality digital orthodontic solutions to orthodontists, dentists and dental service providers.

About Aurora®

Aurora® is an orthodontic treatment system that uses a series of transparent, removable and comfortable aligners to effectively treat malocclusion, without brackets or wires.

Each Aurora aligner is digitally designed and custom-made with FDA compliant medical grade thermoplastics to execute the planned teeth movements.

Aurora is an Asia-targeted rebrand of an aligner system that has been clinically proven worldwide to deliver outstanding results.

All Aurora treatment planning is conducted by our orthodontist team in Europe. Subsequently, the aligners are manufactured in accordance with the ISO 13485 requirements at our HSA-licensed facility in Singapore.



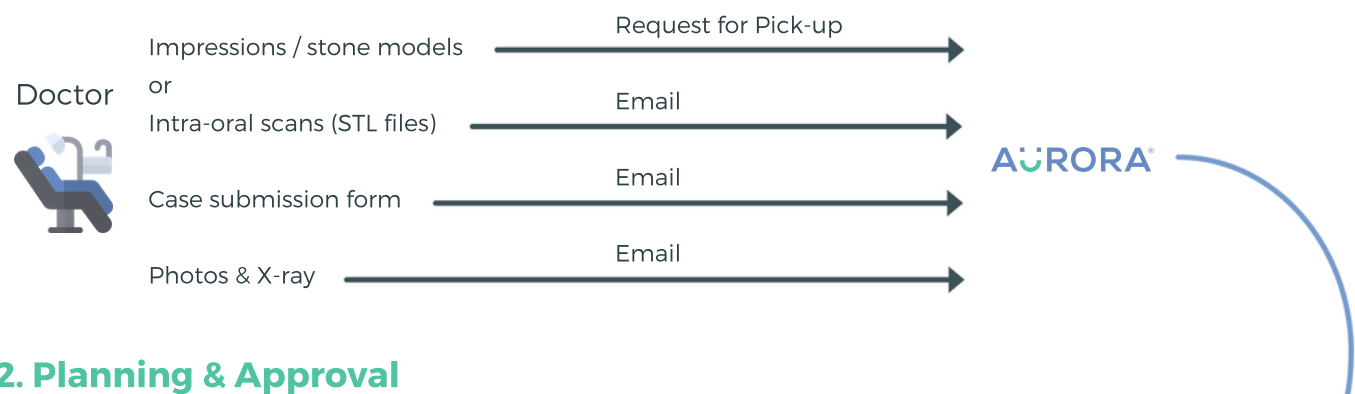
Actual customised aligner may vary

* We are bound by a non-disclosure agreement to maintain confidentiality of our European partner's name, as a precautionary measure to prevent unnecessary impact to the price points of their existing brands.

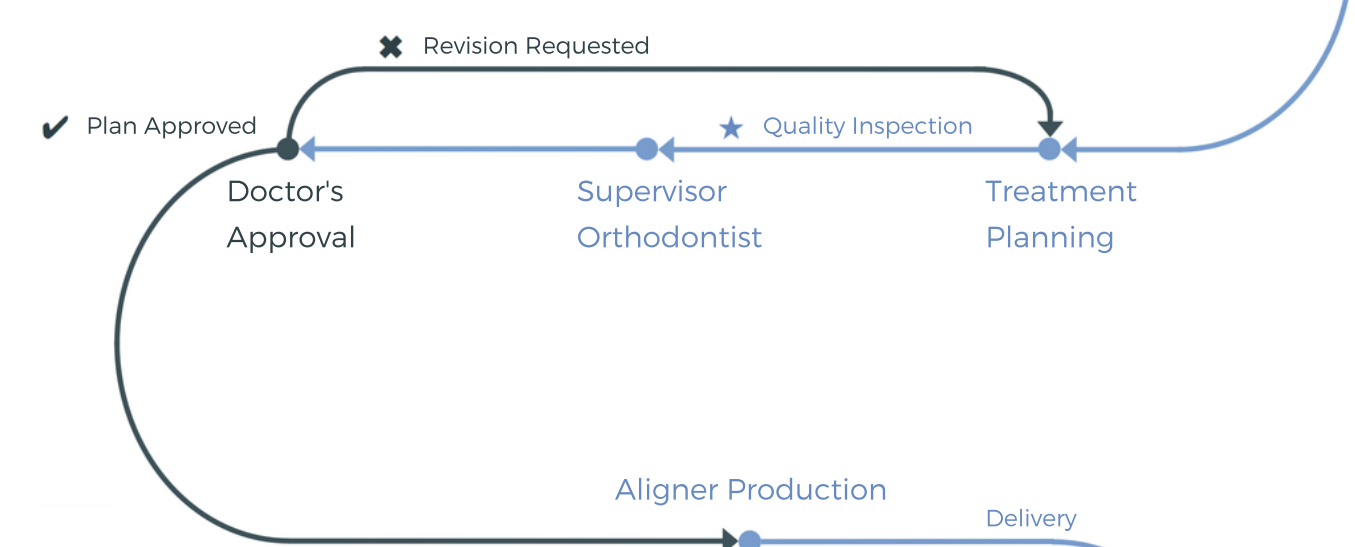
Process

● Doctor ● Aurora

1. Case Submission



2. Planning & Approval



3. Manufacturing & Delivery



4. Chairside Procedures & Check-ups

Case Selection

Selecting the right case for an Aurora® treatment is the first step to a successful outcome.

Below are approximate guidelines only. When in doubt, please contact Aurora support team at support@auroraaligner.com.



Actual Clinical Cases

Case 1

Patient's details:	Female, 25 years old
Chief complaints:	Crooked upper and lower teeth
Diagnosis:	Moderate crowding, minimal overjet and overbite Upper midline 1mm to the left, lower midline 1mm to the right Cross bite 14, 22, 25; Palatally positioned, blocked out 22 12, 42 Tete-a-tete; High 23, rotated 33
Treatment plan:	With attachments, level and align, expand upper arch Interproximal reduction on upper and lower teeth
Actual treatment duration:	20 months

Pre-treatment (Mar 2014)	Virtual outcome (Mar 2014)	Actual outcome (Nov 2015)
		
		
		

Actual Clinical Cases

Case 2

Patient's details: Female, 25 years old
Chief complaints: Convex facial profile, protruding teeth
Diagnosis: Bi-maxillary dental protrusion
Treatment plan: Extraction of all four 1st pre-molars, retraction of incisors
Actual treatment duration: 15 months



Other Cases

Diastema & Space Reduction



For more clinical cases, please contact us.

Technologies

Interproximal Reduction (IPR)

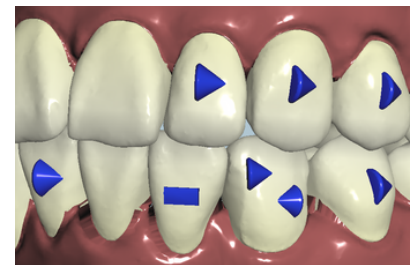
IPR is a clinical method whereby the mesio-distal diameter of one or a few teeth is reduced in a controlled fashion by removing precise amounts of tooth enamel. IPR represents an alternative to extraction or expansion in cases where creating additional space is necessary for treating the malocclusion.



IPR using abrasive strip

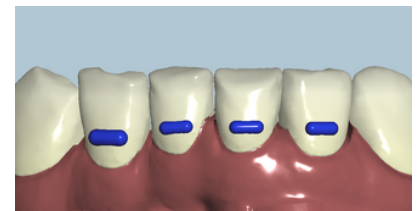
Attachments & Power Ridges

Attachments are small structures that, made of hardened resin, are applied on the tooth and snapped into matching grooves in the aligners. Their purpose is to ensure the effectiveness of the Aurora® aligners.



Attachments

Power ridges are added on an "as needed" basis to the anterior teeth as another way to improve inclination or "in and out" tipping. On the aligner, they appear at the gum line on the outside. They do not require any procedures provided by the treating doctor.



Power ridges

Buttons & Elastics

Buttons and elastics are recommended for bite jump. When needed, a cut-out will be provided on the aligners for the placement of the buttons.



Buttons & elastics

Virtual C-chain

Virtual C-chain, or overcorrection, can be requested for the final stages of aligners to tighten the contact points.

Case Submission

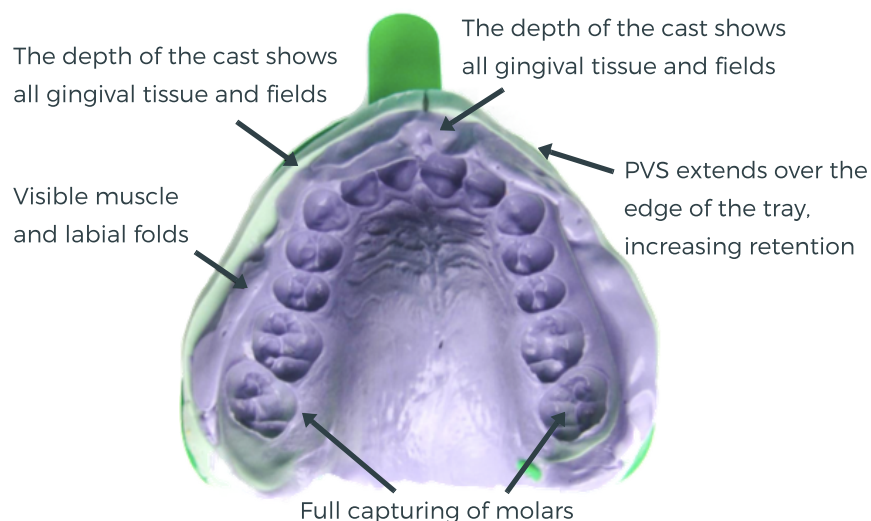
To be able to provide a high-quality and realistic proposed treatment plan, all necessary records must be provided as part of Aurora® case submission. Such records include at least the following:

- Aurora Case Submission Form
- 3D model in STL format acquired through an intra-oral scan, or
- In absence of STL files, PVS impressions or stone models, and bite registration
- 1x facial and 3x intra-oral photos
- 1x panoramic X-ray image

If possible, it is highly recommended (but not required) to provide additional facial/intra-oral photos and a cephalometric X-ray image.

Digital copy of the records can be sent to case@auroraaligner.com. We will arrange for pick-up of the impressions or stone models if needed.

Assessment of Impression Quality



Proposed Treatment Plan

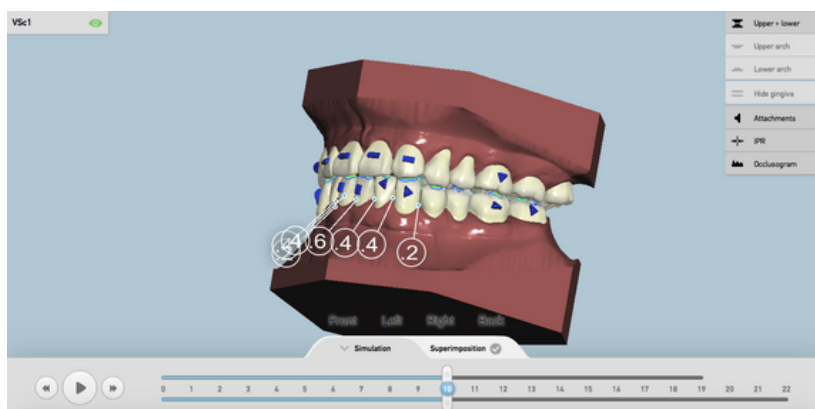
Upon completion of the treatment plan, you will be prompted with a link to review the proposed treatment plan using the Aurora® 3DReview web-based software.

Through Aurora 3DReview, you will be able to:

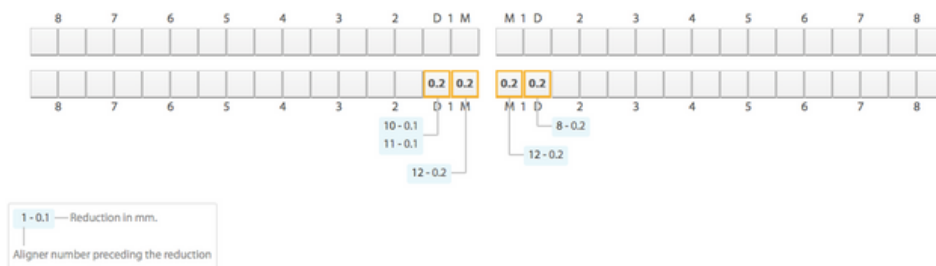
- Simulate the teeth movements at each stage of the aligners
- View upper and lower arches from different angles, through tilting or the preset views
- View Interproximal Reduction (IPR) and attachments required
- Simulate the change in occlusion using the occlusogram

You will then respond to the Aurora team to request for revision and/or approve the treatment plan.

Aurora® 3DReview



When needed, the Aurora treatment plan indicates the amount of IPR required for each tooth, as well as the step when the IPR has to be performed.



Patient & Aligner Management

The efficiency of the Aurora® aligners is completely dependent on the cooperation of the patient. Each aligner must be worn by the patient for a period of two weeks, a minimum of 20-22 hours/day (removed only during eating and brushing).

Invite the patient for periodical check-ups. During the check-ups, investigate the followings and if the treatment goes well, provide aligners for the following two months.

- Sufficient usage of active aligners
- Pass strips between the teeth to remove any blocking elements
- Perform any necessary IPR
- Ease of inserting/removing the aligners, and fit of the aligner in the mouth
- No excessive pressure on gingival tissue
- All attachments are seated inside the designated slots. If not, it is suggested to remove the problematic attachments and fit new attachments using current aligners. In this case, the aligners will not work to the final result, but the processing of the necessary adjustment/revision can be done within the shortest possible time.

Guidelines for Patients

- Patient should maintain hygiene and care of the aligner to prevent inflammation of the gums, which can slow the treatment down
- Aligners should be cleaned in cold water using a neutral liquid detergent. It is also recommended to use cleansing tablets for dentures or orthopedic supplies.
- When not worn, they must be stored in the special plastic container provided to prevent any loss or damage.
- Aligners must be removed for eating and brushing.
- If attachments are fitted, patients should be advised to handle aligners carefully. Aligners must first be placed on the molars, and only then on the incisors. To remove, the same order should be repeated, to prevent possible bending.
- Patient should exercise some mild chewing when the aligners are fitted.
- Patients must attend follow-up appointments designated by the doctor to check on the effectiveness of treatment.



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