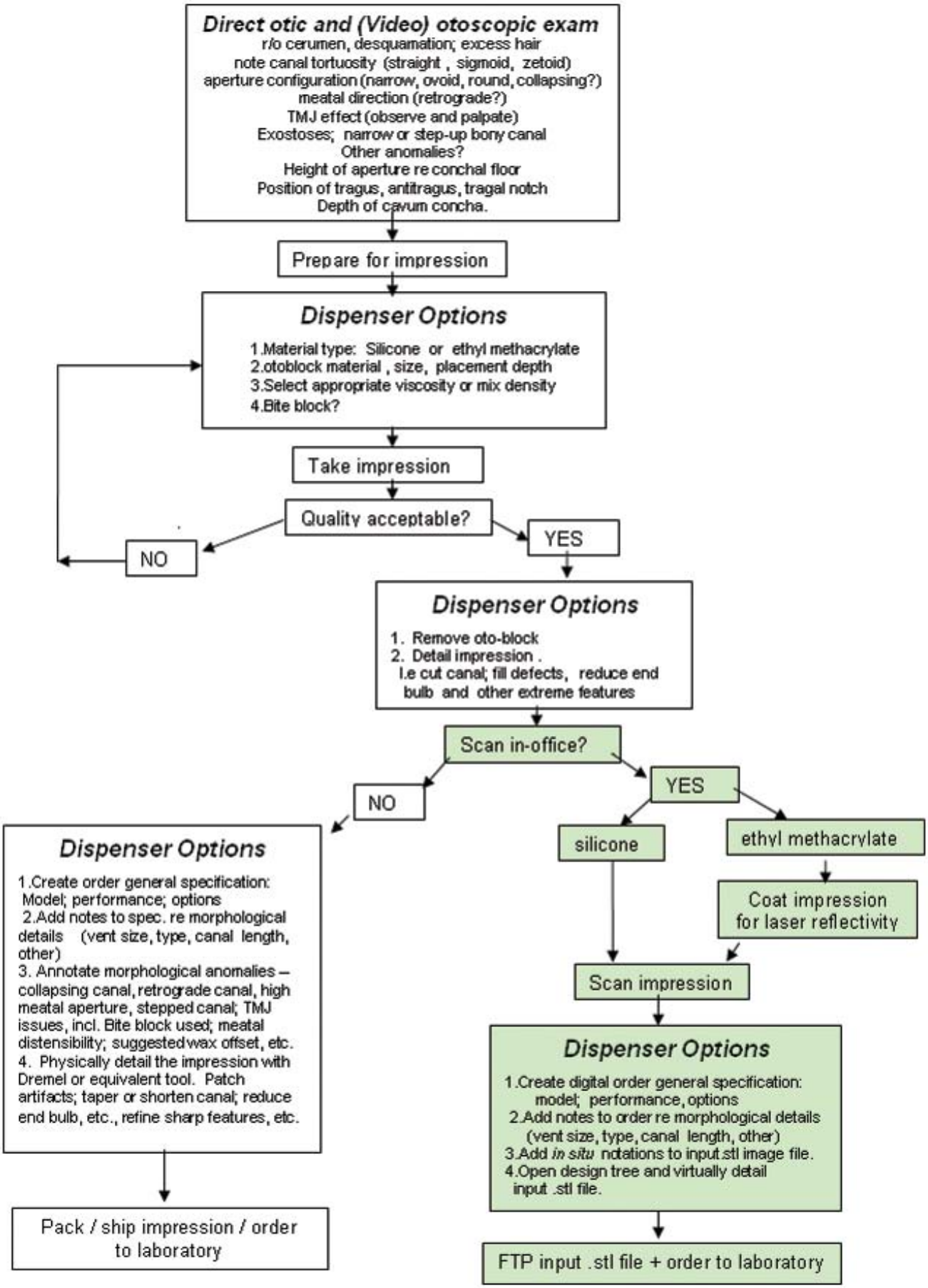
Direct otic and (Video) otoscopic exam
r/o cerumen, desquamation; excess hair
note canal tortuosity (straight , sigmoid, zetoid)
aperture configuration (narrow, ovoid, round, collapsing?)
meatal direction (retrograde?)
TMJ effect (observe and palpate)
Exostoses; narrow or step-up bony canal
Other anomalies?
Height of aperture re conchal floor
Position of tragus, antitragus, tragal notch
Depth of cavum concha.
Prepare for impression
Dispenser Options
1.Material type: Silicone or ethyl methacrylate
2.otoblock material , size, placement depth
3.Select appropriate viscosity or mix density
4.Bite block?
Take impression
Quality acceptable?
NO
YES
Dispenser Options
1. Remove oto-block
2. Detail impression .
I.e cut canal; fill defects, reduce end bulb and other extreme features
Scan in-office?
NO
YES
Dispenser Options
1.Create order general specification: Model; performance; options
2.Add notes to spec. re morphological details (vent size, type, canal length, other)
3. Annotate morphological anomalies – collapsing canal, retrograde canal, high meatal aperture, stepped canal; TMJ issues, incl. Bite block used; meatal distensibility; suggested wax offset, etc.
4. Physically detail the impression with Dremel or equivalent tool. Patch artifacts; taper or shorten canal; reduce end bulb, etc., refine sharp features, etc.
Pack / ship impression / order to laboratory
silicone
ethyl methacrylate
Coat impression for laser reflectivity
Scan impression
Dispenser Options
1.Create digital order general specification: model; performance, options
2.Add notes to order re morphological details (vent size, type, canal length, other)
3.Add in situ notations to input.stl image file.
4.Open design tree and virtually detail input .stl file.
FTP input .stl file + order to laboratory