Congratulations on your new CEREC® Omnicam!

We prepared this quick start guide to show you how to quickly and efficiently get started with your new Omnicam. Please read through this guide to discover the difference between your existing camera and your new Omnicam.

Please be aware, operating the Omnicam is different from your Bluecam or Redcam.

By familiarizing yourself with these differences now, you will be on your way to minimizing your learning curve and maximizing your fun with Omnicam.

Get ready for a camera you’ve never experienced before!
Camera warm-up

Scanning Technique

Margins

Allowing the camera to warm up for 15-20 minutes is recommended before using the Omnicam intraorally. This allows the anti-fogging feature to deliver best results during acquisition.

Simply move the camera smoothly over the top of the teeth, and tilt and roll it 90° toward buccal and then lingual in order to capture the sides of the teeth and the gingiva.

Defining the margins is best accomplished manually. Build the margins in small increments using the manual margination tool—you will find doing it yourself is actually faster and more precise.

Standard Omnicam Workflow

Optional Workflow Possibilities

1. Camera warm-up

2. Patient Counseling Mode

3. Scanning Technique

Allowing the camera to warm up for 15-20 minutes is recommended before using the Omnicam intraorally. This allows the anti-fogging feature to deliver best results during acquisition.

Using the full color camera, a video of the clinical situation can be made and used for patient education, treatment acceptance and clinical security. Simply choose between the patient counseling mode and the intraoral measuring mode in the acquisition phase.

Simply move the camera smoothly over the top of the teeth, and tilt and roll it 90° toward buccal and then lingual in order to capture the sides of the teeth and the gingiva.

With Omnicam, the model captured before the prep can be altered by removing the original tooth with the cut tool. The prepared tooth is then scanned and automatically added to the existing model.

Defining the margins is best accomplished manually. Build the margins in small increments using the manual margination tool—you will find doing it yourself is actually faster and more precise.
BEST PRACTICES FROM OMNICAM® EXPERTS

No undercuts with inlays
- For optimal fits of your inlays and onlays, avoid preparing undercuts.

Retraction
- Because everything is in color, it’s easy now to distinguish between enamel and gingiva.

Camera mode: intraoral or extraoral?
- By default, your camera is set to intraoral. You only change this setting if you are scanning models. The Omnicam camera can scan images both intraorally and extraorally (when scanning models, for example).

Scanning buccal and lingual surfaces
- As you do when scanning the occlusal surface, make sure you also scan the lingual and buccal surfaces from a 90° angle.

Don’t over-image!
- Omnicam is so fast as it builds a model that new users easily forget that they do not need to image an entire arch for one restoration. Know what you’re imaging and limit it to what you really need.

Manual margination: It’s normal!
- Margination is best accomplished manually with Omnicam. Build your margins in small increments using the manual margin tool—it works much better and is actually faster than using the automatic margination tool.

Proximal contacts
- Proximal contact colors should be turquoise—not green like you’re used to seeing in Bluecam.

REACTIONS TO THE NEW OMNICAM® WORKFLOW

“I’ve been using Omnicam for close to a year. I absolutely love the way it images and how precise the models are. In a million years, I would not ever go back to the old way of imaging. After the initial learning curve, Omnicam is a breeze to use and makes CEREC even more fun than it used to be.”
- Sameer Puri, DDS

“I absolutely love the Omnicam. The overall best benefit in my clinical theater is the ease of oral access and scanning for both patient and team. As a result, it significantly simplifies the data collection process, which lowers clinical stress. And patients love it!”
- James Klim, DDS

“I have great confidence in Omnicam. If the Omnicam sees it, CEREC can mill it!”
- Todd Ehrlich, DDS

“As much as I loved my Bluecam, I love my Omnicam even more. I still have my Bluecam, it just never gets used. I don’t regret the upgrade to Omnicam one bit and I would do it again in a heartbeat.”
- Darin O’Bryan, DDS