

Dental industry journal

30 articles · News, guidelines and insights

The new editorial collection gives dental teams a place to explore industry developments, official guidance and practical questions about digital technology.

Six dated news briefs, six guidance explainers, eight digital dentistry insights, six practice insights and four community guides.

Source facts and NovaDonto's interpretation are distinguished throughout. This is the prepared local website collection; it is not evidence of public readership or professional endorsement.

In this collection

- 01 2026 dental imaging recommendations: what changed
- 02 CDCP's 2026 benefits guide: where providers should start
- 03 Canada's dental coverage expansion: what the headline tells us
- 04 Implant Studio 2026.2: how to review a software update
- 05 DS Core and Pearl: why platform integrations deserve scrutiny
- 06 Canadian oral health data: read the population before the market
- 07 BC oral health standards: a starting point for digital teams
- 08 Dental privacy in BC: start with a data map
- 09 Dental cloud services: questions beyond server location
- 10 When is dental software a medical device in Canada?
- 11 Dental cybersecurity: prioritize recovery as well as prevention
- 12 Dental data and secondary use: consent needs a clear purpose
- 13 Computer-assisted implant surgery: read the evidence by task
- 14 Dental AI: questions to ask before accepting an accuracy claim
- 15 FDI's AI white paper: a reading guide for dental teams
- 16 Compare implant planning software by the complete workflow
- 17 Digital dentistry interoperability: an export is only the start
- 18 Scan registration results: what a useful report should explain
- 19 Surgical-guide printing: evaluate the process, not only the printer
- 20 Dental imaging datasets: availability is not research readiness
- 21 Dental technology costs: compare the cost of a working service
- 22 Clinic–laboratory digital adoption: start with a shared problem
- 23 What a dental platform pilot should actually measure
- 24 Dental innovation: distinguish a research result from a product
- 25 Dental software data portability: plan the exit before signing
- 26 How to read a dental technology claim without the hype
- 27 ITI Study Clubs: a route into local implant discussions
- 28 Canadian dental learning: where to follow professional discussion
- 29 Digital Health Canada: broadening the dental technology conversation
- 30 Five discussion topics for a digital dentistry study group

2026 dental imaging recommendations: what changed

The ADA and AAOMR update patient-selection recommendations for two-dimensional imaging and CBCT.

Source: 5 January 2026

The update

The ADA reported new joint recommendations on 5 January 2026. They update patient selection for dental radiographic examinations and address both planar imaging and cone-beam computed tomography. This is US professional guidance; Canadian teams must also consult the requirements applicable to their own practice.

Why it matters to digital dentistry

An imaging workflow begins with a clinical question. Adding a scanner or planning platform should not turn imaging into an automatic administrative step. For a software buyer, the useful question is whether the system supports the clinician’s selected examination and preserves the reason for the request.

Our interpretation for practice teams

Review the full recommendations with the professional responsible for radiology before changing a protocol. In a team discussion, identify who authorizes imaging, how existing images are considered and where examination details are recorded. Ask vendors to demonstrate how their workflow handles a case that is missing a required input without prompting an unnecessary repeat scan.

Focus	What to look at	Why it matters
Clinical question	Why is an examination being considered?	Keep the clinical rationale distinct from an administrative upload requirement.
Existing information	What information is already available?	Ask the responsible clinician how it informs selection.
Local requirements	Which rules apply in this practice?	Review Canadian requirements alongside the US recommendations.

Is this a Canadian regulation?

No. It is US professional guidance. Canadian requirements and the responsible clinician’s assessment still apply.

Should every implant case receive the same scan?

Imaging selection is a clinical decision. This update should not be converted into a universal scan order.

Sources & further reading

ADA News · 5 January 2026

CDCP’s 2026 benefits guide: where providers should start

A reading guide to the official benefit rules, provider information and coverage questions.

Source: 1 April 2026

A new reference point

The Canadian Dental Care Plan’s Dental Benefits Guide has an effective date of 1 April 2026. It sets out benefit rules and should be read alongside the applicable benefit grids and provider instructions. Eligibility for the plan and payment for a particular procedure are different questions.

What this means for a practice

Software should make it easy to distinguish a treatment estimate, a benefit determination and a patient’s financial responsibility. A general statement that a patient has coverage is not enough to establish payment for the proposed treatment. A practice needs the actual service and current benefit rules in view.

Our interpretation for digital service providers

Keep payer terminology out of unsupported product promises. If a planning or coordination service is marketed to clinics, explain its own fee and who invoices it. Do not imply that CDCP growth automatically creates reimbursable demand for an implant product. A useful purchasing discussion separates the clinical service, laboratory service and administrative software charge.

Focus	What to look at	Why it matters
Eligibility	The person can participate in the program.	Does not establish payment for every service.
Benefit rules	The proposed procedure must fit the current guide.	Check conditions before describing coverage.
Practice estimate	The clinic explains expected charges.	Keep the estimate distinct from the benefit determination.

Does CDCP eligibility establish implant coverage?

No. Consult the official guide for the specific service and applicable exclusions or conditions.

Where should a provider confirm current requirements?

Use the linked government guide, benefit grids and provider instructions rather than a third-party summary.

Sources & further reading

Health Canada · Dental Benefits Guide, effective 1 April 2026

Canada’s dental coverage expansion: what the headline tells us

Read the April 2026 coverage announcement without confusing eligibility, treatment and market demand.

Source: April 2026

The reported development

In April 2026, Health Canada announced that more than 6.5 million Canadians could receive services under the Canadian Dental Care Plan. That is a dated program announcement, not a count of NovaDonto customers, completed procedures or implant cases.

The business question

Broader access can change the questions practices receive about appointments, eligibility and costs. For a dental technology team, the next research step is to ask which parts of that work create a recurring burden. The national headline cannot tell a supplier which clinic will purchase software or which workflow needs investment.

Our interpretation

Separate three measures in a market discussion: people eligible for a public program, people receiving a defined service, and clinics with a problem they are willing to pay to solve. That distinction helps a team design interviews and avoid building revenue forecasts from the wrong denominator. An announcement is a starting point for research, not evidence of commercial traction.

Focus	What to look at	Why it matters
Eligible population	People who can receive covered services.	Useful access context.
Treatment demand	People requiring a particular service.	Needs a procedure-specific basis.
Software demand	Organizations willing to purchase a tool.	Needs buyer and workflow research.

Is 6.5 million a current live total?

No. It is the figure in the linked April 2026 announcement.

Can the figure be used as an implant market size?

No. It does not describe implant demand, procedure eligibility or willingness to buy a digital service.

Sources & further reading

[Health Canada - April 2026 announcement](#)

Implant Studio 2026.2: how to review a software update

Use the manufacturer’s release notes to plan a focused evaluation before changing a working setup.

Source: 15 September 2026

The release to review

3Shape’s release notes dated 15 September 2026 introduce AI tooth removal, a setup wizard, multi-unit abutment angle measurement and library changes in Implant Studio 2026.2. These are manufacturer-reported features; they do not independently establish a clinical advantage for a particular practice.

What deserves attention

For an existing user, an update can affect more than a new button. Consider the complete chain from scan import to planning, restorative work, guide output and laboratory communication. Ask the supplier which integrations and component libraries are supported for the configuration you actually use.

Our interpretation for buyers

Before upgrading a working environment, agree a demonstration case and a recovery plan with your technical support provider. Compare the same task before and after the change, preserving the version used. A useful review records the observed improvement and any new training need. It does not infer a time saving from the release title or apply one clinic’s experience to every user.

Focus	What to look at	Why it matters
AI tooth removal	Manufacturer describes a simplified planning action.	Compare the actual interaction on a suitable demonstration case.
Setup wizard	Manufacturer describes guided library and printer setup.	Verify the configuration required by your practice.
Library changes	Manufacturer lists automatic updates and removal options.	Record the version used for a case.

Is this a product endorsement?

No. It is an independent reading guide to the manufacturer’s release notes.

Does a newer version guarantee better results?

No. Evaluate the supported configuration and the tasks relevant to your team.

Sources & further reading

3Shape · [Implant Studio 2026.2 release notes](#)

DS Core and Pearl: why platform integrations deserve scrutiny

A September 2025 announcement illustrates how imaging AI is moving into broader dental platforms.

Source: 23 September 2025

The announcement

On 23 September 2025, Dentsply Sirona announced a partnership with Pearl to bring AI-assisted radiologic support into DS Core. The announcement is useful industry context. Availability, supported uses and authorization must be checked for the purchaser’s country and configuration.

Why integration matters

A platform connection can change where a clinician encounters an analysis and how the result is stored. The purchasing question therefore extends beyond whether the algorithm can produce an overlay. Teams need to understand who sees the result, how the source image is identified and what happens when a case moves between systems.

Our interpretation

During a demonstration, follow one image through upload, analysis, professional review and export. Ask what data reaches each organization and whether a result remains linked to the correct image version. Evaluate the clinical product on its own evidence and the integration on its observed workflow. Neither a partnership announcement nor a familiar platform name answers both questions.

Focus	What to look at	Why it matters
Clinical output	What finding is presented?	Review the product evidence and intended use.
Platform connection	Where is the result displayed and retained?	Follow the same image through the integrated process.
Local availability	Which functions are offered in this market?	Obtain configuration-specific confirmation.

Does the announcement establish Canadian availability?

No. Confirm the exact product, intended use and Canadian status with the supplier.

Is an integrated result a clinical decision?

A generated output and the responsible professional's decision are separate parts of the workflow.

Sources & further reading

Dentsply Sirona · 23 September 2025 announcement

Canadian oral health data: read the population before the market

Health Infobase provides a useful starting point for research into oral health needs and access.

Source: 31 August 2026 page update

The data source

Health Infobase’s self-reported oral health page was updated on 31 August 2026. It describes the Canadian Oral Health Survey conducted in the provinces between November 2023 and March 2024. The collection period matters when interpreting the results.

Questions the data can inform

Population research can help frame questions about reported oral health and access. It cannot substitute for an interview with the person deciding whether a clinic will purchase a service. A founder should identify the population, question wording and time period before carrying a statistic into a business case.

Our interpretation

Use the official data to describe context, then design narrower research around the intended customer. For an implant coordination platform, that means understanding how cases are organized, which professionals participate and what prompts a clinic to change its process. Keep survey findings separate from product evaluation results. Both are useful, but they answer different questions.

Focus	What to look at	Why it matters
Survey collection	November 2023–March 2024.	Describes the time period of the underlying responses.
Page update	31 August 2026.	Identifies the publication update, not new collection.
Commercial research	A separate buyer study.	Tests demand for a defined service.

Does the survey describe 2026 patient behaviour?

The cited page reports a survey collected in 2023–2024; its page update date is not the collection date.

Does national need establish demand for a platform?

No. Product demand requires research with the relevant buyers and users.

Sources & further reading

Health Infobase · Canadian Oral Health Survey, updated 31 August 2026

BC oral health standards: a starting point for digital teams

Connect the regulator’s professional standards to the responsibilities a digital service must respect.

Start with the regulator

BCCOHP’s Standards for the Oral Health Team set minimum conduct and competence requirements for oral health professionals in British Columbia. They are a primary reference for practice teams, not a software certification or a substitute for professional judgment.

Turn responsibilities into questions

When a new service enters a practice, identify who provides care, who communicates with the patient and who holds the relevant record. A digital supplier should be able to describe its part in that arrangement without suggesting that software takes over a professional obligation.

Our interpretation

A useful procurement meeting follows a real task: the clinician reviews information, asks for a change and records a decision. Ask where each action is retained and how another authorized team member understands it later. Then compare the proposed process with the practice’s professional requirements. The goal is a workable relationship between people and systems, rather than a compliance badge based only on a feature list.

Focus	What to look at	Why it matters
Professional decision	Responsible regulated professional.	Software should preserve who made the decision.
Administrative task	Assigned practice or service role.	Define the handoff and escalation route.
Product function	Supplier’s stated intended use.	Assess separately from professional standards.

Are these standards a licence for software?

No. They concern regulated professionals; product obligations require a separate assessment.

Who should interpret them for a clinical workflow?

The responsible regulated professionals should review the current official standards for their practice.

Sources & further reading

BCCOHP · Standards for the Oral Health Team

Dental privacy in BC: start with a data map

Understand the information a digital service handles before choosing forms, controls or a hosting arrangement.

The official starting point

The BC privacy commissioner explains that PIPA governs personal information practices of private-sector organizations in the province and provides privacy management resources. The applicable legal framework still needs to be assessed for the actual organizations and activities involved.

Our implementation approach

Draw the path of a sample record from the clinic to each service provider. Identify the information, purpose, people with access, storage location and intended retention. Include support access, backups and exports; these are easy to miss when a team looks only at the main application screen.

Make the map useful

Use the map to ask concrete questions of a supplier. Can an account be removed promptly? Who handles a correction request? What happens to an exported file after a contract ends? A written policy should describe the arrangements actually implemented. It should not promise controls merely because they appear in a template. Repeat the review when a new service or data use is introduced.

Focus	What to look at	Why it matters
Collection	Which fields enter the service?	Remove information unnecessary for the defined purpose.
Access	Which people and providers can see it?	Review support access as well as ordinary users.
Retention	Where do copies remain?	Include exports, backups and connected services.

Is Canadian hosting enough to establish privacy compliance?

No. Hosting location is one issue among purpose, access, safeguards, contracts and individual rights.

Can a template replace a data review?

No. A template needs to be completed against the service's actual information flows.

Sources & further reading

[BC OIPC · Resources for private organizations](#)

Dental cloud services: questions beyond server location

A practical interpretation of the privacy commissioner’s cloud guidance for a dental software purchase.

The guidance

The federal privacy commissioner’s cloud guidance addresses the responsibilities that remain when a business uses a cloud service provider. Outsourcing information processing does not make accountability disappear. The applicable rules depend on the actual arrangement and jurisdiction.

Our purchasing interpretation

Ask how the service separates customer accounts, manages support access and returns records at the end of a contract. Establish which organization can investigate an incident and how quickly the clinic will receive the information it needs. Obtain written answers for the specific service tier being purchased.

Test the exit as well as the entrance

A polished onboarding process tells only part of the story. During evaluation, export a sample record, inspect the file and ask what happens to copies in backups or connected systems. Document the agreed process before live information enters the service. A useful contract and a working export serve different purposes; a practice needs both.

Focus	What to look at	Why it matters
Onboarding	Who grants an account?	Check the approval and identity process.
Operation	Who can access data for support?	Clarify authorization and incident responsibilities.
Exit	How are records returned?	Test the export and agree handling of retained copies.

Does using a cloud vendor transfer every privacy responsibility?

No. Review the official guidance and the responsibilities retained by each party.

What is a useful demonstration request?

Ask the supplier to show access removal and a complete sample-record export, not only account creation.

Sources & further reading

OPC · Cloud computing for small and medium-sized enterprises

When is dental software a medical device in Canada?

The intended function matters more than whether a product is called a platform.

The classification question

Health Canada’s guidance ties medical-device status to software functionality and its intended or represented use. The word “platform” does not decide the outcome. Administrative coordination and software used for a medical purpose must be assessed according to what they do.

Our product interpretation

Describe each function separately: storing a file, routing a request, interpreting an image, recommending a plan or producing a patient-specific design. Record the user, input, output and decision the function supports. A single product name can conceal very different responsibilities.

What to prepare

A clear intended-use statement is more useful than an early assumption about class. Compare the statement with the actual screen behaviour and marketing copy. If a later release adds clinical analysis, revisit the assessment before representing it as available for care. Professional review is part of a workflow; it should not be treated as an automatic exemption from product requirements.

Focus	What to look at	Why it matters
Coordination	Routes information and records actions.	Describe the actual administrative purpose.
Analysis	Interprets information for a medical purpose.	Assess the intended use and relevant device rules.
Later feature	Adds a new output or decision influence.	Revisit the assessment before release.

Is every dental platform a medical device?

No. The assessment depends on the functions and intended or represented use.

Does a dentist reviewing the output settle the classification?

No. Review alone does not resolve the function-by-function assessment.

Sources & further reading

[Health Canada · Software as a Medical Device guidance](#)

Dental cybersecurity: prioritize recovery as well as prevention

Use Canadian baseline guidance to ask better questions about access, backups and incident response.

The reference

The Canadian Centre for Cyber Security publishes baseline controls for small and medium organizations. These recommendations provide a starting point for a security program; they are not a certificate that a dental service has met all of its obligations.

Our operational interpretation

A practice should understand how work continues when an account is compromised or a service becomes unavailable. Identify the person authorized to disable access, the location of a usable backup and the route for contacting technical support. Include the systems used to send files to laboratories.

Ask for a demonstration

A backup policy is less informative than a recorded restoration exercise. During supplier evaluation, use generated information to test recovery and access removal. Record what was recovered, what was missing and the elapsed time. Choose improvements based on the effect on the practice’s actual work rather than on the number of security features named in a sales presentation.

Focus	What to look at	Why it matters
Prevention	Access controls and maintenance.	Ask how controls are applied to actual accounts.
Response	Roles and incident contacts.	Test whether the right person can act promptly.
Recovery	Restoration of usable records.	Keep evidence of a recovery exercise.

Does a backup prove recoverability?

No. Recovery should be tested against the required records and operating needs.

Should a workflow demo use real patient data?

Use generated data for an initial demonstration; live data requires the agreed operating and privacy arrangements.

Sources & further reading

[Canadian Centre for Cyber Security · Baseline controls](#)

Dental data and secondary use: consent needs a clear purpose

Distinguish delivery of a dental service from later research, publication or model-development uses.

The guidance

The federal privacy commissioner’s meaningful-consent guidance emphasizes understandable information about personal information practices. For a dental data project, the purpose and the parties involved deserve attention before information is collected or reused.

Our project interpretation

A scan shared to complete a clinical service should not silently become a training dataset. Identify the proposed later activity, the information needed, the permissions and the review process. Research, product development and publication may raise different questions and should not be bundled into an unexplained “improvement” clause.

Prepare a readable explanation

Describe the proposed use in ordinary language and show where questions can be raised. Keep any optional participation choice distinct from the service arrangement where appropriate. Have the responsible privacy and professional reviewers assess the actual project, including any applicable research review. Removing a name from a file is not, by itself, a complete data governance plan.

Focus	What to look at	Why it matters
Service delivery	Information needed for the agreed service.	Define the initial purpose and parties.
Research	A separate investigation.	Assess permissions and any required research review.
Model development	Training or improving an algorithm.	Evaluate rights and safeguards for that specific use.

Does treatment consent automatically cover AI training?

Do not assume it does. Assess the proposed use, permissions and applicable requirements separately.

Is deleting the patient name sufficient?

No. Re-identification risks and information elsewhere in the record must also be considered.

Sources & further reading

OPC · Guidelines for obtaining meaningful consent

Computer-assisted implant surgery: read the evidence by task

A way to navigate ITI resources without turning every digital technique into the same claim.

Start with the technique

ITI provides white papers on computer-assisted implant surgery. These resources offer a professional starting point for exploring the field. Readers should consult the full publication and the clinical context rather than infer that every system or workflow has equivalent evidence.

Our reading framework

Separate planning, transfer of a plan, surgical execution and restoration. A result about one stage does not automatically establish performance at another. Note the technique, study population, operator experience and measured outcome before comparing studies or vendor statements.

Bring the question to a demonstration

Ask a supplier which task its product performs and which evidence supports that task. Then ask how the proposed configuration relates to the equipment and professionals in your practice. A useful evaluation identifies both the supported function and the part of the process still dependent on another party. This makes a purchasing conversation more specific than a broad promise of “digital accuracy”.

Focus	What to look at	Why it matters
Planning	The proposed treatment plan.	Identify the planning task and evidence.
Plan transfer	How the plan reaches the procedure.	Identify the technique and measurement method.
Clinical outcome	What happened to the patient.	Do not substitute a technical error metric.

Are all guided workflows interchangeable?

No. Identify the technique and complete clinical workflow before comparing results.

What should accompany a performance claim?

The task, method, population, outcome definition and limitations of the supporting evidence.

Sources & further reading

[ITI · Computer-Assisted Implant Surgery white papers](#)

Dental AI: questions to ask before accepting an accuracy claim

Look beyond a headline percentage to the dataset, task and clinical use being evaluated.

An industry reference

ADA Technical Report 1109, published in 2025, addresses evaluation of dental image-analysis systems using augmented or artificial intelligence. Its subject is a useful reminder that a model score needs an evaluation method behind it.

Our evaluation framework

Ask what the system detects, what counts as a correct result and how the reference labels were established. Identify whether testing was independent of development data and whether it reflects the images and users in the proposed setting. A percentage without a denominator or task definition is difficult to interpret.

Compare the consequences

Different errors can have different practical effects. Discuss false alerts, missed findings and situations where the system cannot provide a reliable output. Ask how those states appear to the professional user. Treat workflow convenience, model performance and clinical benefit as separate questions that require different evidence. A well-designed interface does not validate an algorithm, and an algorithm study does not establish a service’s operational reliability.

Focus	What to look at	Why it matters
Dataset	Images used in evaluation.	Check independence and relevance to the proposed setting.
Reference	Basis for the expected answer.	Ask how labels were established and reviewed.
Errors	Missed findings and false alerts.	Discuss their effect on the intended task.

Is one accuracy percentage enough?

No. You need the evaluated task, dataset, reference method and relevant error measures.

Does this article validate NovaDonto AI?

No. It describes questions for evaluating dental image-analysis products.

Sources & further reading

ADA · Technical Report 1109, 2025

FDI’s AI white paper: a reading guide for dental teams

Use the profession’s discussion of AI to organize a team conversation about adoption.

The resource

FDI publishes a white paper on artificial intelligence for dentistry. It is a professional resource for considering the technology’s role in oral healthcare, education and research. It should be read as context rather than as approval of an individual commercial product.

Our discussion approach

Begin with the problem the practice wants to solve. Is the proposed tool interpreting an image, reducing administrative work or supporting communication? Then identify who will use it and who will review its output. Keeping the task narrow makes training and evaluation more meaningful.

From interest to a decision

Ask each participant to describe one expected benefit and the evidence needed to judge it. A clinician may focus on the reliability of an output, while a coordinator may focus on finding the correct case. Document the differences before selecting an evaluation. The result should be a defined question for the supplier and a realistic trial scope, not a general statement that the practice has “adopted AI”.

Focus	What to look at	Why it matters
Administrative AI	Supports a nonclinical task.	Measure the defined workflow outcome.
Image analysis	Produces an interpretation of an image.	Review task-specific evidence and responsibilities.
Education	Supports learning or discussion.	Keep educational use distinct from patient care.

Does an FDI resource endorse a specific vendor?

No. Product-specific claims need their own evidence and applicable authorization.

Where should a team begin?

With a defined task and the users affected, followed by the evidence needed to assess it.

Sources & further reading

[FDI · Artificial Intelligence for Dentistry white paper](#)

Compare implant planning software by the complete workflow

A buying framework spanning scan input, planning, guide design, laboratory work and ongoing support.

What the market offers

Published exocad and Straumann materials describe planning, design or connected production workflows within their respective products. These manufacturer descriptions establish what to investigate, not an independent ranking or a guarantee of compatibility with every clinic configuration.

Our comparison framework

Use the same sample task across demonstrations. Follow the case from input through the intended output, noting required modules, component libraries, training and external services. Ask which steps are included in the quoted licence and which require another provider or purchase.

Make the comparison decision-ready

Record three things for each product: what you observed, what the supplier confirmed in writing and what remains untested. Include the cost of supporting the workflow over time rather than only the initial licence. If a feature is central to the buying decision, verify it in the intended configuration. A feature matrix is useful only when the entries mean the same thing across vendors.

Focus	What to look at	Why it matters
Planning tools	Clinical planning and design functions.	Verify supported inputs, modules and libraries.
Production services	An agreed physical or design deliverable.	Confirm provider scope and acceptance conditions.
Coordination tools	Instructions, reviews and commercial records.	Test continuity of the case and version.

Can a feature list establish the best product?

No. Compare the complete task, supported configuration, evidence and cost for your intended use.

Should coordination software be compared directly with planning software?

Compare overlapping functions, but keep clinical planning and administrative coordination distinct.

Sources & further reading

[exocad · exoplan 3.1 Rijeka release](#)

[Straumann · coDiagnostiX clinical workflow](#)

Digital dentistry interoperability: an export is only the start

Why buyers should test what survives a handoff between scanners, planning tools and laboratories.

The industry context

Straumann describes a coDiagnostiX workflow connecting imaging, digital impressions, partner laboratories and production options. Connected product ecosystems illustrate why interoperability matters to a dental purchasing decision.

Our interpretation

Two systems accepting the same file extension does not establish that the receiving team has everything it needs. A usable handoff may also depend on units, orientation, component references, revisions and the instructions accompanying the file. Treat data transfer as a task to test, not a checkbox in isolation.

A better demonstration

Prepare a generated case in the first system, move it through the intended route and ask the receiving user to explain what they have. Then change an instruction and repeat the process. Identify whether the new version is distinguishable and whether the previous reference remains available. This evaluation reveals communication failures that a successful upload alone will not expose.

Focus	What to look at	Why it matters
File transfer	The file opens successfully.	Does not establish that its context transferred.
Semantic context	Units, versions and references remain clear.	Ask the recipient to explain the received record.
Change transfer	A revised instruction is recognizable.	Repeat the test after a meaningful revision.

Does file compatibility guarantee a complete workflow?

No. Context, references and version information may still be missing.

What should be tested after an export?

Whether the receiving user can identify the correct case, version, units and relevant instructions.

Sources & further reading

[Straumann · coDiagnostiX clinical workflow](#)

Scan registration results: what a useful report should explain

Understand the questions behind an alignment visual before treating it as a planning input.

The technical question

Digital implant workflows can involve several sources of information. ITI's computer-assisted surgery resources provide context for the field; the quality of a specific registration still requires evidence about the actual method and inputs used.

Our interpretation of a useful report

A registration report should identify the input files, the method and version, the region evaluated and the error measure. A colour overlay can help explain a result, but its scale and meaning need to be visible. An attractive rendering should not stand in for a defined acceptance decision.

What to ask during evaluation

Ask the developer to show a successful example and a difficult one. Check how the system reports insufficient information, a poor match or a result requiring review. Clarify who accepts the alignment for the intended downstream task. A generated demonstration can show how a report works; it cannot establish clinical accuracy on patient scans.

Focus	What to look at	Why it matters
Overlay	A visual comparison.	Show its scale and what the colours represent.
Error measure	A numerical description of the match.	Define the region, units and calculation.
Acceptance	A decision for the downstream task.	Name the criteria and responsible reviewer.

Does a good-looking overlay prove accuracy?

No. The method, error measure, inputs and acceptance criteria matter.

Can generated data establish patient-level performance?

No. It can test software behaviour, while clinical performance needs an appropriate evaluation.

Sources & further reading

ITI · Computer-Assisted Implant Surgery white papers

Surgical-guide printing: evaluate the process, not only the printer

A procurement perspective on the linked stages between an approved design and a delivered guide.

Why the whole process matters

Computer-assisted implant surgery resources provide context for guide-based workflows. Buying a printer is only one decision within a larger process that includes design, materials, processing, inspection and clinical responsibilities.

Our purchasing interpretation

Ask a prospective production provider to explain the exact scope it accepts. Determine who supplies the approved design, who is responsible for manufacture and which records accompany the delivered product. Confirm the applicable instructions and qualifications for the selected materials and process rather than generalizing from another configuration.

Evaluate a defined service

A useful quotation identifies what starts production, how changes are handled and what happens when a delivered item raises a concern. Assess these commercial and quality arrangements alongside technical evidence. A software simulation or dimensional example can support development discussion, but it is not a substitute for physical verification of the actual production process.

Focus	What to look at	Why it matters
Design	The accepted specification.	Identify who reviews and authorizes it.
Manufacture	The selected material and process.	Confirm provider responsibilities and applicable instructions.
Verification	The delivered item and supporting records.	Agree the inspection and issue-handling process.

Does owning a printer establish production readiness?

No. The complete process, responsibilities and applicable requirements need to be established.

Can a software simulation validate a printed guide?

No. Physical production and intended-use verification are separate activities.

Sources & further reading

ITI · Computer-Assisted Implant Surgery white papers

Dental imaging datasets: availability is not research readiness

A framework for assessing whether a published dataset fits the question you want to investigate.

Start with the question

FDI’s AI white paper provides context for research and development in dentistry. For a particular dataset, the relevant decision is narrower: whether its rights, content and labels support the proposed task.

Our dataset review framework

Record where the files came from, the licence, the modalities, the label definitions and the known collection limits. Check whether the proposed use includes model training, redistribution or publication. A link that permits downloading is not a complete statement of permitted use.

Match the data to the claim

A panoramic image collection cannot automatically support a claim about three-dimensional scan registration. A large count also does not resolve patient overlap, label quality or representativeness. Keep development and evaluation partitions traceable and preserve the reasons for exclusions. This makes later results interpretable and prevents a convenient dataset from silently changing the question the team intended to answer.

Focus	What to look at	Why it matters
Rights	What use is permitted?	Retain the licence and relevant conditions.
Fit	Does the modality match the task?	Do not substitute a convenient dataset for the research question.
Evaluation	Is testing independent?	Track partitions and possible overlap.

Does a larger dataset always provide stronger evidence?

No. Relevance, rights, label quality and independent evaluation matter alongside size.

Can public images be used for any purpose?

No. Review the actual licence and other applicable restrictions for the intended use.

Sources & further reading

[FDI · Artificial Intelligence for Dentistry white paper](#)

Dental technology costs: compare the cost of a working service

Move beyond the software price to training, integrations, support and laboratory dependencies.

Why the quote needs context

Manufacturer descriptions of planning and guide-design products show how many functions can sit inside a digital workflow. A purchasing decision should identify which of those functions are actually included in the proposed arrangement.

Our costing approach

Separate recurring licences, usage-based charges, equipment, staff time, training and external provider fees. Use the same expected activity level when comparing options. Do not combine different currencies or count a provider charge as platform revenue merely because both appear on a case.

Test the assumptions

A low-volume practice may evaluate a service differently from a laboratory with regular throughput. Model the work at the volume the buyer can reasonably support, then test sensitivity to additional training or rework. The useful output is a transparent scenario that can be updated with actual quotations and observations. It is not a universal price benchmark or a promise of savings.

Focus	What to look at	Why it matters
Fixed cost	Licence, equipment and implementation.	Compare over an explicit period.
Variable cost	Usage, components and provider work.	Apply the same activity assumptions.
Staff effort	Training, administration and exceptions.	Measure where possible; label estimates.

Is the lowest licence price the lowest total cost?

Not necessarily. Required modules, training, support and external services can change the comparison.

How should an estimate be presented?

With its scope, currency, activity assumptions and distinction between quoted and observed amounts.

Sources & further reading

exocad · exoplan 3.1 Rijeka release

Clinic–laboratory digital adoption: start with a shared problem

A practical way to decide which part of a working relationship should change first.

A professional learning context

The Canadian Dental Association's professional resources connect readers to publications and learning platforms. Those resources can inform a team's questions, while the decision to change a clinic–laboratory process needs local understanding.

Our adoption approach

Ask both sides to describe the same recent type of task without sharing patient identifiers. Identify where a question waits for an answer, where a version becomes unclear and where information must be entered again. The issue may be an unclear responsibility rather than a missing software feature.

Choose a small observable change

Agree one problem, one proposed change and a way to observe the result. For example, test whether a receiving user can find the current accepted instruction in a generated case. Preserve disagreements about what matters: they are useful discovery findings. Expand the trial only after the participants understand what changed and why it helped.

Focus	What to look at	Why it matters
Clinic perspective	What information is needed to request work?	Identify the person responsible for each input.
Laboratory perspective	What is needed to accept the request?	Separate a received file from an accepted order.
Shared outcome	Can both teams identify the current instruction?	Test with the same generated case.

Should a clinic replace every tool at once?

A narrower evaluation can make responsibilities and outcomes easier to understand.

What is a useful first measure?

Whether the intended user can complete a defined task and explain the result without extra help.

Sources & further reading

[Canadian Dental Association · Professional resources](#)

What a dental platform pilot should actually measure

Separate usability observations, operational results and clinical evidence before the trial starts.

Different questions need different studies

Dental AI evaluation literature addresses technical performance, but a platform trial may instead concern navigation, record completeness or communication. Do not use the word “pilot” to blur these distinct objectives.

Our evaluation approach

Define a task and an observable success condition before the session. Record whether the participant completed it, what assistance was needed and which errors occurred. If timing is relevant, specify the start and end points consistently. Compare equivalent tasks rather than a difficult baseline with an easier demonstration.

Interpret the result honestly

A small generated-case session can reveal usability issues and guide a development change. It does not establish clinical safety, broad productivity gains or customer adoption. A valuable pilot report preserves failures and explains the next change. That is more useful to a purchasing team than a positive satisfaction score without the task context.

Focus	What to look at	Why it matters
Usability	Can a participant finish a task?	Record assistance and errors.
Operations	Does the process work under realistic conditions?	Define volume, roles and exception handling.
Clinical benefit	Does care improve?	Requires an appropriate clinical evaluation.

Does positive feedback establish clinical benefit?

No. Usability, operational performance and clinical outcomes require different evidence.

Should failed tasks appear in the report?

Yes. They identify development priorities and keep the evaluation interpretable.

Sources & further reading

ADA · Technical Report 1109, 2025

Dental innovation: distinguish a research result from a product

Why a paper, a demonstration and a supported commercial service answer different questions.

The industry context

Professional discussions of AI cover research, education and healthcare. A promising research direction can be valuable without being a product that a clinic can immediately use.

Our assessment framework

A research result describes a method and its evaluation. A demonstration shows selected behaviour. A service must also address users, support, privacy, deployment and the responsibilities around its outputs. Ask which of these the supplier is presenting and which have actually been tested.

A more useful development conversation

Instead of dismissing an early prototype or overstating it, identify what it proves today and the next experiment required. A working record flow may support a usability session. A new image-analysis function may require a separate technical and clinical evaluation. This sequence helps a practice participate constructively while avoiding a purchase decision based on a future feature described in the present tense.

Focus	What to look at	Why it matters
Research	A method and its reported results.	Read the study conditions.
Prototype	Implemented behaviour in a demonstration.	Inspect the actual task and limitations.
Service	A supported operating arrangement.	Confirm responsibilities, evidence and readiness.

Is a published method the same as an available service?

No. Implementation, support, operating arrangements and applicable authorization are separate questions.

Can an early prototype still be useful?

Yes. It can help test defined workflow questions when its purpose and scope are clear.

Sources & further reading

FDI · Artificial Intelligence for Dentistry white paper

Dental software data portability: plan the exit before signing

How an export test can clarify whether a practice can retain usable records when a service changes.

Why portability belongs in procurement

The federal privacy commissioner’s cloud guidance is a starting point for reviewing outsourced data arrangements. A buyer should understand the relationship throughout its life, including what happens when the service ends.

Our practical approach

Ask for a sample export before signing. Open it outside the application and check whether another authorized reader can understand the record. Identify which attachments, versions and explanations are included. A table of identifiers may be technically downloadable but still require the original system to make sense.

Agree the transition

Record the format, delivery process, assistance and any charges for returning data. Clarify deletion and retained copies under the applicable arrangement. Repeat the export test after significant workflow changes. The goal is a usable transition plan, not simply the presence of a download button. Keep the user’s records needs separate from any claim that one format satisfies every legal obligation.

Focus	What to look at	Why it matters
Readable	Another person can understand the export.	Check labels, dates and relationships.
Complete	Relevant attachments and history are included.	Compare with the source record.
Transferable	The intended receiving system can use it.	Test the actual transition route.

Is a downloadable file necessarily a usable export?

No. Test whether it contains the context and attachments needed to understand the record.

When should an export be tested?

During evaluation and again after material changes to the stored record or workflow.

Sources & further reading

OPC · Cloud computing for small and medium-sized enterprises

How to read a dental technology claim without the hype

A short framework for comparing vendor announcements, professional guidance and measured results.

Identify the kind of source

A manufacturer announcement can establish what the company says it offers. Professional guidance can frame a practice question. A study can report results under a defined method. These sources have different purposes and should not be treated as interchangeable proof.

Our reading method

Write the claim in one sentence, then ask what observation would support it. “Exports a report” can be demonstrated directly. “Improves clinical outcomes” requires a different level of evidence. “Saves time” needs a defined task, comparator and timing method.

Carry the distinction into buying

Ask for the version and configuration behind the claim. Record unanswered questions as evaluation topics rather than fill them with assumptions. A supplier willing to explain its methods and limits gives a team a more usable basis for assessment. This approach makes a comparison sharper without pretending that every procurement decision needs the same type of study.

Focus	What to look at	Why it matters
Feature claim	The product performs an action.	Request a demonstration.
Performance claim	The action meets a measured standard.	Request the method and results.
Outcome claim	The product changes a real-world result.	Review the relevant study and comparator.

Are vendor statements unusable?

No. They are useful descriptions to verify, but they are not independent performance evidence.

What makes a time-saving claim meaningful?

A defined task, comparable baseline, measurement method and relevant user setting.

Sources & further reading

ADA · Technical Report 1109, 2025

ITI Study Clubs: a route into local implant discussions

Explore a professional learning network and prepare useful questions before participating.

The community resource

ITI operates Study Clubs as part of its professional network. The official directory and participation information are the starting point for finding a relevant group. Requirements and available meetings should be confirmed directly with the organizer.

Our participation approach

Choose a topic that fits the group rather than arriving with a broad product pitch. A useful question might concern how teams review digital plans or communicate with a production partner. Read the relevant professional material first and separate learning from commercial outreach.

Bring something specific back

After a permitted session, record the themes and questions that could inform further research. Obtain permission before attributing a comment or naming a participant. Attendance does not establish a partnership, clinical endorsement or validation of a product. NovaDonto can use professional learning to improve its questions while keeping those claims distinct.

Focus	What to look at	Why it matters
Find	Use the official club information.	Confirm location and participation conditions.
Prepare	Select a focused discussion question.	Read relevant professional material first.
Report	Retain learning and next questions.	Do not imply endorsement from attendance.

Is NovaDonto an ITI partner or member?

No such affiliation is claimed here. This article points readers to an independent professional resource.

How do I find a suitable club?

Use the linked official ITI information and confirm participation requirements with the organizer.

Sources & further reading

[ITI · Study Clubs](#)

Canadian dental learning: where to follow professional discussion

Find CDA publications, JCDA and CDA Oasis through the association’s professional resource hub.

Start with a trusted directory

The Canadian Dental Association’s professional resources page points to its publications, conventions and platforms including JCDA and CDA Oasis. It is a useful navigation point for readers seeking professional discussion rather than product promotion.

Our reading approach

Choose resources according to the question. A research paper, an interview and a conference session offer different forms of insight. Note who is speaking, the evidence referenced and whether the material addresses the Canadian setting relevant to your work.

Turn reading into better discovery

For a technology team, collect the questions practitioners are discussing and compare them with the workflow being developed. Do not relabel published commentary as a direct customer interview. If a topic suggests an article or demonstration, prepare a focused contribution and follow the publisher’s editorial process. Professional visibility is earned through useful participation, not implied by listing an organization’s name.

Focus	What to look at	Why it matters
Research reading	JCDA and referenced evidence.	Check the question and method.
Professional discussion	CDA Oasis and interviews.	Distinguish opinion from measured findings.
Events	Official convention information.	Verify dates, eligibility and program details.

Does linking to CDA imply endorsement?

No. These are independent resources, and no partnership is represented.

Can a public interview count as customer discovery?

It can inform research questions, but it is not a direct interview conducted by NovaDonto.

Sources & further reading

[Canadian Dental Association · Professional resources](#)

Digital Health Canada: broadening the dental technology conversation

Look beyond dentistry for discussions about implementation, information governance and digital health skills.

The organization

Digital Health Canada provides membership information for people and organizations involved in digital health. Its official site is the place to check current programs, eligibility and participation opportunities.

Our reason to explore

Dental platforms share practical questions with other health technology services: how to introduce a system, support users and manage information responsibly. Cross-disciplinary discussion can help a small team identify the expertise it needs without assuming another sector’s solution transfers unchanged.

Plan a useful contribution

Before applying or attending, select the topic and participant most relevant to the next development task. Prepare a concise description of the workflow and the question the team wants to understand. Keep membership, attendance and partnership as separate statuses in business reporting. This page identifies an opportunity for learning; it does not claim that NovaDonto has joined or established a relationship.

Focus	What to look at	Why it matters
Skills	Implementation and information governance.	Match learning to a defined development task.
Participation	Membership or event opportunities.	Check current requirements directly.
Business reporting	Actual status of the relationship.	Keep interest, attendance and partnership distinct.

Is membership already established?

No membership or partnership is claimed by this resource.

What should a dental team look for?

Programs relevant to implementation, information governance and the skills required for its actual service.

Sources & further reading

[Digital Health Canada · Membership](#)

Five discussion topics for a digital dentistry study group

Use focused questions to connect clinical, laboratory and technology perspectives.

A professional setting

ITI Study Clubs are one example of organized professional learning. A discussion about digital dentistry is more useful when its purpose and audience are clear, whether it occurs in an established club or a separately organized team session.

Five questions worth discussing

Where does a case lose context between systems? What makes a plan revision understandable? Which evidence would change a purchasing decision? How should an uncertain software output be communicated? What information does a receiving laboratory need before accepting work? Each question connects technology to an observable task without prescribing treatment.

Make the session productive

Choose one question and use a generated example. Invite each role to describe what it needs before proposing a solution. Finish with the points of agreement, unresolved questions and a next research task. Keep patient information out of an informal session and obtain permission before publishing attributed comments. A discussion can improve a product brief without being presented as clinical validation.

Focus	What to look at	Why it matters
Opening	One generated scenario and one question.	Establish a shared task.
Discussion	Each role explains its information needs.	Record disagreements before proposing a feature.
Follow-up	One research or design action.	Do not present a discussion as validation.

Do these topics require patient cases?

No. Generated examples can support an initial workflow discussion.

Is a study-group discussion a product validation study?

No. It can inform requirements, while a validation claim needs an appropriate defined method and evidence.

Sources & further reading

[ITI · Study Clubs](#)