



Mastering the Implant Assist™ Workflow: A Clinical Guide to the Race to Zero



JF.Dental



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1. Mission Briefing: The “Race to Zero” Remakes

Welcome to a clinical movement dedicated to precision and the preservation of chair time. At J & F Dental Labs, backed by a 32-year legacy of partnership and over 500,000 implants restored, we have moved beyond the outdated notion that remakes are “just part of the job.” Under the leadership of COO Laura Watkins and our German-trained technical oversight, we have launched the **Race to Zero**.

Our core philosophy is simple: When variables are eliminated, remakes do not happen. By integrating clinical artistry with the Misch Institute surgical legacy, we have engineered a workflow that functions as a true surgical partnership rather than a mere vendor transaction. This protocol is designed to protect your most valuable asset—your scheduled chair time—and maintain the patient’s absolute trust in your clinical expertise.

The “**Race to Zero**” Impact While the industry standard for implant remakes currently approaches 8%, the Implant Assist™ workflow has successfully driven the remake rate to less than 1%. This precision-driven approach ensures that “first-time” fits are the rule, not the exception.

This journey toward technical mastery begins with eliminating guesswork before the patient ever sits in your chair.

2. Step 1: The Blueprint (Surgical Report Submission)

The foundation of a successful restoration is the data captured during the surgical phase. The clinical team must upload the Surgical Report to the J & F portal prior to the restorative impression appointment.

Why this matters: This report allows our lab to function as your true surgical partner. By reviewing the surgical data, CBCT integration, and implant specifics early, our technical team identifies the exact hardware requirements and catches potential compatibility issues before the patient arrives.

Clinical Mandate: The surgical report must be submitted to the J & F portal prior to the impression appointment to trigger proactive lab support and hardware procurement.

This proactive review triggers the logistics chain, ensuring that the precision hardware described in the next step is ready for your clinical application.

3. Step 2: Precision Hardware (Provision of OEM Components)

Precision is impossible without the correct tools. To eliminate the risk of non-matching parts or inventory shortages, J & F provides complimentary OEM (Original Equipment Manufacturer) impression posts and scan bodies for every case.

Following the Speed of Service Timeline ensures a stress-free appointment:

- **Day 0:** Office requests impression parts online via the surgical report.
- **Day 1:** J & F ships complimentary OEM components.
- **Day 2:** Parts arrive at your office, ready for the patient.
- **Day 3:** Clinical team scans or takes the impression and ships it back to the lab (J & F covers shipping).

Pro Tip: Always allow a 5-day lead time for parts to arrive. Having these components in hand early allows your clinical team to verify the kit’s completeness and hardware accuracy well before the patient is seated, further eliminating clinical friction.

This hardware consistency is the prerequisite for the most critical phase of the workflow: radiographic verification.

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4. Step 3: The Gold Standard (Impression & Radiographic Verification)

This is the most critical stage of the clinical workflow. Once the verified OEM components are placed, the clinician must perform a Bitewing Radiograph to confirm the component is fully seated.

This step provides the “visual proof” required to guarantee a <1% remake rate. The focus here is on achieving perfectly seated margins with zero gaps. This is not merely a best practice; it is the mandatory requirement that unlocks the protections of our Chair Time Respect Policy.

Clinical Action	Purpose & Benefit
Seated Impression	Uses verified OEM hardware to capture the exact position of the implant platform.
Verification Bitewing	Mandatory. Confirms perfectly seated margins with zero gaps, preventing the “false” impressions that lead to fit failures.

Documenting this accuracy protects the patient from prosthetic complications and provides the technical foundation for the final masterwork.

5. Step 4: Final Insertion (Case Delivery)

The culmination of this disciplined protocol is the delivery of the final restoration. Because Steps 1 through 3 eliminated the variables of hardware guesswork and unseated components, the insertion process reflects German Precision and technical mastery.

Following this workflow ensures a routine, satisfying experience where the restoration fits the first time. This is the reward for the clinical discipline of the previous steps—a streamlined patient experience and the total preservation of your productive chair time.

6. The Safety Net: Chair Time Respect Policy

We stand behind the Implant Assist™ workflow with the industry’s only voluntary protection program: the Chair Time Respect Policy. If you follow the protocol and we fail to deliver a perfect fit, we respect the value of your time through a direct account credit.

Remake Definition

Under this policy, a “remake” is defined as a complete restarting of the case for a second time. This policy does not apply to minor clinical adjustments, but specifically to cases requiring a full restart due to lab error or fit issues.

Credit Amounts (Marketing Equivalence: Check = Credit)

If a remake is necessary despite strict adherence to the protocol, J & F will apply the following credits to the office account:

- 1. \$500** Credit for 1 to 9 Unit Cases.
- 2. \$1,000** Credit for 10+ Unit Cases.

The Determination Process

To qualify for the credit, the lab reviews the original evidence:

- 1. Submission of Remake:** The office must follow the full protocol again, including a new radiograph showing the seated component for the second attempt.
- 2. Review of Original Radiograph:** The lab reviews the bitewing from the first case.

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- **Approval:** If the original radiograph clearly shows perfectly seated margins with zero gaps, the credit is applied.
- **Denial:** If the first radiograph was not taken, not submitted, or shows that the components were not fully seated, the case does not qualify for the credit.

"I personally oversee the Implant Assist workflow. If we fail you, I will personally authorize your reimbursement check/credit. We are that confident."— **Laura Watkins, COO, J & F Dental Labs**

7. Quick Reference: Protocol Summary Table

Step	Action Required	Variable Eliminated	Clinical Outcome
1. Blueprint	Upload Surgical Report to Portal	Hardware guesswork; identification errors.	A true surgical partnership before the patient arrives.
2. Hardware	Use Lab-provided OEM Components	Non-matching parts; inventory management stress.	Verified kit completeness 2-3 days before the appointment.
3. Verification	Take Bitewing of Seated Component	"False" impressions; seating gaps.	Visual proof of perfectly seated margins.
4. Delivery	Final Insertion of Case	Multiple appointments; wasted chair time.	German-precision fit and a satisfied patient.



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