

CASE STUDY

The Crown Was Fine. InnerView Found the Real Problem.

A routine hygiene visit turned into decisive action — confirming the source of discomfort and gaining instant patient buy-in.



CYNTHIA BRATTESANI, DDS

Welcome to the New Standard in Diagnostics

At Perimetrics, we believe that better diagnostics lead to better outcomes. From implants to natural teeth, the earlier you can detect subtle changes in stability, the more confidently you can treat—and the longer your work will last.

This case study collection was created to showcase real clinical examples where Quantitative Percussion Diagnostics (QPD) changed the course of treatment, revealed hidden risks, and helped clinicians take proactive steps before failure occurred.

Whether you're looking to improve patient care, reduce costly complications, or enhance your diagnostic confidence, InnerView delivers the insights traditional tools often miss—non-invasively and in just seconds.



Explore what's possible when you can see beneath the surface.



Solving the problem of Tooth Sensitivity in Seconds – Thanks to InnerView

* The information in this case study pertains to future capabilities, currently under clinical evaluation - Not yet FDA cleared.

Case Study Snapshot



PATIENT:

71-year-old male presenting with chewing discomfort in lower left molar region.



VISIT TYPE:

Routine hygiene exam with patient-reported pain.



HISTORY:

Zirconia crown recently placed on #18; patient confident discomfort was from #18 or #19. Tooth #15 had prior monitoring due to a large, aging MO amalgam.



TECHNOLOGY USED:

InnerView Quantitative Percussion Diagnostics (under clinical evaluation), Tooth Slooth® II, X-rays.



FINDINGS:

InnerView revealed elevated NFE of 56 on #15 compared to 26 on #18, confirming #15 as the true source of discomfort.



OUTCOME:

Patient accepted treatment for a $\frac{3}{4}$ crown on #15 after reviewing InnerView results, leading to immediate consent and scheduling.

Note: NFE (Normalized Functional Energy) is a proprietary metric used by InnerView to quantify micromobility in teeth and implants – one of the earliest indicators of potential structural risk.

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The Challenge

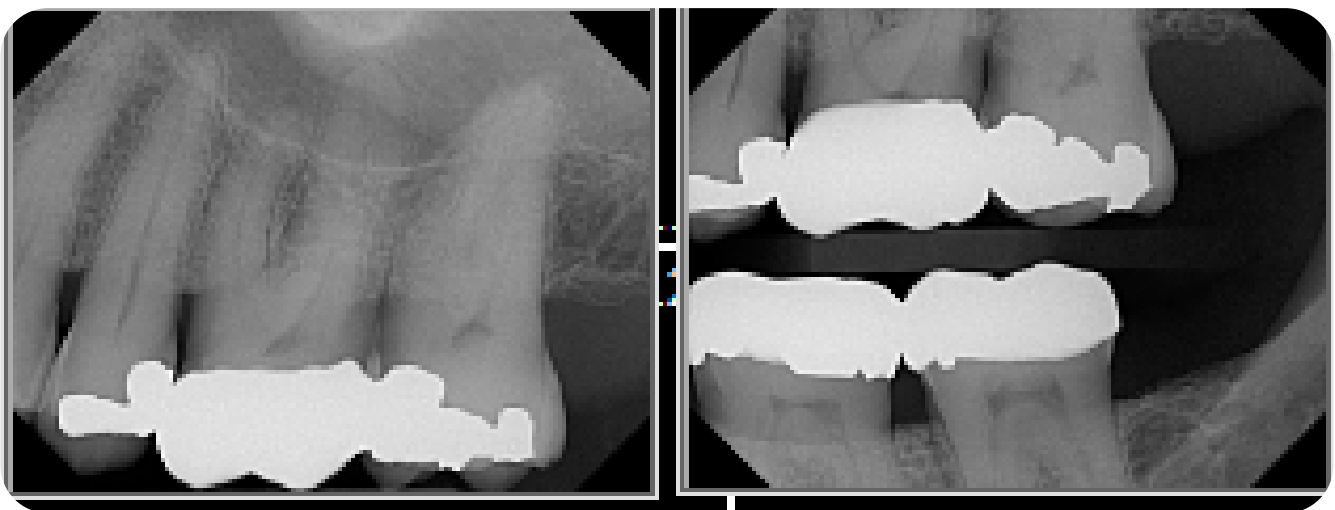
Patient: Andrew, age 71

Tooth: Patient thought #18 or #19 was the pain source (later confirmed pain was from #15)

At a routine hygiene exam, the patient reported discomfort when chewing certain foods in the lower left molar region. A zirconia crown had been placed on tooth #18 approximately three months earlier. Occlusion was checked with articulating paper, which revealed no significant findings.

When informed that the discomfort might be originating from the opposing upper tooth, the patient replied confidently: “No, I’m sure it’s the bottom. Either it’s this tooth or the one next to it.”

A review of the chart indicated that tooth #15 had previously been added to a monitor list due to a large, aging MO amalgam. A traditional diagnostic tool, the Tooth Slooth® II, was used on all suspected cusps and yielded a positive response on the distal buccal cusp of #15.



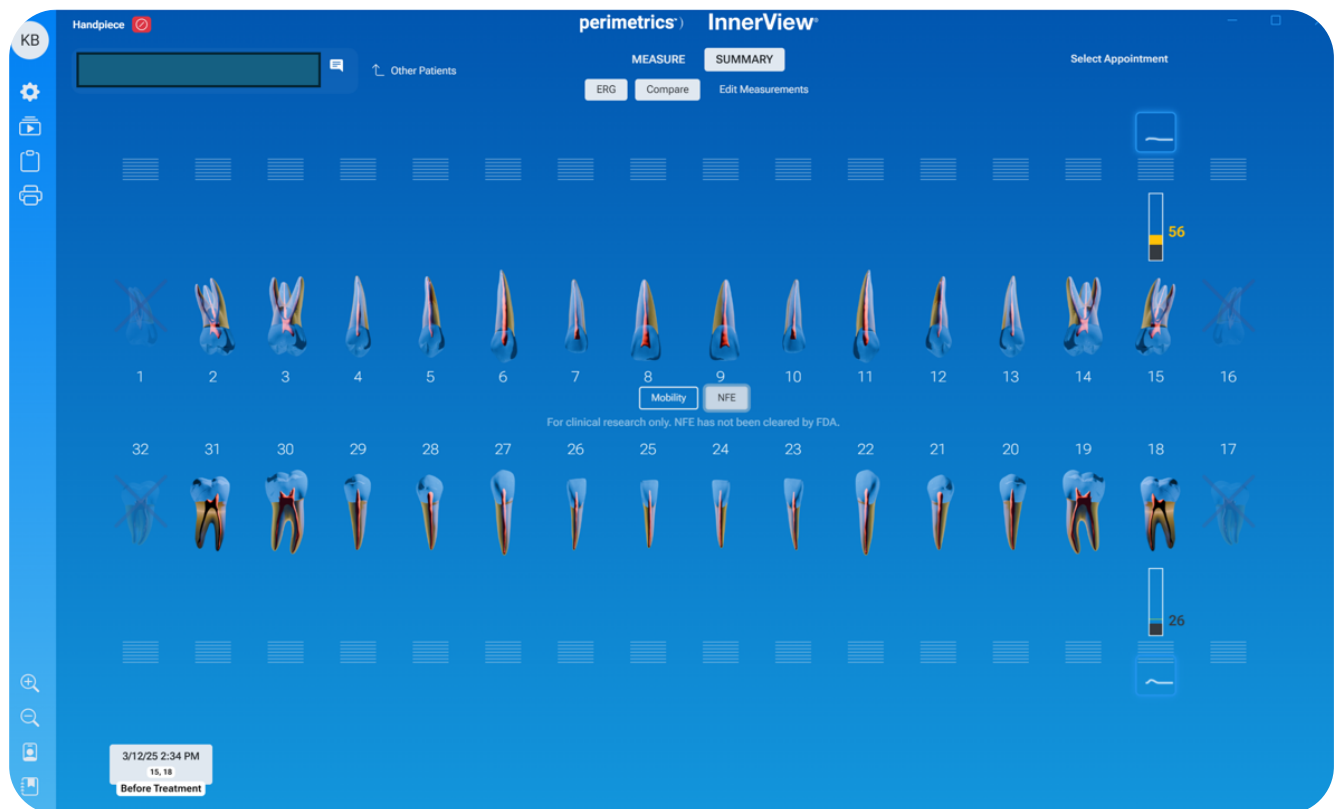
X-rays of #15 and #18 taken prior to InnerView scan. No visible pathology was detected.

Results

With the patient seated upright, InnerView— powered by Quantitative Percussion Diagnostics—was used to evaluate both #18 and #15.

The patient was informed that the device would deliver a series of gentle taps to assess internal tooth stability.

- Tooth #18 NFE = 26
- Tooth #15 NFE = 56



InnerView scan results showing elevated NFE on #15 compared to #18.

The scan confirmed that #15, not the recently restored #18, was the source of discomfort. When the NFE readings were shown on-screen, the patient responded: “Well, I guess you were right. It was my upper tooth after all.”

Solution

A treatment plan was proposed for a $\frac{3}{4}$ crown on tooth #15. After reviewing the InnerView® results on-screen, the patient signed the consent form and scheduled the procedure.

InnerView gave the patient confidence to move forward — turning abstract discomfort into a clear, data-driven decision.

Key Takeaways

Traditional tools like X-rays and percussion are often limited in detecting internal structural changes, especially in teeth that present with mild or confusing symptoms.

- InnerView identified instability in tooth #15 despite initial concern being directed at #18.
- The scan delivered quantifiable evidence that supported an accurate diagnosis and a confident treatment plan.
- The visual display helped the patient understand and accept treatment — turning uncertainty into clarity in seconds.

ABOUT THE AUTHOR

Cynthia Brattesani , DDS

Dr. Cynthia Brattesani is an award-winning clinician, speaker, and early adopter of dental technology.

A graduate of the University of California, San Francisco, she has served as President of the San Francisco Dental Society, a council chair for the ADA, and a delegate on multiple national committees. She was awarded the UCSF 2025 DAA Medal of Honor Award Recipient and inducted into the Top 100 World Doctor-to-Doctor class in 2022.

Dr. Brattesani is a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy. She's been a Spear Education Faculty Club Member since 2012 and lectures internationally on patient communication, practice branding, and integrating technology to improve care.

In 2020—just 45 days before the COVID shutdown—she sold her San Francisco practice for 110% of production. Her belief that Different is Better continues to inspire her approach to dentistry, innovation, and teaching.



The Future of Dental Diagnostics

This case demonstrates how InnerView uncovered structural issues missed by traditional diagnostics—enabling earlier intervention, better treatment planning, and stronger long-term outcomes.

With InnerView, clinicians can:

- ✓ Identify areas of potential concern before clinical symptoms appear
- ✓ Make more informed, data-driven treatment decisions
- ✓ Monitor trends in tooth and implant stability over time

Want to learn more about how InnerView can transform your practice? [Book a 10 minute demo today!](#)



[BOOK A DEMO](#)

See InnerView in action—scan to book a demo!!

