

# Patient = 3D + Android?

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## Introduction

Our objective is to flag that technology may be attractive whilst it should not eclipse day-to-day reality.

## Material and Method

Our exercise will cover, as it could not be otherwise, claiming matters that we have traditionally addressed.

## Results and Conclusions

In short, previously, from the outset and in a state of nature (as is almost the case now), we had the patient, who was probably something more than the current 3D model, when we brought together everything that was 1D and 3D as stated (history, clinical examination, orthoradiology, teleradiology, 3D models of dentoalveolar structures, and sometimes face masks).

For all the foregoing, we feel that nowadays, in the case of certain pathologies, the 3D studies that we are offered seem to be over-dimensioned, with no application benefit that is truly justified. Moreover, it may not be ethical to carry out such studies due to extraordinary costs, not only financial (for equipment) but also due to using excessive amounts of time in handling that equipment. In most cases, the outcome will not give anything essential compared with what had been standard practice. In addition, professionals can address problems that require greater levels of assistance, training, and science.

In closing, we have been able to see recently and in a casual manner a parade of robots dressed in *haute couture*. That almost left us unsure of where we truly were and where we were heading.

