INTRODUCING
AAID PRESIDENT
Bernee Dunson

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• The Dos and Don’ts of DSOs
• The Psychology of Implant Case Presentation
• Q&A With George Kay
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Never before and never after

On a recent flight, I noticed an interesting cloud formation filled with interesting variations. After admiring them for a few moments, it occurred to me that no human in the history of the world had ever seen this before. What I exactly saw was unique to me and has never quite been seen before by any of the billions of people who reside on this planet or even have in the past. Actually, when one thinks about it, much of our day-to-day experience is similarly, completely, and solely our own.

Our uniqueness as individuals assures us that our interactions, thoughts, and experiences, affected as they are by our different perspectives, backgrounds, information, and insights are similarly one-time-in-the-history-of-the-world events.

Many inventions and discoveries are the result of one person’s insight which was similar but nevertheless different than that of thousands or millions who have been in similar circumstances before.

I can think of numerous products we are blessed to be able to use which really only exist because one person saw something unique about a process or substance that thousands of others passed by without note. But when one person sees what others couldn’t, he or she pursues the special insight and sometimes changes the world.

Many know of the story of Velcro®. Swiss electrical engineer, George de Mestral, was bothered like probably millions before by the burdock plant and its burrs. They attached themselves to him and his dog after a hike. Instead of just removing them as we all do, he studied the details of their attaching apparatus with a microscope. It led to the invention of Velcro. Mother Nature was willing to share a secret if “asked” by a curious soul.

When Scottish researcher Sir Alexander Fleming was studying the influenza virus in 1928, he noted a strange mold on a culture plate that inhibited bacterial growth. His willingness to check out the phenomena instead of ignoring it led to the development of penicillin and has saved millions from misery and death.

Even in our own profession, such “discoveries” happen. Dr. Hilt Tatum’s observation about the maxillary sinus and its potential role as a bone grafting site came about due to a curious mind and has changed our profession and probably millions of lives.

A drill accidentally spinning in reverse brought us the Densah technology, but it required a willingness to explore an observed effect which others just ignored.

The sandcastle worm and his little secret might now lead to improved lives worldwide because one person chose to diligently explore one of nature’s billions of secrets. (See George Kay’s interview on Page 20.)

We really should treat with reverent respect the reality that each and every moment, realization, observation, and experience is a never-before and never-again event.

As we get to interact with so many people every day, we have a chance to inspire those who don’t quite recognize their own specialness. To play even a small role in reminding our fellow humans that they have insights which are different and valuable is a special blessing.

I believe life frequently throws opportunities at us that are there for the taking, if we only take a little time to reflect and explore.

Many “discoveries” may be more subtle and less dramatic than discovering a new technique or substance. But in their own way, they can play a role in making life better.

As we go about our daily lives, we might pray for awareness to the possibility that what seems mundane or accidental is sometimes a door to improving or changing the world cleverly disguised as “nothing much.”

Many inventions and discoveries are the result of one person’s insight which was similar but nevertheless different than that of thousands or millions who have been in similar circumstances before.
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A New Way to Treat Infections

Titanium has many properties that make it a great choice for use in implants. Its low density, high stiffness, high biomechanical strength-to-weight ratio, and corrosion resistance have led to its use in several types of implants, from dental to joints. However, a persistent problem plagues metal-based implants: the surface is also a perfect home for microbes to accumulate, causing chronic infections and inflammation in the surrounding tissue. Consequently, five to 10 percent of dental implants fail and must be removed within 10 to 15 years to prevent infection in the blood and other organs.

New research from the University of Pittsburgh’s Swanson School of Engineering introduced a revolutionary treatment for these infections. The group, led by Tagbo Niepa, PhD, is utilizing electrochemical therapy (ECT) to enhance the ability of antibiotics to eradicate the microbes.

“We live in a crisis with antibiotics: most of them are failing. Because of the drug-resistance that most microbes develop, antimicrobials stop working, especially with recurring infections,” says Dr. Niepa, author on the paper and assistant professor of chemical and petroleum engineering at the Swanson School, with secondary appointments in civil and environmental engineering and bioengineering. “With this technique, the current doesn’t discriminate as it damages the microbe cell membrane. It’s more likely that antibiotics will be more effective if the cells are simultaneously challenged by the permeabilizing effects of the currents. This would allow even drug-resistant cells to become susceptible to treatment and be eradicated.”

The novel method passes a weak electrical current through the metal-based implant, damaging the attached microbe’s cell membrane but not harming the surrounding healthy tissue. This damage increases permeability, making the microbe more susceptible to antibiotics. Since most antibiotics specifically work on cells that are going to replicate, they do not work on dormant microbes, which is how infections can recur. The ECT causes electrochemical stress in all the cells to sensitize them, making them more susceptible to antibiotics.

The researchers hope this technology will change how infections are treated. Researchers focused their research on Candida albicans (C. albicans), one of the most common and harmful fungal infections associated with dental implants. But while dental implants are one exciting application for this new technology, Dr. Niepa says it has other potential applications, such as in wound dressings.

19th Annual Fellowship Program in Implant Dentistry

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Session I: April 15-19, 2020  
Session II: May 13-17, 2020  
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Introducing AAID President

Bernee Dunson
On Saturday, October 26, 2019, at the AAID 68th Annual Conference in Las Vegas, Bernee Dunson, DDS, FAAID, DABOI/ID, was installed as the 2019-2020 AAID President. What follows is a conversation between Dr. Dunson and the AAID News Editor, James Ference, DMD, MBA, FAAID, DABOI/ID.

Dr. James Ference: In Las Vegas, there was a great demonstration of unity with you and Dr. Wong shoulder to shoulder as the mantle of leadership was passed along. In addition, the Annual Conference was very successful and the speakers were top-notch. As an educational experience, it received great reviews. Do you have any comments on the event?

Dr. Bernee Dunson: I thought the Annual Conference was outstanding as usual. I compliment the Scientific Chair, Dr. Shankar Iyer. He is always a superstar who puts together an outstanding meeting. Las Vegas is one of our premiere locations and we get a tremendous response. I am proud of what we were able to accomplish in 2019 and look forward to hosting the 2020 conference in Atlanta.

JF: You spoke of your family background being so influenced by the academic world. Could you touch on that a bit?

BD: My parents are my heroes. They are both educators and, therefore, my life has been influenced by education. I grew up on a college campus in Albany, Georgia, where my father (who holds a PhD in math) was a college dean. My mother invested her passion in education as a reading and English specialist and taught educators how to teach. I’ve always been a part of the educational setting and it has laid the foundation for one of my greatest passions: teaching.

JF: You attended Morehouse College and the University of Southern California School of Dentistry. Did you have any experiences there that played a memorable role in your development?

BD: I attended Morehouse College, a historically all-male, black college in Atlanta. I am the tenth member of my family to matriculate. Following undergraduate school, I completed my dental degree in Los Angeles at the University of Southern California. Following dental school, I moved to New York City, where I completed a general practice residency at Columbia University based at Harlem Hospital. Ultimately, my education led me to complete the AAID hospital-based oral implantology residency program at Loma Linda University.

JF: What caused you to focus so much on implant dentistry, and what were the components of that training?

BD: As an undergraduate, I had the privilege to become a dental assistant for Dr. Terry Reynolds and Dr. Walker Moore. They were both placing and restoring dental implants in their practice in the late 1980s. This sparked my interest in the discipline of dentistry.

JF: Was there any part of your training that most influenced your career as an implant specialist?

BD: I would give credit primarily to my GPR program at Columbia and the residency I completed at Loma Linda.

JF: Have you taken a MaxiCourse®?

BD: I’ve taken the Medical College of Georgia MaxiCourse as well as the University of Puerto Rico MaxiCourse, and I have served on the faculty of various Maxi-Courses throughout around world since 1995. It was such an honor to participate in these programs with so many great people.

JF: Are there special individuals or mentors who played the greatest role in your life?

BD: I stand on the shoulders of many giants. I already mentioned Dr. Terry Reynolds, who introduced me to the AAID. Then there is a host of people who I always honor. This includes Dr. Richard Borgner, Dr. Joe Vassos, Dr. Duke Heller, and I have a strong relationship with the “GOAT” [Greatest Of All Time]—Dr. O. Hilt Tatum Jr., who I believe is the greatest oral implantologist yet to live.

JF: Working with such great leaders seems to have influenced you greatly. You have quite a bit of experience in AAID leadership positions. Can you share with us the diversity of the positions in which you have been involved?

BD: I have served on more than 90 percent of the AAID committees. I’ve been informed that I hold the distinction of chairing the most them, having held at least seven chairmanships. These include: Membership, continued on page 10
I believe that A&C is cornerstone of the AAID and for me it is what distinguishes us from other organizations that claim to be in our space.

Bylaws, Admissions and Credentials (A&C), Scientific Chair for the 2019 Annual Conference, and Legal Oversight, as well as the AAID Foundation. Now, I am excited to hold the position as this year’s AAID President.

JF: You have worked closely with the AAID Foundation. How are you still connected to that area of the AAID?

BD: The AAID Foundation is very dear to my heart. I am happy to be involved with launching the Smile, Veteran!™ Program, which I spearheaded with other Foundation board members. Dr. Michael Ursu, also a Foundation board member, is the son of veteran and works with Zimmer Biomet. He took a particular interest in this program and created a partnership to encourage credentialed members to help veterans, creating a win-win-win program—a win for the veterans, a win for the AAID by showing the public who we are, and a win to provide great smiles for people. I believe it is important to shed light on our talented, credentialed clinicians, how they have distinguished themselves and the ways in which they represent the AAID. I wanted to develop a humanitarian program that offered our organization a platform to take care of a group of individuals who give to our country and our world so that we can have freedom, as well as create a great public relations campaign.

JF: You mentioned how your involvement led you to hold various positions within the AAID. Can you share some of your experiences and insight gained from some of your roles?

BD: Membership gave me the opportunity to create initiatives that provided greater value for all our members, not just the credentialed members. A&C provided me the advantage to recognize and be a part of developing what I believe to be the cornerstone of the AAID, our credentialing program. These earned credentials are what I believe distinguishes the AAID from other organizations that claim to be in our space. This gives me tremendous pride along with a strong affinity for what we have accomplished.

JF: Can you describe your day-to-day practice?

BD: Every day, I practice dentistry in the beautiful city of Atlanta, home to the 2020 Annual Conference. I have two dental
practices. The primary office is in the heart of the city, Midtown Atlanta, where I also facilitate my educational center, the Global Dental Implant Institute. My second practice is a suburban practice located in Stone Mountain.

**JF:** Which types of procedures take up most of your time?

**BD:** Advanced cosmetic case and implant reconstructive cases.

**JF:** What do you most enjoy when it comes to practicing dentistry?

**BD:** My greatest joy comes when I can transform lives through both aesthetic and functional implant reconstructions.

**JF:** What is your perception of the greatest challenges facing AAID members?

**BD:** I think one of the challenges for the AAID, specifically general members, is to take the step to become credentialed. We have a two-part examination. The written exam follows the program that many members take, such as the MaxiCourse®, and a lot of them successfully pass and become Affiliate Associate Fellows. However, many find it challenging to put the cases together for the second part of the exam, the oral exam. This exercise in performing and documenting these procedures is critically important for the participant to gain the skills necessary in treating the patients we are privileged to serve.

**JF:** As you begin your term as the new AAID President, what do you see as the most significant challenges we face as an organization?

**BD:** In the 27 years I have been an AAID member, I’ve seen the organization experience peaks and valleys. While the good times are often sunshine and roses, it is the challenges that we face and how we react to them that expose the true fabric that makes up the core foundation of the AAID. As an organization, we expect to face bumps in the road, but we look to experience growth as we work through these challenges. It is only natural and healthy within a membership that there be some differing opinions about issues that arise. We have to allow for democracy to run its course and move forward with the collective majority vote. We need to work together to maintain and uphold the great camaraderie that I have admired for so many years. We must be willing to set aside our differences and take a collaborative approach toward unity for the greater good of the organization. This is my theme for the year, and I have a clear vision of how to do that.

**JF:** What is your assessment of the areas of greatest opportunity for developing the AAID?

**BD:** The greatest opportunity is to refocus ourselves on the mission. In order to be in concert with current trends in higher education, I believe it is necessary that we consider adding a multi-faceted educational program. We need to first achieve a unified curriculum-approved residency program—this would allow us to take the educational platform (including credentialing) to a higher level throughout multiple universities and institutions of higher learning throughout the country. In addition, this new platform for education in a residency setting will help us gain our ultimate goal of specialty status. Second, in order to compete with ever-evolving academia, the AAID needs to consider implementing an executive-level training program geared toward the work schedules of elite professionals and modeled after the accessibility and flexibility typical to that of the popular Executive MBA.

*continued on page 13*
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Dunson  
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JF: Do you have any specific policies that you would like to implement regarding services to the members?

BD: I am going to center my comments on goals and policies specific to education. I want to see accessibility to education increased by offering more webinars, online learning programs and hands-on learning programs that include but are not limited to: immediate implant placement and provisionalization in the esthetic zone, cadaveric soft and hard tissue grafting programs, and full-arch solution programs.

JF: How much time do you plan to spend interacting with the staff in Chicago to lead the AAID?

BD: I will spend as much as it takes. I have been president for a short time and spend 20 to 30 hours a week working on AAID projects to be launched in 2020. I know this work will help move the organization forward.

JF: In late 2020 at the AAID Annual Conference in Atlanta, your term will be coming to an end. What do you hope will most notably mark your reign as president?

BD: My desire is that when I look back on my presidency, it is evident the time and energy I invested in the AAID assisted in reuniting the leadership while focusing on the organization’s mission and its forward progress.

JF: Why should people—namely newer dentists—choose to learn about implants and get involved with the AAID?

BD: Not only are we one of the oldest organizations that provide dental implant education, but I believe we are the best. We also are the only organization providing bonafide credentials within the space of implant dentistry. In addition, we have always been proud of our open culture that embraces individuals interested in learning and expanding their skills in implant dentistry.

JF: This is very inspirational. Is there anything else you’d like to discuss?

BD: I’m excited about working with the executive team. I’d like to end with this: I see myself as a servant leader who relies on collaborating with those I am privileged to serve alongside. We have a tremendous assembly of executive officers and trustees who govern the AAID. In addition, committee members assist the governing body in supporting the organization. I look forward to working with the current leadership assembled to move forward. I do not hold lightly the value our membership brings to the organization. I recognize that the AAID would not be what it is today without the valuable support of each and everyone of you. We continue to rely on you to promote the organization in the best positive light and help us move the AAID forward in 2020.

JF: Let me join with so many others as I wish you the best as the new AAID President. I hope in a year we look back and see that you were the right person at the right time. I also hope your term is marked by significant success fortifying the reputation of the group as the most notable professional organization in the complex world of oral implantology. Thank you, Dr. Dunson.
We have all heard of the good and bad about dental service organizations (DSOs). My perspective cannot be considered objective because as a dentist/attorney I have inherent biases. On top of that, my dealings with DSOs are precipitated by dentists who want our representation regarding adversity with a particular DSO. So, in the end, I see largely one perspective: that of the dentist involved in a dispute with a DSO. Now, having revealed the source of my bias, I will tell you what I have encountered.

One client was employed with a DSO in Ohio. His grievance was related to his work schedule, production quotas, nature of patients being given to him, 12-hour work days with no breaks, and management’s alleged lack of concern about working conditions. His expected “output” was very difficult to achieve, and his patient load and ability to meet performance quotas were primarily dependent on patients who were on public assistance. When he sought to terminate his employment contract, he was also strapped with an onerous non-compete and a $25,000 incentive pay back. And my client was extremely competent and highly respected as a dentist. His final grievance was that he could not refer specialty care to a local oral surgeon of his choice, but had to defer to the specialist selected by his non-dentist bosses. As it turned out, the DSO acquiesced to his request to leave with no punishment related to the holdback of his bonus, and departed without further economic injury.

Another client wished to have a second expanded function dental auxiliary and properly requested that the DSO allocate an additional assistant permitted to place restorations and perform additional tasks, which was allowed in that state. The company responded in writing, explaining that from their perspective, she wasn’t generating enough revenue to justify an additional assistant. As you might expect, my client felt quite the opposite, in that a second expanded duty assistant would result in higher productivity. In addition, my client’s new boss was her former dental hygienist who had been hired for management duties by the DSO.

The company responded in writing, explaining that from their perspective, she wasn’t generating enough revenue to justify an additional assistant.
A third such encounter from a third DSO involved my client signing a 15-year management agreement to allow the DSO to perform marketing and other activities typically performed by a hybrid DSO. He was assured that if he followed their management directives, his profitability would increase exponentially and they would handle all marketing and internal management functions. First, the DSO requested that my client terminate his long-term employee office manager and accept a replacement chosen by the DSO. He was also required to sign paperwork largely related to multiple PPOs, which he had never accepted before. This resulted in reduced profitability—although more patients—and to further enhance his Medicaid patient profile. As one might expect, my client found himself working harder, more days per week, and for less profit.

Although I could recite more clients’ negative encounters with DSOs, it is very important that dentists retain legal counsel before signing an employment contract related to a sale and subsequent performance as an employee of the DSO, or a sale of your practice to a DSO. The DSO purchase price will seem more than fair, but the small print containing the dentist’s warranties versus the purchaser’s warranties may be very one-sided.

The DSO purchase price will seem more than fair, but the small print containing the dentist’s warranties versus the purchaser’s warranties may be very one-sided. The language used is familiar to attorneys’, but could be very detrimental to the dentist if not thoroughly reviewed by competent legal counsel. These are areas of wording in the DSO/dentist contracts that don’t seem very burdensome to the dentist. But the dentist won’t find out what they really mean until a dispute arises.
The Psychology of Implant Case Presentation

All too often in case presentation, dentists focus on a very specific method that they believe will maximize case acceptance. Unfortunately, there is no one single approach that can accommodate all patients. Everyone has different buying behaviors, so your approach to case presentation must be adapted to each individual.

Case presentation must address the psychology of the patient; however, patient personalities can vary greatly. Since it’s unrealistic for practices to devise models for the varying psychologies of each patient, we recommend using a specific model for case presentation that can be customized to meet a patient’s individual needs.

Most case presentations simply tell patients what they need and how much it costs. However well-intentioned, this tends to turn patients off. People today are more cynical and the younger the patient the more adverse they are to the selling process. A better approach is to have an engaging conversation with a patient that addresses factors that are relevant to them and critical for case acceptance. Talking with patients rather than selling helps to build trust.

The Five Questions of Implant Case Presentation

When presenting an implant case to patients, it is crucial to include the answers to the following five questions. Patients may not be aware of these questions initially, but if they don’t get the answers, they’ll become uncomfortable and not accept treatment.

1. What are implants? Patients want to know the materials from which implants are made, how long they will last, and the general treatment process. Keep in mind that you must avoid providing too many technical details. If you do, the patient will become overwhelmed and ultimately decline treatment. One Levin Group consultant recently sat in on a case presentation during which the doctor spent 20 minutes talking about the technical factors of dental implants. After only 5 minutes of technical explanations, the patient’s eyes had glazed over and she was no longer paying attention. It’s best to keep technical information brief. If you have the occasional engineer who wants more information about the implant process, you can elaborate as necessary. However, you should spend no more than 10 percent of case presentation time on this question.

A better approach is to have an engaging conversation with a patient that addresses factors that are relevant to them and critical for case acceptance.
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2. How can implants help me? Don’t make the mistake of assuming that patients understand how implants will benefit them. They may have a general idea, but it helps to provide a complete explanation with examples. We recommend explaining the top three benefits of implant dentistry and repeating those benefits three times throughout the presentation. Of course there are more than three benefits to implant dentistry; however, in a short presentation, the patient will likely remember the three you include.

It’s also helpful to share positive reviews from other patients. Testimonials and very short video clips of highly satisfied dental implant patients can offer genuine and patient-friendly information about the benefits of implants, which may make other patients more likely to accept treatment. We recommend spending 60 percent of the time of implant case presentation on an explanation of benefits.

3. How long will implant treatment take?
This is an easy question but many dentists underestimate how important time is to patients. We believe that many cases aren’t accepted simply because the timing isn’t convenient. It’s important to emphasize to patients exactly how long each appointment will take and the length of the recovery time. We recommend reinforcing benefits right after you discuss the timeframe. The benefits will often outweigh any inconvenience in a patient’s schedule. We suggest no more than 10 percent of the implant case presentation be allocated to explaining how long treatment will take.

4. How much pain will I experience?
Every patient wants to know what level of pain they will have during recovery. Many doctors shy away from addressing this issue; however, it’s always a question in the mind of the patient and many people will avoid dental implants due to fear or anxiety. This can be alleviated with the right explanation. Address this clearly by explaining to the patient how he or she will be kept comfortable, the steps involved in the recovery process, and how long he or she will need to be at home or away from work. We suggest that only 10 percent of the case presentation time focus on pain during recovery.

5. How much will implants cost?
This is one of the most critical questions that a dental practice can answer. Many financial coordinators simply tell patients how much it will cost rather educating them on the different options and how treatment can be more affordable than they realize. Let patients know upfront that there are multiple payment options and that the practice will work with them to select one that is affordable. Be sure to continue to emphasize benefits when you’re explaining financial options. We suggest spending approximately 10 percent of the implant case presentation time on this question.

The five questions above allow any individual to follow a process for implant case presentation that can be customized. Patients will have other questions that they will voice, but these are the five questions every patient wants answered before he or she is ready to make a commitment. Some patients will put more emphasis on certain questions than others, but by following this process, all questions will be answered and implant case acceptance will grow.

Dr. Roger P. Levin is the CEO of Levin Group, a leading dental management consulting firm. Founded in 1985, Levin Group has worked with over 30,000 dental practices. Dr. Levin is one of the most sought-after speakers in dentistry and is a leading authority on dental practice success and sustainable growth. Through extensive research and cutting-edge innovation, Dr. Levin is a recognized expert on propelling practices into the top 10%. He has authored 65 books and over 4,000 articles on dental practice management and marketing. To contact Dr. Levin, visit www.levingroup.com or email rlevin@levingroup.com.

Business Bite
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Wayne Gretzky, the superstar Canadian hockey player, once said, “Good hockey players skate to where the puck is, but great hockey player skate to where the puck will be.” Similarly, top clinicians seek to know where the profession might be heading so as to evaluate what might be best for our patients not only today, but as science and options evolve forward. In that spirit, we have decided that it would be interesting and productive to explore some technologies that may well warrant our attention and interest.

I have often referred to the impressively talented people who make up the AAID. One such member has been working on some technology that may play a role in oral implantology depending on ongoing research. Dr. George Kay, a practicing prosthodontist from Massachusetts, has had a long association with Harvard since earning his DMD in 1980. Also he has served as a member of the group that constructs the board examination for the ABOI. His resume is long and impressive, but we are particularly interested in his role as Chief Scientific Officer at Launchpad Medical.

Dr. George Kay, a practicing prosthodontist from Massachusetts, has had a long association with Harvard since earning his DMD in 1980.

Dr. Ference: Dr. Kay, which aspect of your background played the most significant role in leading you to your present interest and position?

Dr. Kay: I have always been interested in research and have been a part-time academic for 40 years. The current project is closely related to my master’s thesis, as well as my deep and long-standing interests in both chemistry, in which I have a degree, and in implant dentistry, which I practice. However, my contact with the people with whom I co-founded Launchpad Medical was more of a coincidence, a stroke of luck, based on a network of people connected into my practice.

Dr. Ference: Dr. Kay, what was the origin and nature of the product that you find so interesting?

Dr. Kay: It is a bone-adhesive biomaterial originally inspired by the ability of a sea creature, the sandcastle worm, to build its reef-like house by sticking grains of sand together under water. It is not a product on the market yet, but, subject to regulatory approval, a technology that might fundamentally change both orthopedics and implant dentistry by enabling treatments one can only imagine today. The name of this technology is Tetranite®.
Tetranite is unique, perhaps the first in a new class of mineral-organic adhesives. Like calcium phosphates bone cements, it is self-setting and has compressive strength; however, this material is robustly adherent to surfaces and is replaced with bone within months vs. years.

Dr. Ference: What properties does the material demonstrate that differ from existing technologies?

Dr. Kay: The material offers a broad suite of highly desirable and beneficial properties that will likely be useful in many fields of application in medicine and dentistry. It is highly biocompatible and resorbable on the scale of months. It is robustly adhesive to bone and metals in the wet field, enough to support 250-lb tensile load on an approximately two-square-inch of surface, 10 minutes after application. It is injectable, self-setting in a few minutes, and forms a barrier to soft tissue ingrowth, to name a few. The composition of Tetranite is very simple and only includes substances which are normally found in the human body.

Dr. Ference: How far along is the research that leads to determination as to whether the material could be safe and efficacious for human use?

Dr. Kay: At this point we are conducting a human pilot trial, having satisfactorily completed the in vitro, small animal, and large animal studies required by the FDA.

Dr. Ference: Does the material demonstrate any characteristics that could limit its use? Does it illicit an inflammatory response compared to other grafting materials?

Dr. Kay: The hard-tissue adhesive formulation currently being used in the human study is remarkably well tolerated. After implantation, no significant detectable acute or chronic inflammatory response is generated at the site. In fact, we have found that gingiva overgrows small areas of exposure within two weeks.

Dr. Ference: Are there existing materials that are somewhat similar in any respect?

Dr. Kay: Tetranite is unique, perhaps the first in a new class of mineral-organic adhesives. Like calcium phosphates bone cements, it is self-setting and has compressive strength; however, this material is robustly adherent to surfaces and is replaced with bone within months vs. years. Like polymethyl-methacrylates bone cements, the material is used to stabilize metallic implants; however, Tetranite does not cause thermal necrosis during its cure and is osteoconductive.

Dr. Ference: What are the range of uses that such a material could play in clinical practice?

Dr. Kay: We are pursuing a path leading to a dental implant stabilization material being the first commercial product. That is the application our first-in-human trial is addressing. Possible other applications include oral bone grafting, fracture repair, spinal fusion, joint fusion, cranial flap fixation, artificial joint fixation, drug delivery, and a slew of others in both oral and orthopedic domains.

Dr. Ference: Has it been challenging/time-consuming to move through the regulatory requirements?

Dr. Kay: It has been approximately 10 years since the invention of the technology, and about five years since the founding of the company. The preparation of the materials for the regulators has been a large part of our efforts. I must say that, also being a potential consumer of the regulated products, the interactions I have had with the FDA have only built my respect for both the process and the personnel of the agency. The questions asked are good and the analysis is thorough and smart.

continued on page 22
Barring detours, surprises, or setbacks, the earliest reasonable and optimistic estimate for marketing approval of Tetrane for dental implant stabilization is 2023.

Dr. Ference: What is your best guess regarding when, optimistically, this material could reach the marketplace if no glitches occur?

Dr. Kay: Barring detours, surprises, or setbacks, the earliest reasonable and optimistic estimate for marketing approval of Tetrane for dental implant stabilization is 2023.

Dr. Ference: Have you been able to continue as a clinician while playing this role?

Dr. Kay: Yes, I can gladly say I have, although on a limited basis, approximately six days a month. I sold my practice seven years ago and now practice in a long-time friend’s practice as an associate. My time commitment and travel schedule at LaunchPad Medical would not allow me to manage my own office.

Dr. Ference: Compare the challenges and satisfactions—let’s call it your “happiness index” as a practicing prosthodontist versus as a biotech developer.

Dr. Kay: Perhaps it is a cop-out to say that I get both to eat my cake and keep it too: I get to enjoy and be challenged by both. As much as I love the rewards and satisfaction of treating patients, I also love the creative and intellectually stimulating world of bringing something totally new and better with which to treat the patients better.

Dr. Ference: I continue to believe that members of the AAID are an impressively energetic and creative group. You certainly fit that model. Will you please keep us informed as to developments along the way?

Dr. Kay: Of course!

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**MATING FEATURE 1:** Screw head clearance to the abutment.
**MATING FEATURE 2:** Screw shaft clearance to the abutment.
**MATING FEATURE 3:** Hexagonal connection clearance.
**MATING FEATURE 4:** Abutment tapered seat.
**MATING FEATURE 5:** Abutment hexagonal clearance to the Implant.

Test results by independent Third Party, 2018:

**CONCLUSION**
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[Image of graphs and diagrams]

Preat Abutments will meet and/or exceed fit and function of the OEM abutments.

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Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the Journal of Oral Implantology. In this section of AAID News, we selected a few articles that have broad applicability to the daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 45, Issue 5 (October 2019).

CASE REPORT

Photogrammetric and Intraoral Digital Impression Technique for the Rehabilitation of Multiple Unfavorably Positioned Dental Implants: A Clinical Report

The authors of this case report aim to describe the use of the photogrammetric system as an accurate technique to record 3-D implant positions of a full-arch maxillary fixed implant-supported rehabilitation. They review the case of a 47-year-old healthy woman who requested restorative treatment for her compromised functional, esthetic, and phonetic issues. Clinical examination, intraoral photography, radiographic examination, diagnostic cast, and occlusal assessment were performed. The intraoral examination revealed an existing maxillary metal-resin fixed prosthesis supported by 6 implants, that was unfavorably positioned in the anterior maxilla. Generalized mucositis was also observed underneath the prosthesis. The jaw relationship of the existing maxillary prosthesis was satisfactory and was transferred to the new prosthesis. The patient was prescribed a new fixture-level metal-ceramic implant-supported fixed prosthesis. The prosthesis was screwed with the manufacturer’s recommended torque. The screw access channels in positions 8, 7, 6, and 10 were visible in the buccal area, and pink composite plugs were made and inserted to hide them. These plugs were bonded to the channel with a combination of self-adhesive resin cement with a portion of polytetrafluoroethylene. Oral hygiene instructions and postoperative instructions on how to care for the new prosthesis were given to the patient. The patient was followed up at 1 week; 1, 3, and 6 months; and 1 year after the insertion of the definitive prosthesis. No esthetic, biological, or mechanical complications were reported or revealed. Patient satisfaction was obtained in all appointments.

The author of this Case Letter shares his experiences using a new registration method—“Trace registration”—with the socket shield technique using an image-guided dynamic navigation system, detailing the advantages over other methods. He describes a 23-year-old female with noncontributory medical history who presented with a non-restorable maxillary left first premolar due to severe caries. The author first shares the steps he took using the dynamic navigation workflow, including clinical photographs, which he merged and mapped together on the Navident software. He then describes the steps taken in the socket shield preparation and implant placement, followed by a discussion of several studies on the socket shield technique. The author also compares several studies, including Hurzeler et al, Baumer et al, as well as Mitsias et al and Schwimer et al. While the discussion includes those studies, the author mentions that there are limited numbers of medium- to long-term follow-up studies on the socket shield technique.


continued on page 26
FIGURES 5–7. FIGURE 5. (a) The Tracer Tool (1) was attached to the TracerTag (2) and calibrated on the Calibrator (3). (b) The Calibrator: #1 is the pin for calibrating the axis of a contra-angle handpiece; #2 is the dimple to calibrate the tip of an instrument, bur, or drill; #3 is the pin for calibrating the axis of a high-speed handpiece. FIGURE 6. Four teeth were selected as landmarks for the trace registration step. Tracing of 4 teeth to map the patient’s actual anatomical structures to the CBCT scan images. FIGURE 7. (a) A high-speed hand-piece was attached to the TracerTag. (b) The chuck of the handpiece was placed over pin #3 on the Calibrator to register the axis of the bur. (c) A bur was inserted into the handpiece and calibrated by placing the tip of the bur in the dimple (#2) on the Calibrator.

FIGURES 8–10. FIGURE 8. The initial osteotomy was prepared according to the planned position, and a mesiodistal cut was performed to separate the buccal and lingual portions of the root. FIGURE 9. A C-shaped socket shield was prepared, and the coronal portion of the shield was reduced to the level of the buccal bone crest. FIGURE 10. A 3.6313 mm implant was planned on the Navident software for a screw-retained restoration.
Increasing expectations for shortened treatment duration represents a significant challenge for dental professionals especially in patients with anatomical deficiencies. The Neodent® Implant System offers an optimized solution for immediate fixed treatment protocols in edentulous patients. This type of system allows for improved patient satisfaction and quality of life by immediately restoring function and esthetics according to survey results (1).

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* Data on file
Influence of Implant Inclination and Prosthetic Abutment Type on the Biomechanics of Implant-Supported Fixed Partial Dentures

Obtaining parallelism during implant placement is often difficult, leading to inclination of implants. The present study evaluated the stress distribution in 3-unit fixed partial dentures supported by 2 implants with different inclinations and prosthetic abutments. Universal castable long abutments (UCLAs) or tapered abutments were used considering 178 of implant angulation in different directions (mesial, distal, buccal, or lingual). To do so, 3-dimensional finite element models were built and exported to specific analysis software. Forces were applied to the functional cusps. Data were obtained with regard to the maximum principal and von Mises stresses (in MPa). No relevant differences were observed in the stress values in the cortical and cancellous bone nor in the prosthesis with UCLA or tapered abutments. However, a relevant stress reduction in the prosthetic screws of the tilted implant was observed when using UCLA abutments. According to the obtained results, it is possible to suggest that both UCLA or tapered abutments can be used for 3-unit fixed partial dentures when 1 of the implants is tilted. UCLA abutment might lead to less biomechanical problems related to screw loosening or fracture.


FIGURE 1. Schematic representation of the different inclination adopted in the study. (a) Cross-section view of the models: tapered abutment (b) or universal castable long abutment (c).

FIGURES 2–4. FIGURE 2. Distribution of the von Mises stress in models with universal castable long abutment–type abutments and tapered abutments in parallel implants. FIGURE 3. Distribution of von Mises stresses in prosthesis and abutments made with (a) universal castable long abutment or (b) tapered abutments when the anterior implant was tilted 178 lingually. Note the higher stress concentration in the porcelain-framework interface in (a) and a more homogeneous dissipation along the entire prosthesis and the conical tapered abutments in (b). FIGURE 4. Maximum principal stress distribution, in MPa, in the peri-implant bone tissue in the situation that presented the highest stress concentration values (178 lingual) for both the universal castable long abutment and tapered abutment groups.
The Results Are In

Oh, the weather outside is frightful, but our members are so delightful! We’d like to take a moment to thank those who donated their time and participated in Dental Implant Awareness Month (DIAM). We celebrate this every year to raise consumer awareness about making informed, healthy decisions regarding dental implants.

With more than 700 AAID member dental offices participating, our message reached even more people this past year.

But, we’ll let the results speak for themselves. Drum roll, please!

- 135 local and national news websites shared the initial press release announcing DIAM. It was shared by organizations such as The Buffalo News, The Daily Herald and ABC7.

- An advertorial titled “5 Reasons Dental Implants Will Make You Smile” secured 1,091 online placements and 5 print placements while an infographic detailing the AAID credentialing process received placement on 448 digital outlets.

- The consumer-facing website (aaid-implant.org) received an astounding 49,136 unique visitor sessions for the month of September. 52 of those visitors were referred to AAID-credentialed dentists!

We’re so excited about these results, and we need to hear from you! Look out for an email in the coming months with a survey about your Dental Implant Awareness Month 2019 experience.

And, if you haven’t had a chance to yet, be sure to check out the newest addition to the consumer-facing website’s homepage: a patient-focused educational video featuring 10 AAID members. Check aaid-implant.org and watch “Behind Every Dental Implant Is a Story.” The video has already been shared by 134 local and national news websites.

Thank you again for working together to make Dental Implant Awareness Month a success!
Spring is here and Tatum Surgical is celebrating its return with savings by offering this exciting Implant Motor Package Deal featuring our Integrity Implant kit and Integrity Tapered Implants PLUS the TRAUS SIP10 Dental Implant Motor Engine and Handpiece!

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<tr>
<td>1 Tatum Integrity Kit</td>
<td>$2400.00</td>
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<tr>
<td>15 Tatum Integrity Implants</td>
<td>$2625.00</td>
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<tr>
<td>1 Traus Implant Motor with 20:1 Handpiece</td>
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The 2019 Annual Business Meeting of the American Academy of Implant Dentistry (AAID) was called to order at the Aria Resort & Casino on Saturday, October 26, 2019. The AAID inducted 93 new Fellows and Associate Fellows, bringing the total number of credentialed members to 1,100. You can see pictures of this year’s awardees on pages 38 through 40.

Dr. Danny Domingue from Lafayette, LA, was introduced as the 2019 Honorary Fellow. See page 34 for more information and the rest of the 2019 Awardees.

Attendees observed a moment of reflection in memory of the following members who passed away since the 2018 Annual Business Meeting:
- Dr. Ralph Cater
- Dr. Minh Thu Dang
- Dr. Lloyd Dowd
- Dr. Allen Platt
- Dr. C. Thomas Qualey

Finally, the following members were elected as AAID Trustees:
- Dr. Bernee Dunson, President
- Dr. Duke Heller, President-Elect
- Dr. Brian Jackson, Vice President
- Dr. Shane Sammy, Treasurer
- Dr. Edward Kusek, Secretary

As our new officers take their respective positions, Dr. Natalie Wong moved to the position of Immediate Past President. For a full listing of AAID Officers and Trustees, go to aaid.com/about/leadership.

In Memoriam: Dan Root

The AAID is sad to share the news that Dan Root, passed away on November 5, 2019. Dan was one of only two non-dentists to ever receive the AAID Gershkoff-Goldberg Memorial Award (2005). As the owner and founder of Root Dental Lab in Kansas, Dan’s contributions to implant dentistry were vast. He began working at Holman Dental Lab in Kansas City, Missouri, as a delivery boy at age 16. Shortly thereafter, he was offered a position building crowns.

His passion and talent in implant dentistry continued when he served in the U.S. Army Reserve as a dental assistant, where he worked with University of Missouri Kansas City dental students. With Dan leading the innovation, Root Dental Lab became world-renowned for cutting-edge dental implant manufacturing. He pioneered many techniques for implant procedures, and lectured throughout the world, sharing his passion for implants.

Officers Decided at the 2019 Annual Business Meeting

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- Dr. Edward Kusek, Secretary

As our new officers take their respective positions, Dr. Natalie Wong moved to the position of Immediate Past President. For a full listing of AAID Officers and Trustees, go to aaid.com/about/leadership.
I am Bernee Carl Dunson. I am humbled and honored to join you on this platform to serve as your President for the 2019-2020 calendar year. I believe that I join you at what quite possibly could be in the history of our Academy the most tumultuous time. Despite this reality, I am excited about the challenge and I am looking forward with confidence to “Move the AAID Forward” in the coming year.

Many of my predecessors in this position chose to give you insight into their background. I feel obliged to repeat this effort and provide some insight into mine. I was born in Albany, Georgia. The third child of four of two outstanding educators. My parents, Dr. Charles Kenneth Dunson, a mathematician and university dean, and my mother, Mrs. Bette Battle Dunson, and reading and English supervisor who are my heroes. They provided my siblings and me all of our needs and most of our wants growing up. The wants that we did not receive were lessons of sacrifices that shaped and conditioned us as people. They taught my siblings and me the virtues of love and respect for others no matter what race, gender, or class. They put us on extremely high trajectories as we left high school to attend colleges. I did my undergraduate matriculation at Morehouse College in Atlanta, Georgia. Morehouse College is a small liberal arts historically black college. I am the tenth Morehouse man in my family and a member of a supremely proud legacy. Morehouse has a motto that I live by: “That you are not better than anybody, but you are as good as the best.” The other blessing that comes from this great college is the vision for her graduates. Morehouse places a “crown” over its graduates that they spend their entire life growing up to wear.

I would like to thank the AAID as serving as the most significant organization in my entire professional life to date. It has been in this great Academy that I have enjoyed meeting some of the most talented clinicians and researchers. It is here that I have gained some of my closest friendships. Priceless friendships with past presidents Dr. Shankar Iyer, Dr. John Minnichetti, Dr. Richard Mercurio, Dr. David Hochberg, and other invaluable friends, too many to mention but do know that I appreciate you. This Academy has been priceless to my professional life.

My passions in life are spending time with family and friends. I enjoy hiking, traveling, college football, and great jazz music. I also live to inspire young leaders and students to achieve their greatest dreams. I truly enjoy teaching and learning with the next generation of implant dentists. July 2020 will mark my first 25 years of lecturing and giving presentations in implant dentistry.

I will not be able to accomplish my 2019-2020 goals alone; I need all of you. I have therefore carefully and strategically assembled strong, passionate, and congenial committee chairs and members. The chairpersons of each of these committees are great people who are respected. They have a history of respecting and working well with others. Each member of the committees has been selected with the same vision of working to bring brilliance and hold us all accountable. This great team of committees, members of the Board of Trustees, and I humbly need all of you to work together in 2020 to “Move Our AAID Forward.” We can accomplish great things together in the coming year. I implore you to please delete the negative noise, the false emails coming from unauthorized sources latent with inaccurate information. Help promote what is great about our beloved AAID so that we can start winning again. Let us work together to make the future of our Academy better, brighter, and stronger with specialty status for the next generations of oral implant practitioners.

As I close, I also have to acknowledge three very, very special individuals: my strong and beautiful wife of 26 wonderful years, Hillary Scarbrough Dunson, and my two brilliant and talented children—my daughter, Haley Alexis Dunson a honor student and senior chemistry major at Howard University in Washington D.C.—and my son, Drew Charles Dunson, a football player, sophomore finance major at dear ole Morehouse in Atlanta. Their love, support, and sacrifice make me who I am. They inspire me to be the best I can be for you and give me the confidence to accept this challenge and distinguished honor as your president for the coming year.

I am Bernee Carl Dunson, seeking considerate support and saluting you all, and reporting as your humble servant leader.
AAID 2019 Award Winners

Aaron Gershkoff/Norman Goldberg Memorial Award

This award was established by the American Academy of Implant Dentistry (AAID) to honor an individual each year who exemplifies Aaron Gershkoff’s and Norman Goldberg’s commitment to implant dentistry and keeps their memories alive. As co-founders and the first two presidents of the AAID, they cooperatively developed the subperiosteal implant. They brought dentists from around the world together to form the AAID. They wrote the first textbook on implant dentistry in the United States and presented the first program on implant dentistry at an American Dental Association annual meeting. The Aaron Gershkoff/Norman Goldberg Memorial Award was established in 1973. Nominees must have demonstrated one or all of the following attributes: documented, outstanding service to the AAID; an outstanding and recognized contribution to the field of implant dentistry; national and/or international recognition as an outstanding implantologist; distinction in the field or allied science; and a high degree of professionalism.

2019 Recipient: Edward Joseph Mills, DDS, FAAID, DABOI/ID, of Atlanta, GA

Dr. Edward Mills is an internationally recognized authority on dental implants and adult restorative dental treatment. Dr. Mills is an AAID fellow and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. He is a former president of the Southern District and has served on the AAID Board of Directors.

Dr. Mills has lectured extensively throughout the United States and abroad on diagnostic, surgical, and restorative prosthetic techniques. He is the co-director of the Medical College of Georgia’s AAID MaxiCourse® which is considered one of the most comprehensive continuing education programs in the world. He helped develop, then co-directed, a three-year, hospital-based implant residency program at Emory Adventist Hospital, which was sponsored by Loma Linda University. He is the founder of the Atlanta Center for Restorative Dentistry. A graduate of Emory University in 1980, he has lectured extensively throughout the world on state-of-the-art restorative techniques. Dr. Mills was the AAID president in 2003. He founded the Atlanta Institute for Advanced Education, a state-of-the-art educational facility utilized to train professionals through lectures, live surgical demonstrations, and internet educational formats. Additionally, he is the current director of the Maximus 390-hour Comprehensive Dental Implant Training Program. Dr. Mills is a leading resource on dental implants and adult restorative techniques. Dr. Mills was the AAID president in 2003. He founded the Atlanta Institute for Advanced Education, a state-of-the-art educational facility utilized to train professionals through lectures, live surgical demonstrations, and internet educational formats. Additionally, he is the current director of the Maximus 390-hour Comprehensive Dental Implant Training Program. Dr. Mills is a leading resource on both the surgical and prosthetic aspects of Dental Implantology and he has been surgically inserting and restoring implants in Atlanta for over 30 years.

Terry Reynolds Trailblazer Award

The Terry Reynolds Trailblazer Award was created to recognize the contributions Dr. Reynolds made to the profession of implant dentistry. Dr. Reynolds conceptualized, developed, and founded the implant MaxiCourse®, which has become the gold standard for implant. He was the first MaxiCourse director and, in 1998, became the first African American to serve as AAID president. The award recognizes an AAID member who epitomizes the spirit of Dr. Reynolds’ work for the profession by:

- Demonstrating leadership in implant dentistry
- Achieving accomplishments and accolades as innovative educator in art and science of implant dentistry
- Personifying the spirit of inclusion, outreach, and unselfish service that includes humanitarian efforts within the dental community, which fosters training, knowledge, and compassion to the betterment of patient care worldwide and service to mankind.

AAID 2019 Honored Fellow

The selection of new Honored Fellows includes a nomination process with final selection based on AAID involvement (volunteer positions at the national and district levels, speaking at AAID events, study clubs, etc.) and contributions to implant dentistry as well as the nominees’ home communities (teaching, publishing, awards, community service, etc.).

2019 Recipient: Frank LaMar, Sr., DDS, FAAID, DABO/ID, of Rochester, NY.

Dr. LaMar was the AAID President in 2007, after having served as Trustee for 10 years and as an officer of the Board of Trustees for six years. Dr. LaMar was nominated and inducted as a Diplomate of the American College of Dentists in 1998 and as a Diplomate of the International College of Dentists in 1999. He currently serves on the AAID Global and Research committees and is the Past Chairman of the AAID Foundation. He was Chairman of the 1998 Northeast District Annual Meeting in Cooperstown, New York, and was Chairman for Corporate Sponsorship for the 1999 Northeast District Meeting in Mystic, Connecticut.

Dr. LaMar is a consultant, director, and staff member at Hybridge Dental Implant.

Daniel Domingue, DDS, FAAID, DABO/ID.

Dr. Domingue was born and raised in Lafayette, La. He received his DDS degree from the Louisiana State University School of Dentistry and is currently a Diplomate of the American Board of Oral Implantology. He is the current Director of the Southern District of the American Academy of Implant Dentistry and serves on the AAID Global and Research committees. Dr. Domingue is a contributing author for the AAID Online Newsletter and has lectured extensively throughout the world on state-of-the-art dental techniques. He is a fellow of the International College of Dentists and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. In 2019, Dr. Domingue was honored with the Terry Reynolds Trailblazer Award, recognizing his contributions to the field of implant dentistry.
If you are **not yet treating one full arch implant case every week** like Dr. Joe M. in Virginia, then it’s time patients knew about you!

I invite you to get access to a series of short audio case-study interviews. Each case study is a brief interview conducted with a successful implant dentist who is getting properly rewarded for his or her years invested in implant training and skill building. Many of these doctors hold the highest clinical credentials.

Here’s what’s really interesting: In these case studies, there are dentists who in the last 90 days were reimbursed by Medicare for implant/oral surgery procedures for up to $31,000 per patient in a 100% legal, ethical, and repeatable process. For example, you’ll hear from a dentist in NC who can now focus only on large implant cases while his associate does all the general dentistry.

They describe how they get more regular (non-Medicare age) full arch implant cases from direct to consumer advertising and how, for some, Medicare reimbursement gives them the luxury of being extremely competitive in pricing and to **make more money per case.**

"I was skeptical but James’ programs have dramatically increased my big implant case flow by more than $700K in the first year.”  — Dr. C.L., CT
of Dentistry in New Orleans. Further training included a one-year general practice residency and a two-year implantology fellowship. After being in private practice for six years (New York City and Lake Charles), Dr. Domingue moved back to Louisiana to join his uncle, Dr. Jerome Smith, in his practice.

He is the founder and president of Acadian Southern Society. He is on the Southern District Board as well as serves as the chair of the AAID Membership Committee.

Isaih Lew Memorial Research Award

The Isaih Lew Memorial Research Award is presented by the AAID Foundation to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isaih Lew’s spirit and enthusiasm for implant dentistry. Dr. Lew was an implant pioneer. He was a founding member of the AAID and served as president and editor of the Journal of Oral Implantology. In addition to publishing widely, he taught at New York, Columbia, Temple and Fairleigh-Dickinson Universities, and the New Jersey College of Dentistry. He lectured to dental societies in the United States and around the world and produced a national television program on implants. Isaih Lew was born in Poland in 1915. After immigrating to the United States, he graduated from the University of Rochester in 1942 with her dissertation that presented original studies on isolation of osteoblastic cells and regulation of calcium transport in these cells. Her postdoctoral work in the Department of Pharmacology at Northwestern University Medical School extended these studies to investigate the role of calcium in the mechanism of action of parathyroid hormone and made contributions to the role of calcium as a second messenger in action of regulatory events in bone cell regulation.

Together with graduate students and colleagues at the University of Buffalo she fabricated a novel nano-sized form of calcium sulfate that appears to offer many advantages as a synthetic bone grafting material useful for a variety of craniofacial procedures such as implant placement in which bone regeneration is needed. In addition to her ongoing work further characterizing the functionality of nanocalcium sulfate, Dr. Dziak has initiated studies on the effects of strontium on human periodontal gingival cells and its potential role in the prevention and treatment of peri-implantitis.

International Dentist of the Year Award

The International Dentist of the Year Award is given to an AAID member who has demonstrated a significant contribution to the AAID by way of scholarly activities and growth in membership internationally. The criteria include success in engaging AAID international members actively through meetings, conferences, and promoting the mission and goals of the AAID internationally.

Paul Johnson Service Award

The Paul Johnson Service Award recognizes outstanding service to the AAID as exemplified by the late Dr. Paul Johnson. It is intended to acknowledge the work of AAID volunteers who have gone “over and above” and highlight that much of the success of AAID is due to the hard work of committed volunteers. The Board of Trustees delegated to AAID staff the
responsibility to choose the recipient. Any AAID member (with the exception of national officers) who volunteer for any AAID committee, task force, district, or meeting is eligible to be considered for the award. The criteria established for the Paul Johnson Service Award suggests that the recipient:

- Consistently participated at the committee and district level with thoughtful contributions
- Prepared for meetings by reviewing materials, participated in discussions
- Could be counted on to follow through on any and all assignments
- Consistently went “over and above” on volunteer activities or projects
- Set an example for the rest of the volunteers

2019 Recipient:
Linda Weinfield, DDS, FAAID, DABO/ID, of Oak Lawn, IL

Dr. Weinfield of Oak Lawn, IL, has accomplished many firsts. She is the first female periodontist in the AAID; the first female periodontist in the AAID to be an AAID Awards and Credentials Examiner; the first female periodontist president of the Central District; the first female periodontist to be an AAID Honored Fellow; the first female and first periodontist, as well as the youngest to earn ABOI/ID Diplomate and pass the exam the first year it was offered; the first female, first periodontist, and youngest ABOI/ID president. Dr. Weinfield is the president of Illumident, Inc., where she is periodontist and implant dentist. She has served as the Board Director of the American Board of Oral Implantology/Implant Dentistry, where she was the youngest female to be certified. She also served on the AAID Fellow Committee, was chair of the Lew Award Committee, and currently serves on the AAID Finance Committee.

Congratulations to the 2019 ePoster and Table Clinic Winners

The American Academy of Implant Dentistry (AAID) announces the winners of the ePoster and table clinic competitions held at the recently concluded AAID 68th Annual Conference in Las Vegas.

The 69th Annual Conference, which will be held November 11 to 14, in Atlanta, will again include ePosters and Table Clinics. Online access to submit entries will be available in May 2020 at aaid.com.

**ePosters Winners**

**First place**
Kenzo Shiozaki
Accuracy of 3D Printed Models Created by Two Technologies of Printers With Different Designs of Model Base

**Second place**
Spandana Sirpada
Radiographic Evaluation of Anatomical Variations of the Mandibular Foramina in Indians

**Third place**
Emil Svoboda
Comparing the Efficacy of Preventing Submarginal Cement: Chamfer Margin System Versus the Reverse Margin System

**Table Clinic Winners**

**First Place**
Robert Stanley
The Five Thread Rule—A New Guideline for Predicting Primary Stability With Dental Implants

**Second Place**
Emil Svoboda
Safer Intra-Oral Cementation: Controlling Excess Cement While Avoiding Risky Cement Voids Under Prosthetics

**Third Place (Tie)**
Hung-Chi Liao
The Effect of Clinical Experience on the Accuracy of Implant Placement When Using the X-Guide System Compared With Tooth-Mucosa Supported Surgical Guides

**Third Place (Tie)**
Dae-Yeob Kim
Staged? Or Simultaneously? A Comparison of Two Cases With Different Approaches for Implantation on Narrow Ridge With Insufficient Keratinized Mucosa
Congratulations to the 2019 AAID Fellows

Bader Albader, DDS
Loma Linda, CA

Mohamad Albik, DDS
El Dorado Hills, CA

Fadi Alhrashi, DDS
Herndon, VA

Jeffrey Allred, DDS
San Marcos, CA

German Arzate, DDS
Cancun, Mexico

Bhavesh Bhakta, DDS
Austin, TX

Steven Brock, DDS
Knoxville, TN

Vincent Cavaretta III, DDS
Austin, TX

Andrea Company, DDS
Canton, OH

R. Vance Costello, DDS
Monroe, LA

Russell Fitton III, DDS
Barrington, IL

Eric George, DMD
Coventry, RI

Amir Guorgui, DMD
Woodbridge, ON, Canada

Pablo Guzman-Trujillo, DDS, MSC
Cochabamba, Bolivia

Gregg Hendrickson, DDS
Henderson, NV

J. Eric Hopkins, DDS
Shawnee, OK

Wally Hui, DDS
Rosemead, CA

Cory Nguyen, DDS
Dallas, TX

John Perna, DDS
Oak Park, IL

Craig Schlie, DDS
Redding, CA

Rola Shadid, BChD, BDS, MSC
Tulkarm Jenin, Palestine

Trevor Shew, DMD
Vancouver, BC, Canada

Mario Silvestri, DDS
Vestal, NY

Larysa Smith, DDS
Boca Raton, FL

Robert Stanley II, DDS, MS
Cary, NC

Gurinder Wadhwa, DDS
New York, NY

Peter Zahedi, DMD
San Rafael, CA

Mahmood Zaitr, DDS
Clifton, NJ
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Congratulations to the 2019 AAID Associate Fellows

Su Yeol Bae, DDS, DMS
Yongin-si, South Korea

Priyanka Bansal, BDS, MDS
Pune, Maharashtra, India

Chris Barrett, DDS
Scottsdale, AZ

Swati Bharadwaj, BDS, MDS
Pune, Maharashtra India

Fadi Bitar, DDS
Yucaipa, CA

Ahmed Boraey, DMD
Alexandria, VA

Craig Brawner, DMD
Georgetown, TX

Andy Burton, DMD
Husum, WA

Aldwin Chan, DMD
Calgary, AB, Canada

Minho Choi, DDS, MSD, PhD
Daejeon, South Korea

Grace Chung, DDS
Henderson, NV

Gregory Clepper, DMD
Evans, GA

David Coffin, DDS
Edmonton, AB, Canada

Christina Dhillon, DDS
Etobicoke, ON, Canada

Michael D’Hondt, DDS
La Crosse, WI

Narayana Donapati, BDS, MDS
Andhra Pradesh, India

Bryan Euzent, DDS
Tualatin, OR

Daniel Fenton, DMD
Fort Lauderdale, FL

Mauricio Fonrodona, DDS
Valencia, CA

Anthony Gacita, DMD
Voorhees, NJ

Jeff Geno, DDS
League City, TX
2019 AAID Associate Fellows
continued from page 41

Senan Najar, DDS
Bellingham, WA

Fahimay Naqvi, DDS
MDS
Toronto, ON, Canada

Aaron Norman, DDS
Redding, CA

Viray Patel, DDS
Phoenix, AZ

Elzbieta Paul, DDS
Hillsborough, NJ

Michael Pruett, DMD
Augusta, GA

Mina Saif, DMD
Chatham, NJ

Mark Scamardella, DDS
Staten Island, NY

Andrew Scott, DDS
Green Bay, WI

John Shelton, DMD
Metropolis, IL

Kyungmok Sim, DDS
Busan, South Korea

Vikram Singh, DDS
Silverdale, WA

Chad Slocum, DDS
Edmonds, WA

Spandana Sripada, BDS
MDS
Pune, Maharashtra, India

Rajesh Swamidass, DDS
Corona, CA

Lalit Thanki, DDS
Lafayette, LA

Charles Town, DDS
Woodway, TX

Ami Vasani, DMD
Westfield, NJ

Minaal Verma, DDS
MDS
St. Louis, MO

Jacob Wallach, DDS
River Vale, NJ

Derek Wirth, DMD
Oak Harbor, WA
Congratulations to the Class of 2019 Student Dental Award Winners!

Every year, accredited dental programs refer an outstanding pre- and/or post-doctoral dental student who demonstrates great interest, academically and clinically, in implant dentistry. The award serves as recognition of students’ achievements, as well as provides the opportunity for the winner to advance their skills and knowledge within the field of implant dentistry. Winners receive complimentary membership and registration to an educational meeting of their choice. Look out for these future dental implantologists!

2019 Dental Student Award Winners

Pre-Doctoral Award

Jordan Antetomaso, DMD, University of Pittsburgh
School of Dental Medicine
Luke R. Bessmer, University of Nebraska Medical Center
College of Dentistry
Navdeep Bharj, DDS, University of Alberta
Igor Borisov, Midwestern University College of Dental Medicine-Arizona
Jordan Bronstein, DMD, Medical University of South Carolina
William Callaway, DMD, Dental College of Georgia, Augusta University
Taranvir Cheema, DDS, University of California, San Francisco
School of Dentistry
Jason Diep, DMD, Western University of Health Sciences
College of Dental Medicine
Jeffrey Donatelli, DMD, Temple University Maurice H. Kornberg
School of Dentistry
Steven Elliott, University of Texas Health San Antonio School of Dentistry
Keyshla Escobar, DMD, School of Dental Medicine,
Medical Sciences Campus, University of Puerto Rico
Joseph Finelli, DDS, West Virginia University School of Dentistry
Amy Full, DDS, University of Minnesota School of Dentistry
Marti J. Gabriella, Boston University Henry M. Goldman
School of Dental Medicine
Autumn Gray, DDS, Marquette University School of Dentistry
Joseph Gulko, DDS, Columbia University College of Dental Medicine
William Handt, DDS, Indiana University School of Dentistry
Christopher Havlik, DMD, Southern Illinois University
School of Dental Medicine
Hui Huang, Harvard School of Dental Medicine
Charles Huffman, University of Mississippi School of Dentistry
Solange Johnson, DDS, Meharry Medical College, School of Dentistry
Naru Kang, DDS, New York University Dentistry
Malik Muhammad Zeeshan Khan, DDS, University of the Pacific,
Arthur A. Dugoni School of Dentistry
Wanjin Kim, DMD, University of Connecticut School of Dental Medicine
Helen Kim, University of Illinois at Chicago College of Dentistry
Justin James Kirkwood, DMD, University of Pennsylvania,
School of Dental Medicine
Jonathan Light, DMD, Case Western Reserve University
School of Dental Medicine
Andrew G. Lum, DMD, Tufts University School of Dental Medicine
Corinna Ma, DMD, Oregon Health & Science University
Sufian Mahmoud, DMD, Rutgers School of Dental Medicine
Audrey Mayrand, Université de Montréal - Faculté de Médecine Dentaire
Jordan Mays, University of North Carolina Chapel Hill,
Adams School of Dentistry
Devon McClurg, DMD, University of Nevada Las Vegas
School of Dental Medicine
Shaughn McCormick, Missouri School of Dentistry & Oral Health
Lance McGavin, University of Utah School of Dentistry
Ariana Mendel, DDS, University at Buffalo
Austin Moon, DDS, Virginia Commonwealth University School of Dentistry
Grace Moore, The University of Iowa College of Dentistry and Dental Clinics
Jorden Mortensen, DMD, Roseman University College of Dental Medicine
Frankie Ngo, DMD, Midwestern University
Jonathan Odinsky, DDS, Stony Brook School of Dental Medicine
Frédérique Ouellet, Université Laval
Raul Perez, DMD, University of Florida
Isaac Peterson, DDS, University of Oklahoma College of Dentistry
Rodion Pinkhasov, DMD, Nova Southeastern University,
College of Dental Medicine
Brian Poore, University of Tennessee Health Science Center
Daniel Richmond, DMD Degree, McGill University
Lindsey Roberts, DMD, UAB School of Dentistry
Stephen Siew, DDS, University of Washington
Amy Stephenson, DDS, The University of Texas
School of Dentistry in Houston
Alexandra Steury, DMD, University of Kentucky College of Dentistry
Samantha Thomas, DDS, University of Missouri-Kansas City
James Wen Tian Yan, DDS, Texas A&M College of Dentistry
Jeffrey Toler, Louisiana State University Health New Orleans
School of Dentistry
Megan Utter, DDS, University of Michigan School of Dentistry
Scott Welling, DDS, The Ohio State University College of Dentistry
Jenna Windell, DMD, University of Louisville School of Dentistry
Jason Wong, DMD, College of Dentistry, University of Saskatchewan
Alexander Yaldoo, DMD, Arizona School of Dentistry & Oral Health

Post-Doctoral

Benjamin Hostetter, DDS, Creighton University School of Dentistry
Charles Pham, Harvard School of Dental Medicine
Devin Rourke, DDS, University of Colorado School of Dental Medicine
AAID Foundation Awards Student Research Grants

The AAID Foundation announced the recipients of the David Steflik Memorial Research Grant Competition. The annual competition is open to dental students and those in post-graduate and residency programs. Each of the winners will receive $2,500 to further his or her research. Congratulations to the following winners:

Dr. Kelvin Afrashtehfar, 
University of British Columbia

Dr. Nathan Estrin, 
Stony Brook University
Outcomes of Metal-Ceramic Versus Metal-Acrylic Resin Implant-Supported Fixed Complete Dental Prostheses: Systematic Review and Meta-analysis of Biological Complications and Patient-Centered Outcomes

Dr. Shiri Iskander, 
McGill University
Risk Factors Associated With the Development of Post-Implant Neuropathy Following Dental Implant Procedures

Mr. Junaid Rajani, 
Stony Brook University of Dental Medicine
Osteogenic Potential of Gingival Mesenchymal Stem Cells Over Failed Implants

Dr. Francesco Sebastiani, 
University of Texas, Health Science Center at San Antonio
Accuracy of Dynamic Navigation for Dental Implant Placement-Cadaver Model Evaluation

Mr. Jun-Soo Shin, 
University of Illinois at Chicago College of Dentistry
Peri-Implant Microbiome Characterization of Cement vs Screw Retained Prosthesis: Randomized Control Trial

Dr. Paul Sung, 
UIC College of Dentistry
Novel Nano-TiO2 Coating on Implant Abutment Surface with Atomic Layer Deposition

Dr. David Szalay, 
UT Health San Antonio
Dynamic Navigation for Placement of Zygomatic Implants

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2019 New ABOI/ID Diplomates

Daniel F. Abell, DMD
Sam Akhrass, DDS
Yazeed A. Alqarni, DDS
Tarek Assi, DMD
Alfons Bucaj, DMD
Frank A. Caputo, DDS

Joey Ting-Yueh Chen, DDS
Ravi V. Doctor, DDS
Nathan S. Doyel, DMD
David W. Epstein, DDS
Luis J. Fornaris, DMD
Allen A. Ghorashi, DDS

Michael J. Gillis, DDS
Kamran Haghighat, BDS, MS
Mohamed Monier Hindy, DDS, MS
Sarah Jockin, DDS
Mohamad Koutrak, DDS
Andrew Monteith MacConnell, DDS

Joshua Muir, DDS
Pierre Obeid, DDS
Peter L. Ricciardi, DDS
Edward Ruvins, DDS, MS
Rami Salloum, DDS
Maungnaung Thaw, BDS

Tye Alan Thompson, DDS
Janice J. Wang, DDS
Christopher K. Ward, DDS
Tamir Wardany, DDS
The AAID is pleased to welcome the following new members who joined between September 10, 2019, and December 31, 2019. The list is organized by state, with the new member’s city included. International members are listed by country, province (if applicable), and city. (If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of AAID News.

Alaska
Benjamin Pinney, Juneau
Clay Van Leeuwen, Fairbanks
Keith Parks, Anchorage

Arkansas
Hunter Thomas Bull, Shoals

Arizona
Han Choi, Mesa
Joshua Nagao, Tucson

California
Sushma Balakrishna, San Ramon
Huang Cheng, Cupertino
Javier Lopez, Redwood City
Mircea Mitu, Darville
Guy Nazareno, Fremont
Shikha Puri, Redwood City
Marina Rozhavsky, Redwood City
Ana Santos, Union City
Margaret Scopazzi, Menlo Park
Alvin Tan, Milpitas
Angela Hsu, San Jose
Aman Bhullar, San Jose
John Han, Redlands
Andy Le, San Leandro
Ehsan Esfami,Anaheim
Thuy Le, Brea
Guilherme Castellano Argenta, Los Angeles
Jing Ye, San Francisco

Colorado
Joshua Eastham, Montrose
Steven Enea, Colorado Springs

Connecticut
Wanjin Kim, Simsbury
Jatinder Sharma, Manchester
Prashant Sinha, Glastonbury

Florida
Daniel Delrose, Ellenton
David Akkara, Orlando
Miguel Bernal, Pensacola
Carter Perkins, Dunnnellon

Georgia
Melina Gable, Braselton
Heavenly Kimes, Conyers
Paul Gawrych, Augusta
Marc Piasance, Augusta
Daniel Van Galder, Marietta

Hawaii
Stephen Ho, Honolulu

Idaho
John Peterson, Meridian
Ryan Smith, Rexburg
Christian Bennion, Meridian
Eric Goetttsche, Meridian

Illinois
Lauren Wilson O’Fallon

Indiana
William Keith, Mission

Kansas
Tara Ryle, Williamstown

Kentucky
Paul Pugh, Lexington

Massachusetts
Neeraja Narayanan, Ashburnham
Jieun Cha, Cambridge
Jayesh Patel, Westborough
Francesca Tesone, Boston
Monaf Alyassi, Natick
Michel Darmerji, Worcester
Osama Duyaji, Attleboro
Maged El Malecki, Arlington
Sheina Jean Marie, Milton
Moiz Khan, Lowell

Maryland
Bahru Nure, Clinton
James Chung, Upper Marlboro
Enrico Ross, Glen Burnie

Maine
Tracy Glinko, Fairfield

Michigan
Alexander Yaldoo, Berkley
Matthew Thomas, Ortonville

Mississippi
Russell Parker, Ocean Springs
Yuanyuan Duan, Jackson

Missouri
Samantha Thomas, Carl Junction
Rachel Brunker, Kansas City

North Carolina
Jay Patel, Fayetteville
Jeremiah Davis, Fayetteville
Lance Hutchens, Wilmington

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- Handy scan process
- Impression/Model scanning
- Auto STL conversion
- Open STL format

3D Face Scan
- Real 3D depth camera
- Independent 3D photo taking

3D CBCT
- Max. 20x20 FOV
- Light-guided FOV
- Jaw, Facial, Endo, TMJ, Sinus, Airway
2019 AAID New Members
continued from page 46

New Hampshire
Jim De Leo, Bedford
Jennifer Crespo-Gonzalez, Salt Lake City
Jacob Dawson, Riverton
David Densley, Sandy
Joshua Hardin, Lehi
Austin Hartford, Salt Lake City
Paul Hoefl, South Jordan
John Kwant, Bountiful
James Nnah, Eagle Mountain
Daniel Rodriguez, South Jordan
Leidy Santos-Padilla, South Jordan

New Jersey
Jay Ahn West, Long
Fernando Tordoya, North Haledon
Vikas Luthra, Hoboken
Radia Elidrissi-Zouak, Englewood
Jay Ahn West, Long
Fernando Tordoya, North Haledon
Vikas Luthra, Hoboken
Radia Elidrissi-Zouak, Englewood

New York
Ariana Mendel, Grand Island
Yasmin Chebbi, Staten Island
Shruti Mantravadi, White Plains
Mark Tardugno, Rome

Ohio
David Schlueter, Cincinnati
Tyler Anderson, Lewis Center
Steven Vorholt, Westerville
Milad Karamlou, Columbus

Pennsylvania
Joseph Mulligan, Philadelphia
Stephanie Graham, Philadelphia
Manahar Lalchandani, Easton

South Carolina
Tyler Alderman, North Charleston
Jordan Bronstein, Columbia
Bryan Game, Johns Island

Tennessee
Avinat Batra, Nashville

Texas
Tuan Chau, Addison
Afsaneh Rad, Austin
Nghi Tran, Garland
Matthew Tong, Kingwood
Suzanne George, Houston
Arturo Garcia, Austin
Parva Patel, Irving
Michael Courter, Midland
Ernest DePaoli, Frisco

Utah
Alex Allsbrook, Lehi
John Armstrong, Highland
Bryce Church, Draper

Vermont
Jodeci Malixi, Newport

Virginia
Yaser Nasif, Glen Allen
Muazzam Farooq, Woodbridge

Washington
William Lesh, Longview
Lucas Kim, Seattle
Matt Mellor, Coeur d'Alene
Zach USA, Seattle
Emily Yepez, Puyallup

Wisconsin
Kate Plagens, Mondovi
Feras Alkhader, Tomah
Jose Sierra, Brookfield

Wyoming
Zachary Christopherson, Cheyenne

Guam
Jason Hartup, Dededo

CANADA
Barbara Kostyk

Alberta
Amir Nazemi, Grande Prairie

British Columbia
Pouneh Hanjani, North Vancouver
Monica Shoman, Richmond
Min Cho Williams, Lake
Ming Ho, Richmond
Roger Kiang, Sparwood
Soroush Liaquat, Maple Ridge
Yadwinder Sarao, Surrey
Jimmy Han Tien, Burnaby
Elsie Wang, Richmond

Ontario
Daniel Richmond, London
Jason Wong, London
Scott Connors Toronto

Quebec
Maria Byar, Montreal

INTERNATIONAL

Australia
Justin Ka Ho, Sydney

Bahrain
Hasan Husain, Manama
Husain Ali, Manama

China
Daoshui Chen, Ningbo City
Wenjuan Du, Guiyang
Ming Feng, Suzhou City
Hongfei Guo, Shanghai
Jiming Guo, Daejeon
Jia Jun Hu, Hangzhou
Jing Huang, Urumqi
Xuguang Huang, Wuxi City
Haibo Lu, Shanghai
Hai Feng Meng, Hangzhou
Kai Bin Ouyang, Jiujiang City
Mengzhen Qiu, Shanghai
Duoying Wang, Wuhan City
Liang Wang, Shanghai
Pengting Wang, Lanzhou City
Xin Wang, Zhanjiang
Jixin Xie, Anshun City
Yanfeng Xie, Quanzhou City
Xuebing Xu, Beijing
Jun Yang, Liaoyang City
Xianglei You, Shanghai
Lidan Yu, Wenzhou City
Zhengsheng Zeng, Chengdu City
Jun Zhang, Guiyang
Junfeng Zhang, Shanghai
Zhileng Zhao, Hangzhou City
Hong Zhou, Wuxi City
Yu Zhou, Shanghai
Ke Zhu, Xi'an

Egypt
Tarnim Abdelsalam, Ad Doqi
Yusuf Abdulnabi, Ad Doqi
Yahia Aboul-Azm, Cairo
Husain Al Moallam, Ad Doqi
Sayed Al Musawi, Cairo
Mohamad Al Naeb, Ad Doqi
Husain Alasfoor Ad, Doqi
Ali Albaqali, Cairo
Waleed Dinyag, Ad Doqi
Mohamed El Sherif, Cairo
Said Elfarrag, Cairo
Ahmed Elkordy, Cairo
Hossam Hammouda, Cairo
Start 2020 by charting a course to elevate your practice to the next level. From getting hands-on experience on the latest technology to developing relationships with other dentists active in dental implants, the American Academy of Implant Dentistry (AAID) has the resources you need to navigate your practice through today’s competitive market.

Renew today and start mapping out your future.

Not a member? We welcome you to be a part of the AAID family of exceptional dentists.

AAID.COM/MEMBERSHIP
2019 AAID New Members
continued from page 48

Egypt
Abdulaziz Khalaf, Ad Doqi
Naser Menaizel, Ad Doqi
Haytham Metwally, Cairo
Abdulla Naser, Cairo
Ali Qamber, Cairo
Nida Radhi, Ad Doqi

Japan
Akihide Ito, Komaki
Go Tanaka, Kani

Jordan
Jumana Shaltaf, Amman

Oman
Roaa Ahmed, Seeb

Saudi Arabia
Mohammed Al Zayer, Dammam
Islam Metwally, Buraidah
Suzan Salem, Buraidah
Hussain Albannai, Dammam
Salamah Almassry, Jeddah

South Korea
SeongYoon Jeong, Wonjusi
Ho Hyung Kim, Seongnam-Si
Jeonghoon Lee, Namyangjusi
Minseo Park, Yongin-si
Hongseok Ji, Gurye-gun
JungHyun Cho, GangSeo-Gu, Busan

Trinidad and Tobago
Derek Ramcharitar, Chaguana

Turkey
Bahattin Gultekin, Istanbul

United Arab Emirates
Amina Kristina Abdulla, Abu Dhabi
Omar Adeeb, Dubai
Mohamed Ahmed Abdel Aziz, Abu Dhabi
Anas Alhaj Ahmad, Abu Dhabi
Ahmed Alsaadi Al Ain
Mohammed Ameen, Abu Dhabi
Abeer Asadallah, Abu Dhabi
Basel Athamneh, Abu Dhabi
Shaheen Fazaludeen, Dubai
Jaffar Heida, Abu Dhabi
Farees Karuppanmveettil, Al Ain
Sam Kuriadom, Ajman
Rania Makhoul, Abu Dhabi
Ban Maree, Dubai
Ali Al Matrock, Abu Dhabi
Bilal Muhsen, Abu Dhabi
Rand Ragheed, Dubai
Hamood Rehman, Abu Dhabi
Mohammed Salih, Al Ain
Imad Spereeg, Abu Dhabi
Ahmed Zaki, Abu Dhabi
Ibrahim Abdellatif, Abu Dhabi
Ahmad Abusalim, Ras Al Khaimah
Mazin Sabah, Al Sahrawardee, Abu Dhabi
Rasha Al-Douri, Abu Dhabi
Dina Bassiouney, Abu Dhabi
Sheam Bitar, Abu Dhabi
Abdelazim Elsharkawy, Al Ain
Amir Hassan, Abu Dhabi
Fatima Ibrahim, Al Nin
Soren Kollat Jensen, Dubai
Mohammad Kashif Khot, Ajman
Salam Moakatash, Abu Dhabi
Charu Goel, Dubai
New Student Members

It’s never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. The AAID electronic membership, open only to dental students, has been in place for several years, and we currently have more than 1,000 student members who are entitled to online access to AAID information and resources. The following is a list of new student members who joined between September 10, 2019, to December 31, 2019.

Nathalie Abou Khalil
Shaily Aghera
Nadia Al Doori
David Alpert
Cassidy Alwan
Sage Amin
Carrol Anton
Christina Aponte
Brooke Appelhans
Maggie Arceneaux
Mara Arnold
Abigail Aviles
Shirin Azadi
Andrea Ballengee
Mark Berhastek
Kalin Bhavan
Scott Block
Taylor Bolland
Precious Boston
Chadwick Brady
Briana Brazile
Jordan Brunson
Rachel Bryant
Theresa Bui
Julissa Burgos
Joshua Bussard
Jasmine Butler
Portia Cao
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AAID Bergen County Dental Implant Study Group
Location: Englewood, NJ
Director: John Minichetti, DMD
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Phone: 201-926-0619
Email: lisamccabe@gmail.com
Website: https://bit.ly/2rwf9hc

Acadiana Southern Society
Location: Lafayette, LA
Director: Danny Domingue, DDS
Phone: 337-243-0114
Email: danny@jeromesmithdds.com
Website: www.acadianasouthernsociety.com/upcoming-meetings.html

Alabama Implant Study Club
Location: Brentwood, TN
President: Michael Dagostino, DDS
Contact: Sonia Smithson, DDS
Phone: (615) 337-0008
Email: aisgadmin@comcast.net
Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group
Location: San Francisco, CA
Director: Matthew Young, DDS
Phone: 415-392-8611
Email: youngdentalsf.com
Website: http://youngdentalsf.com

Calderon Institute Study Club
Location: Queens, NY /Oceanside, NY
Director: Mike E. Calderón, DDS
Contact: Andrianna Acosta
Phone: 631-328-5050
Email: calderoninstitute@gmail.com
Website: www.calderoninstitute.com

CNY Implant Study Club
Location: 2534 Genesee street, Utica, NY
Director: Brian J Jackson, DDS
Contact: Tatyana Lyubezhanina, Judy Hathaway
Phone: (315) 724-5141
Email: bjijdssimplant@aol.com
Website: www.brianjacksondds.com

Hawaii Dental Implant Study Club
Location: Honolulu, HI
Director: Michael Nishime, DDS
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Email: mnishimedds@gmail.com
Website: www.honouludentaloffice.com

Hughes Dental Implant Institute and Study Club
Location: Sterling, VA
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Phone: 703-444-1152
Email: dentalimplant201@gmail.com
Website: http://www.erhughesdds.com/

Implant Study Club of North Carolina
Location: Clemmons, NC
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Website: www.dentalofficesolutions.com

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Email: drpatel@delandimplants.com
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SMILE USA® Center for Educational Excellence Study Club
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Website: http://malosmileusaelizabeth.com

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Vancouver Implant Continuum
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Email: andrew@implant.ca
Website: www.implant.ca

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Website: www.hotta-dc.com

Beirut AAID Study Club
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Email: beirutidc@hotmail.com
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Cyprus Implant Study Club
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Email: ykimichelle@gmail.com
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March 28-29, 2019
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Phone: 352-686-4223
Email: jwgibney@atlantic.net
Website: jameswgibneydmd.com

Surgical Mini-Residency
John C. Minichetti, DMD
Contact: Sarah Rock
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Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

Three-Day Surgical and Prosthetic Comprehensive Training
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

Three-Day Implant Placement and Bone Grafting
John C. Minichetti, DMD
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Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

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John C. Minichetti, DMD
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Phone: 908-527-8880
Website www.smileusacourses.com

Pikos Implant Institute
Michael A. Pikos, DDS
Soft Tissue Grafting
Sinus Grafting
Alveolar Ridge Strategies: Single Tooth to Full Arch
Fully Guided Full-Arch Immediate Implant Reconstruction
Contact: Alison Thiede
Phone: 727-781-0491
Email: learn@pikosInstitute.com
Website: www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview/

Three-Day Live Implant Surgery Course
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

University Implant Educators
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San Diego, CA
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Contact: Grace Terranova
Phone: 877-709-6623
Email: info@universityimplanteducators.com
Website: www.universityimplanteducators.com/implantology-courses-schedule

Canada

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Clinical Case Example
Clinical images courtesy of German Murias DDS, ABOI/ID

Tooth #15, set to be extracted

The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon

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