**Editor’s Notebook**

**David G. Hochberg, DDS**
Editor, AAID News

**We asked.**

**You answered.**

**We listened.**

A year ago, the AAID annual membership survey focused on AAID communications including *AAID News*. We asked members what types of articles they wanted to read. You told us you wanted more substantive material along with information about AAID activities including in depth information about the annual meeting. Among the types of articles mentioned were clinical, research, industry news, marketing and management tips, and legal insights.

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**Study of AGEs and implants funded**

The AAID Research Foundation announced today that it will provide funding for a study to determine the effect of Advanced Glycation End Products (AGEs) on osseointegration of loaded titanium dental implants. “AGEs have been shown to increase as a part of the normal aging process and with the development of diabetes. Both the elderly and diabetic populations represent a significant proportion of the patient population requiring dental implant restorations thus making this study valuable,” wrote James L. Borke, PhD of the Medical College of Georgia, in the application for the grant.

According to Dr. Borke, this study represents the first to investigate the relationship between AGEs and dental implants. The team will test the hypothesis that AGEs administered to normal rats will have:

- negative effect on osseointegration of dental implants
- negative effect on ostoblasts and ostoclasts at the implant site

This is one of six different research projects the AAID Research Foundation will provide funding for during this calendar year. The other five are:

- “Hydroxyapatite Coating on Titanium Implant as a Carrier for Enamel Matrix Derivative (EMD)” — Dr. Ramin Rohanizadeh; University of Sydney (Australia)
- “Stability of Macro-Implant Design in Variations of Implant Placement Depth” — Linus Chong; Kornberg Yempele University, School of Dentistry

Bennett named AAID Executive Director

Sharon Bennett became the American Academy of Implant Dentistry’s executive director effective Jan. 1, 2008. She succeeds J. Vincent Shuck, who retired after more than 15 years at the AAID helm.

Bennett comes to AAID with more than 25 years of experience and a strong background in serving dental and medical associations, professional societies and foundations. As an independent consultant and executive with leading national association management firms, she has worked with the American Academy of Esthetic Dentistry, Academy of General Dentistry, American Society of Clinical Oncology and the...
Colleagues, during our business meeting in Las Vegas November, 2007 I had the opportunity to express my vision and goals for this Academy as the incoming President.

As you probably know, this past October the Board of Directors interviewed candidates to replace our retiring Executive Director. After an extensive and detailed search process the Board has unanimously approved a new Executive Director for this Academy. I would like to personally thank Dr. Kim Gowey for taking a leadership position in this process. His diligence and dedication to the interviews was extremely valuable during the selection.

I am happy to introduce Ms. Sharon Bennett as the new Executive Director of the Academy. Ms. Bennett comes to us with a Master’s degree in English Literature from Northern Illinois University and over 25 years of association management experience. She started her association management career at P.M. Haeger and Associates as an administrative manager and advanced to Senior Account Executive with responsibility for 10 association clients, one of her clients being the American Academy of Esthetic Dentistry. While at Haeger she served as Executive Director for two organizations and implemented 30 annual conferences and trade shows.

Ms. Bennett has provided various client management services for different societies including the Academy of General Dentistry, American Society of Clinical Oncology, American Society of Plastic Surgeons and the Society of Women Engineers where she revamped their membership recruitment and retention program using a telemarketing strategy that resulted in doubling their renewals. She has had the responsibility for the general management of associations with budgets of up to $10 million.

Sharon has been described by former colleagues as being a woman of integrity who is loyal, forthright, hard-working and well regarded in the association community. She is said to have strong interpersonal and communication skills. We look forward to working with her.

During the candidate interviews our committee became aware that even though our organization is in great shape, it is necessary to revisit several issues that were discussed during our 2004 strategic plan meeting. Many of the benchmarks that were established have been met, but others have not. As your President, I will be working diligently with our Board to revise and set the necessary goals to accomplish our new strategic plan.

We will expand our educational outreach by enhancing online education opportunities. This is something that started as one of my personal goals and has now become a common goal of all of us here in the leadership position.

During the next annual meeting, San Diego 2008, we will have the opportunity to offer simultaneous online participation to the meeting, observe live surgical demonstrations and utilize the application of a wireless response system via hand held terminals that will allow the audience to turn from passive to active participants and to receive immediate feedback on issues and topics that will be presented at the meeting.

Other dental implant organizations are moving forward with their own plans to offer credentials to their members following an examination process perhaps similar to ours. This raises interesting issues with our credentialing process and its overall significance. In the next few weeks you will be receiving requests to participate on a survey to address that specific issue of tremendous importance.

I will also be involved in the future direction of our Journal of Oral Implantology and will continue the discussions in regards to the relationships and alliances with other organizations including global outreach.

I am looking forward to continue to work with the district and executive officers of the Academy during the upcoming year.
Clinical Bite

The Effect of Connective Tissue Graft in Conjunction with Immediate Tooth Replacement on the Facial Gingival Esthetics: Preliminary Report of Prospective Data

Seung-Hwan Chung, DDS, Joseph Y. K. Kan, DDS, MS, Kitichai Rungcharassaeng, DDS, MS, Jaime Lozada DDS

Editor’s Note: The new editorial content approach of the AAID News is to enhance the substantive offerings including clinical cases and reports on research dealing with commonly encountered clinical issues. The following is the summary one of the poster presentations at the 2007 AAID Annual Meeting.

Gingival recession is a common occurrence following immediate implant placement and provisionalization, especially in thin biotype situation. While reparative procedures have been vigorously attempted, satisfactory results are scarce. Therefore, a prophylactic approach to improve soft tissue quality and quantity has been advocated. This study evaluated the effect of subepithelial connective tissue graft in conjunction with immediate tooth replacement on the facial gingival esthetics.

Materials and methods

Patients and treatment protocol: Ten systemically healthy patients (5 males and 5 females), aged between 22 to 71 (mean age 53.5 ± 18.6) years old, participated in the study. The patients were selected according to following inclusion criteria. 1) Single failing tooth between 2nd premolars with the presence of adjacent dentition. 2) Adequate bone volume to accommodate an implant with minimum dimensions of 3.5mm diameter and 13mm length.

Following atraumatic extraction of the failing tooth, immediate implant placement and provisionalization (Preval™, 3i, FL) in conjunction with subepithelial connective tissue graft harvested from the patient’s palate was performed. The final restoration was either screw-retained (tightened to 20 Ncm torque) or cement-retained (RelyX™ Luting, 3M ESPE Dental Products, St.Paul, MN).

Data Collection: Marginal bone levels at mesial and distal aspects of implant were evaluated using standardized periapical x-rays. Facial gingival level of the implant was also evaluated. Data were collected at time of the surgery (0-month), 3-, 6- and 12-month after the surgery.

Results

Two implants lost osseointegration within 3 months of placement. During the follow up period (mean = 9 months; range = 6-12 months), an overall cumulative success rate was 80%.
Business Bite
Practice within a Practice
By Roger P. Levin, DDS

Editor’s Note: As a part of our effort to provide greater value to AAID members through the AAID News, we are offering a “Business Bite” column in each issue. We hope that you find the following article by Dr. Roger P. Levin valuable. Dr. Levin is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Levin Group can be reached at 888.973.0000 and customerservice@levingroup.com.

Introduction
Implant dentistry can be extremely challenging for both specialty and general practices. For practices to reach their implant potential, they need to approach implants as a “practice within a practice.” Whether providing both surgical and restorative or just one phase of the implant treatment, the dentist needs to realize that they are really operating two distinctive businesses under one roof. One is a business with need-based procedures and dental insurance (whether you participate or not). The other is a business that deals with fee-for-service elective procedures. This “practice within a practice” philosophy is the foundation of Levin Group’s Implant Management and Marketing Program.

The need-based business offers basic services such as extractions, surgeries, and crowns and bridges. This business deals with dental insurance, including its associated fees and co-payments. The second business offers elective services such as dental implants and other esthetic procedures. Both businesses co-exist in the same facility, but the implant segment of the practice requires different protocols and systems for the following reasons:

Communication. Implant treatment involves a high level of collaboration between the restorative and surgical phases of the practice. Think of all the different stages of the implant process — referral, consultation, case presentation, scheduling, surgery, post-surgical care, restorative treatment and follow-up. Many practices are not set up to handle the communication — be it even as a sole practitioner, among the professionals involved — within the practice or outside referrals — or with the patient — necessitated by dental implant services. This high level of communication is one of the reasons Levin Group recommends that practices that provide the surgical phase hire an Implant Treatment Coordinator (ITC). This individual acts as a point person, guiding patients through the implant process and coordinating communication with restorative practices. In addition, the ITC works with the implant sales representative to ensure that the practices have the proper supplies, including component parts.

Patient Decision-Making. The implant patient often has different motivations than most other dental patients. Until the emergence of cosmetic and implant dentistry, most services were based on need. Dental patients generally accept basic treatment on broken or decayed teeth. The same is not true for dental implants. They are a completely elective service that no one has to buy. In addition, patients have other less expensive options including dentures, partials and crown and bridge. As an elective service, implants are much more of an emotional decision compared to other need-based services. With implants, you are in a sense selling a Porsche to someone more accustomed to purchasing a Ford. While most people need a car; no one has to drive a Porsche. The same goes for implants. Most dental patients who lose teeth will seek treatment, yet the majority will opt for more traditional services . . . unless practices have the right implant systems in place. But aren’t implants considered the standard of care for edentulism? It is true that many practitioners view implants as
the standard of care, but most patients still perceive implants as a luxury item.

**Case Presentation Issues.** Many clinicians have a high close rate for dental implants. However, when you only present to patients already pre-disposed to implants, then you should have a high acceptance rate. The problem with pre-selecting patients based on initial interest is that you are severely limiting the potential pool of implant patients. Levin Group recommends that every partially or fully edentulous patient be educated on the benefits of implants. In fact, all patients, even if not missing any teeth, should be made aware of implants as an option. As people age, many will eventually experience some form of edentulism. Increasing awareness now will enhance patient receptiveness to implants in the future. In addition, practices cannot rely on need-based case presentation techniques for implants. Most patients do not immediately think of implants as the treatment of choice for missing teeth until practices build value for this treatment option. Implants are much more an emotional choice for patients, and the case presentation needs to be tailored accordingly.

**What You Can Do**
If you are committed to growing the implant segment of your practice, Levin Group recommends the following strategies:

1. **The Team Approach**
   Although some dentists will provide both the surgical and restorative phases of treatment, in other cases the patient will see two different clinicians. The degree of communication between the surgical and restorative practices will often determine whether the patient says “yes” to implant treatment.
   - The restorative doctor and the implant surgeon should review treatment plans for various types of edentulous patients. To provide optimal care, doctors should stay informed of all new developments in implant dentistry by reading the latest clinical studies and attending appropriate continuing education classes and seminars.
   - If the implant patient is referred to a dentist for the surgical placement of the implant, the restorative practice should inform the surgical practice of any concerns the patient has about the recommended treatment. As the case progresses, the two practices should be in constant contact with one another, so the patient receives consistent information. Miscommunication at any stage can cause confusion in the patient and potentially undermine the treatment. Teamwork between the two practices increases the overall quality of patient care.

2. **Implant Exam**
   A way to increase your focus on implant dentistry is to designate part of every new patient and hygiene exam as an implant evaluation.

“A way to increase your focus on implant dentistry is to designate part of every new patient and hygiene exam as an implant evaluation.”

3. **Patient Education**
   Most patients do not fully aware of the numerous benefits of implants. The dentist and the dental team should educate patients. As with any other patient communication, conversations about implants should be scripted to deliver concise, clear and consistent messages. Use supporting educational materials, such as brochures, to reinforce what has been discussed about implants. Patient testimonials as well as “before and after” photos are very powerful, particularly with unfamiliar procedures such as implants.

**Conclusion**
Implants are poised to be a growth center for many practices. Taking a practice-within-a-practice approach is the best strategy for increasing implant production. To move patients successfully through the various stages of the implant process requires a great deal of focus, coordination and collaboration. Most practices aren’t built that way. The practice-within-a-practice concept provides the right framework for achieving ultimate implant success.

Patients should be given written information detailing the new patient visit. Simply by placing the implant evaluation on the new patient examination agenda, you have introduced a new standard of care in dentistry.
Dentists sometimes encounter a patient that wreaks havoc in their dental practices. No one enjoys encountering a chronically irascible patient. No one wants to engage in conversation with the patient if it is always unpleasant. The patient’s very presence casts a shadow over the office and everyone in it. These negative encounters could emanate from chronic patient failures to obtain recommended specialty referrals, repeated broken or cancelled appointments, the patient’s poor attitude about their own dental health, or the patient only seeking ‘patch’ dentistry instead of following recommended treatment plans.

Even worse, the patient might just be angry at the world, impossible to get along with and completely mean spirited. But for whatever reason, dentists occasionally find it necessary to terminate such patients from their practices. And if they don’t, they would be well advised to do so from a risk management perspective.

But when such a problem patient receives a ‘termination’ letter from their dental practitioner, it is often viewed as a personal challenge to regain their temporary loss of situational control. Worse, the patient may want to come back for more sinister purposes, such as revenge for what they perceive as their personal rejection/humiliation. Often such patients call the dentist personally, feign apologies or purport to have a ‘new attitude,’ and beg to be reinstated as a patient, promising great change in the future.

Indeed, dentists often succumb to the pleas of such ‘former’ patients and recant the notice of termination. Unfortunately, during my many years of defending dentists throughout the country, I have seen few occasions where a decision to allow the return of a terminated patient has a happy ending.

More often than not, when the patient returns to the practice he/she is filled with a desire to seek revenge for their rejection and the future relationship often ends up in the legal arena. Although such patients can be very convincing, people rarely

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Dr. Charles R. DuFort, Prosthodontist, Vancouver, WA.

**Legal Bite**

**“Take Me Back”**

By Frank R. Recker, DDS, JD

*Editor’s Note: Each issue of the AAID News will include a “Legal Bite” article written by Frank Recker, DDS, JD who is legal counsel for the Academy. Dr. Recker will share his suggestions for dealing with every day experiences that might lead to legal issues for dentists. Dr. Recker can be reached at: 800.224.3529 or by e-mail at recker@ddslaw.com.*
Zimmer Dental Inc., introduces the 4.1mm diameter Tapered Screw-Vent® Implant. This new offering provides a solution in clinical cases where sufficient bone exists to accommodate an implant wider than 3.7mm, but narrower than 4.7mm. The 4.1mm Tapered Screw-Vent Implant brings increased flexibility and added choice for implant placement, allows clinicians to use the maximum bone available for optimal results, and conveniently utilizes the same prosthetics as the 3.7mm design — thus eliminating the need for additional inventory. The 4.1mm Tapered Screw-Vent Implant incorporates all of the features and benefits of Zimmer Dental’s renowned Tapered Screw-Vent Implant System: proprietary friction-fit internal hex connection, triple-lead threads, both MTX™ and MP-1® HA surfaces, and a tapered implant body. The versatile Tapered Screw-Vent Implant is now available in 3.7mm, 4.1mm, 4.7mm, and 6.0mm sizes. Contact your Zimmer Dental Sales Consultant or Customer Service at (800) 854-7019, for outside the U.S., (760) 929-4300, or visit www.zimmerdental.com for more information.

Tel-A-Patient, Inc., announces the launch of its newest Message On-Hold product, the Continuing Client Care Program, which makes it absolutely easy for new and existing clients to use hold time to supercharge their internal marketing efforts, boost treatment acceptance and increase patient referrals. Inspired by and designed specifically for busy practices, the new Continuing Client Care Program offers customized on-hold messages, on-going production updates, seasonal scripting options, and message rotation reminders. These and other timesaving features help practices keep their on-hold patient education and internal marketing campaigns fresh and captivating with minimal effort from the doctor and staff. Tel-A-Patient, Inc. was founded in 1986, and has brought Message On-Hold and Appointment Confirmation technologies to almost 20,000 dental practices. Tel-A-Patient can be reached at 800-553-7373, by email at salessteam@telapatient.com, or online at www.telapatient.com.

The BIOMET 3i Global Symposium: Science and Technology Reshape Implant Dentistry will be held April 24–26, 2008 at the Hyatt Regency in Chicago, Illinois. More than 30 internationally renowned speakers will present the latest technologies and techniques during the three-day event. The event includes seven optional, full-day Pre-symposium Programs on April 24 including CT guidance technology, comprehensive treatment planning for the implant team, two practice management programs for the doctor and/or staff members, current principles for augmentation of the posterior maxilla and the latest technologies for the laboratory technician. The General Session will take place on Friday and Saturday, April 25 and 26. Attendees will have the opportunity to earn as many as 20 CE credits. General Session programs will be simultaneously translated in French, German, Italian and Spanish. For more information and to register, please visit the BIOMET 3i Website at www.biomet3i.com and click on Global Symposium or call 1.800.443.8166 or 561.776.6700.

GC Advanced Technologies Inc., a GC America Inc. company, has opened a state of the art CAD/CAM milling center in Costa Mesa, California. This is the second of three milling centers GC plans on opening in the next year. The original milling center is located at GC Corporation in Tokyo, Japan, with the third scheduled to open in 2008 at GC Europe located in Leuven, Belgium. The robust GM-1000 5-axis milling machine currently mills Titanium and Zirconia custom implant abutments as well as Zirconia single copings and multi-unit bridges. In the near future, full roundhouse suprastructures will also be offered. Further information can be obtained by contacting see Industry News p. 9
Upcoming key AAID dates

**FEBRUARY**
1. Deadline to apply for AAID April 25-27 Associate Fellow Oral Case Exam
1. Deadline to apply for AAID April 24-27 Fellow Oral Case Exam

**MARCH**
6. Start of Loma Linda AAID MaxiCourse®
7. Start of Medical College of Georgia AAID MaxiCourse®
31. Last date to pay AAID Annual Dues
31. March Mania discount ends for AAID 57th Annual Meeting

**APRIL**
4. Deadline to apply for AAID August 4-8 Associate Fellow Written Exam

10-12. AAID Western District Meeting — San Antonio, TX
24-27. AAID Fellow Oral/Case Exam — Chicago
25-27. AAID Associate Fellow Oral/Case Exam — Chicago

**MAY**
9. Deadline to apply for AAID June 8 Associate Fellow Written Exam
30. Deadline to register for June 27-28 AAID Bone Grafting Course

**JUNE**
8. AAID Associate Fellow Written Exam — New York, NY
19-21. AAID Southern District Meeting — Atlanta, GA
27-28. AAID Bone Grafting Course — Dayton, OH

**AUGUST**
4-8. AAID Associate Fellow Written Exam — Pearson Vue Testing Centers
8. Deadline to apply for AAID December 8-12 Associate Fellow Written Exam

**SEPTEMBER**
15. Early Bird Deadline for AAID 57th Annual Meeting

**OCTOBER**
3. Deadline to apply for AAID November 2 Associate Fellow Written Exam
3-4. AAID Microsurgery Course — Chicago
29 – Nov. 2. AAID 57th Annual Meeting — San Diego, CA

**NOVEMBER**
2. AAID Associate Fellow Written Exam — San Diego, CA
5. Deadline to apply for AAID December 5 Associate Fellow Written Exam
12. Deadline to apply for AAID December 12 Associate Fellow Written Exam

**DECEMBER**
5. AAID Associate Fellow Written Exam — Atlanta, GA
8-12. AAID Associate Fellow Written Exam — Pearson Vue Testing Centers
12. AAID Associate Fellow Written Exam — Loma Linda University

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**District Meetings to be held in 2008**

**The Western District Meeting**
April 10 – 12, 2008 • San Antonio, Texas.

*The theme of the meeting is “Improving Lives with Implant Dentistry – Including Yours.”*

The meeting will be held at the outstanding Marriott Rivercenter Hotel. Learn from the best while enjoying plenty of Texas Hospitality.

**The Southern District Meeting**
June 18 – 21, 2008 • Sheraton Hotel Downtown in Atlanta, Georgia.

*The theme of the meeting is “Implant Connections” and includes the following featured speakers and topics:*

- Walter Chitwood, DDS – “Connect with Surgical Asepsis”
- Stuart Orton-Jones – “Connect with Implant Site Development”
- Angie Skinner and Penny Limoli – “Connect with Staff & Patients”

A special hotel room rate of $189 single/double has been set aside for the AAID Southern District Meeting. Contact the Sheraton directly at 888.625.5144 or online at [www.sheratonatlantahotel.com](http://www.sheratonatlantahotel.com) to make your reservations.

Check the AAID Web site at [www.aaid.com](http://www.aaid.com) for more information about both of these outstanding programs.
Industry News
continued from page 7

sales@gc-at.com or calling 866.925.4228 or 714.444.4229 or by visiting www.gcamerica.com.

Innovative Implant Technology introduces the revolutionary Sinu-Lift System, a minimally invasive, non-traumatic approach which allows for the placement of implants in the maxillary sinus region — with Predictable Results. The smart Sinu-Drill™ perforates through the bone without rupturing the sinus membrane. To order call 866-944-1118 or go to www.iitweb.com for more information, and to view the surgical technique video.

Imaging Sciences International, announces the Next Generation i-CAT®, the leader in Cone Beam 3-D dental imaging, is now available for sale and installation. The latest i-CAT® version offers the industry's fastest scan times at 5, 8.5, and 26 seconds, with standard reconstruction taking less than 30 seconds, providing dentists with near-instant data for the best possible patient diagnosis, treatment, and surgical predictability. Other brand-new features include a rotating, Amorphous Silicon Flat Panel Sensor for capturing both small and Extended Fields of View with superior accuracy, data reliability, and control over radiation dosage. The footprint of the in-office i-CAT® is just 17-square feet, and creates the 3-D images at a reduced cost to dentists and patients. Learn more about Imaging Sciences' cutting edge technologies at www.ImagingSciences.com.

InfoStar has produced an affordable 100% audible web page that introduces the practice, the doctor(s), the office technology, procedures and contact information. Internet users would rather listen and watch entertaining animation rather than read and look at pictures. Surveys show the average length of time on an average dental web site is less than one minutes; however, the survey also shows the average length of time spent on a “Talking Web site” is just under five minutes. InfoStar now offers four levels of web page designs: 1) Standard designs, 2) Custom Designs, 3) “Talking Web Page designs, and 4) Video Web Page designs. For more information call 800.889.4224 or visit www.infostarproductions.com.

Materialise Dental, developers of the SimPlant software, have created a new educational program. The SimPlant University Initiative is a brand new program that partners with institutions that have post-graduate resident programs to utilize the complete SimPlant platform at no cost to the school. Through this exciting new program, each academic year, institutions that are participating in the university Initiative are entitled to: Free Simplant Planner software for current faculty and residents; five free CT or CBCT scanning processing requests; three free regular SurgiGuide custom-made stereolithic surgical guides, free SimPlant software training; and free enrollment to the SimPlant Academy at no charge to the resident or institution. Contact Materialise Dental at 1.888.327.8202 for more information.

DEXIS, LLC commemorates 10 years of evolution, technological advancements, and multi-national expansion in dental digital imaging. DEXIS® hit the market 10 years ago as a definite innovative contender in digital radiography with the first laptop solution. The key to the advanced design was the completely portable DEXIS PerfectSize™ sensor system. DEXIS has continued to offer software tools like One-Click Full Mouth Series, ClearVu™ image enhancement, and ClearCapture™ image acquisition technology, to improve diagnosis, treatment, and workflow. Add to this the availability of specialized modules, such as DEXimage™, DEXwrite™, and DEXimplant™, as well as integration with all leading Practice Management systems and hardware solutions, and the DEXIS vision to create the dentist’s complete imaging hub is a practical reality. Learn more about DEXIS at the company’s interactive Web site at www.dexis.com.

ContacEZ is one dentist’s vision and a family’s venture. Dr. Daniel Kim was determined to find a simple technique for restoring appropriate proximal contact in indirect restorations.

see Industry News p. 16
Clinical Bite
continued from page 3

(8/10). Mean and SD of overall bone levels at 0-, 3-, 6- and 12-months were -0.26±0.74mm, -0.49±0.91mm, -0.52±0.97mm, -0.86 ±1.20mm respectively (Table I). Gingival level changes at 3-, 6-, 12-months were 0.07±0.44mm, +0.25±0.20mm, +0.15±0.72mm respectively (Table II).

Most of the complications occurred in the first 3 months. Three provisional crowns were broken, 3 provisional crowns and 2 temporary abutment screws were loose.

Conclusion
Based on this preliminary data with mean 9 months follow up; 1.overall implant success rate was 80% (8/10). 2. the overall marginal bone loss was -0.86 ±1.20mm. 3. The overall facial gingival changes was -0.15 ± 1.72 mm. 4. Peri-implant facial gingival level seems to be well maintained after immediate tooth replacement in conjunction with subepithelial connective tissue graft.

References

| Table I Mean and SD of Bone Level (mm) (N=8) |
|-----------------|-----------------|-----------------|
| Time            | Mesial          | Distal          | Overall         |
| 0-month         | -0.39 ± 1.09    | -0.14 ± 0.38    | -0.26 ± 0.74    |
| 3-month         | -0.50 ± 0.92    | -0.49 ± 0.90    | -0.49 ± 0.91    |
| 6-month         | -0.49 ± 0.91    | -0.55 ± 1.03    | -0.52 ± 0.97    |
| 12-month*       | -0.82 ± 1.14    | -0.90 ± 1.25    | -0.86 ± 1.20    |
| *N=6            |

| Table II Mean and SD of facial gingival margin (mm) (N=8) |
|-----------------|-----------------|
| Time Interval   | Gingival change |
| 0- to 3-month   | -0.07 ± 0.44    |
| 0- to 6-month   | -0.25 ± 0.62    |
| 0- to 12-month* | -0.15 ± 1.72    |
| *N=6            |

Editor’s Notebook
continued from page 1

We have been working on trying to provide the type of content you mentioned and this January 2008 issue marks the unveiling of that new content approach.

We have also redesigned the AAID News to reflect the more substantive content direction. In addition, we want the AAID News to feel more open to you, the readers.

In keeping with the new editorial approach and desire for a more open feeling, we encourage readers — members and those in the industry — to provide us with content and suggestions for future articles.

Feel free to e-mail me directly at hochbergdds@earthlink.net with your comments and suggestions for AAID News.
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- Implant Prosthodontics - “Advanced”  
  Advanced & Removable Prosthodontics

- Implant Surgery - “The Basics”  
  Fundamentals of Surgery, Soft Tissue Management, Implant Placement, & Simple Bone Grafting

- Implant Surgery - “Advanced”  
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Courses

There is NO implant educational facility anywhere offering this complete range of specialized implant training. Our modular program allows anyone with any time constraints to complete the entire Master’s Program according to their schedule. See our website for complete description of specific courses. We challenge you to register for the Orthopaedic Engineering & Treatment Planning Course regardless of your implant experience. (See our offer below)

Our faculty are specialists and leaders in their fields and have been hand picked to provide you with leading edge procedures in implantology, surgery and practice management skills.

PII courses are designed to benefit the doctor in his/her early learning curve as well as the significantly more experienced clinician. There is limited attendance for the surgical session.

Location

Vancouver is Canada’s Pacific gem: a combination of spectacular natural setting and all the excitement of a culturally diverse world class city. It offers Canada’s best climate: a benign mix of mild winters and warm summers moderated by Pacific Ocean currents. Pre and post conference destinations - from cruising through island archipelagos to deep powder skiing, and from wine country tours to authentic wilderness experiences, it’s all readily available from your Vancouver base.

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Dr. Ron Zokol, Director  
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Vancouver, BC  Canada  V5Z 3X7
Record Attendance at 2007 Annual Meeting

The 2008 AAID meeting will be held October 29 – Nov 2 in San Diego at the Manchester Grand Hyatt. The meeting will allow attendees to observe live surgical demonstrations and communicate with the surgeons during the surgery. A wireless response system will also enable the audience members to communicate their thoughts immediately and anonymously about topics being discussed at main podium programs. This will turn passive audience members into active participants and make the meeting highly interactive to foster extensive and meaningful discussion.

There were more than 2,000 attendees at the American Academy of Implant Dentistry's annual scientific conference, a record for the organization attributable to much more than the lure of Las Vegas nightlife, cuisine and gaming.

Implant dentists and their staff took advantage of the outstanding scientific program presented by the leading minds in implant dentistry who came from around the world to interact with AAID members and non-members. Nearly 20 different limited attendance sessions were available to choose from in addition to the main podium programs that delivered on the promise of “excellence through evidence-based implant dentistry.”

Attendees were able to visit with over 120 exhibitors and learn about the latest products and services available to make their practice better.

For more information and to register visit the AAID Web site at www.aaid.com.
Dear Friends and fellow AAID Members,

It is with great anticipation that I write you today to tell you about our plans for the Western District meeting this coming April 10-12th and to invite you to join us.

It is our desire to do things a little differently this year than we are all used to. For me personally, the AAID means fellowship. I come back year after year to see old friends, make new ones and learn from them. While I enjoy the speakers and their presentations, it is also true that a great deal of what I take back and use on Monday comes from hallway conversations and dinner discussions!

I love this Academy!

This Academy is the best implant organization on earth and I want every dentist in America to know it. There is not one among us that did not benefit greatly at the beginning of his implant career from dentists we met in the AAID. We all have our list of heroes, the men who shared their offices, skills and hearts with us. It is incumbent upon all of us to pay this forward. Paul Johnson told me this when he took me under his wing. He said, “You can never pay me back for what I am doing for you except by doing it for someone else.”

That is what our meeting this spring is about, my friends.

I invite you to come to San Antonio and bring a friend. Bring two! One of the greatest values of membership in this Academy is the support its members provide one another. Mentoring local dentists is a fast track to both personal referrals (cases they can’t handle) and Academy growth. We are also planning a networking opportunity for the inexperienced dentists that come without knowing anything about the Academy. This will give you an opportunity to be the support for someone from somewhere else as well. You know, the guy you called in the middle of that surgery when things weren’t going well? (Thank you, Paul Johnson, Dick Borgner and Dave Resnick!)

Oh, and did I mention fun? Since it is my opinion that the heart and soul of our organization is the relationships we make, I wanted to create some time to make them. Time spent doing something besides sitting in a dark room looking at bloody pictures. So to this end, we are going to have one afternoon at a thousand acre ranch north of the city. There will be a delicious Texas steak barbeque, campfire, fireworks, line dancing, armadillo races, hay rides, ranch tours and a genuine Texas Hold ‘Em poker tournament for all to participate in at no cost. There will be great prizes for the winners and an afternoon and evening that none will soon forget. San Antonio in the spring is a tremendous destination for any reason and the Marriot Rivercenter is going through a complete renovation the end of this year at a cost of over 70 million dollars. The facility will be brand new.

Last but by no means least, Dr. Jaime Lozada and Loma Linda have agreed to let us give away an entire maxicourse scholarship, by drawing, to one of the registered attendees! This is magnificently generous and I want to add my deepest personal thanks to Dr. Lozada for this tremendous gift. What an opportunity for someone! How cool would it be if you invited that someone?

We have an outstanding speaker line up, including David Vassos, Howard Farran and an all-star line-up entirely from within our fine Academy, but the truth is this meeting isn’t really about them, it is about us. It is about showing and sharing what we have in the AAID and it is a celebration. A celebration of the life that we all enjoy made so very much richer thanks to implant dentistry.

Come celebrate with us!

Sincerely,

Jay Elliott, DDS
President
Western District, AAID

P.S. Go online now for more information and to register!
www.aaid.com/meeting/western/index.html
Dental Implant ID Card

Newest AAID Member Benefit

A Dental Implant ID card for patients is now available in the Members section of the Academy’s website. On this card, dentists can record information for their patients about the implants used in their treatment. Then, should the need for a repair by a new dentist arise, the patient can give this information to her or him, allowing treatment to proceed more easily. Just think of how helpful this information would be if you treat a patient who you did not treat previously for treatment.

There are two options for printing the card. It can be printed on Avery cards that are 3.5 inches by 2 inches, which can be completed by hand or typed or enter the information online and print on letter-size paper.

Summary of Actions taken by Academy Board of Trustees

The AAID Board of Trustees met in Las Vegas on November 5, 6 and 11, 2007. Following is a summary of the actions taken by the Board of Trustees:

• Selected Sharon Bennett as the new Executive Director of AAID and finalized her employment contract
• Awarded Honorary Membership to J. Vincent Shuck on the occasion of his retirement as Executive Director and approved a retirement gift
• Appointed of Jae-Hyun Shim, DDS as director of the MaxiCourse® in South Korea
• Noted that total membership in AAID set a new record at 3,494 members
• Maintained the dues levels for all membership categories for 2008 at prior levels
• Rejected a proposal to add a $100 penalty to those members who do not renew their membership by March 1
• Implemented a fee, beginning in 2012, to Life Members to cover the cost of Journal of Oral Implantology
• Rejected a recommendation to publish the annual membership directory every other year

AAID successful before Colorado Board of Dentistry

J. Vincent Shuck and Dr. Frank Recker, AAID Legal Counsel, along with representatives from other dental organizations recently testified before the Colorado Board of Dentistry on restrictions on the use of credentials granted by organizations not recognized by the ADA as areas of specialty.

The Colorado Board voted to withdraw proposed restrictive language and refer the matter to the Board’s Rules Committee for further study.

New Director Begins Term on ABOI/ID

The Board of Directors of the ABOI/ID is comprised of seven members, each of whom serves a rotating seven-year term. This means that, each year, one new Director rotates on to the Board and that the most senior Director rotates off. On December 31, 2007, Jerry L. Soderstrom, DDS, who had served on the Board since 2001, vacated his seat. Accordingly, his
departure made a new position available on the 2008 Board.

As it is empowered to do by the ABOI/ID Bylaws, the 2007 Board of Directors nominated Natalie Y. Wong, DDS for the open 2008 position. Dr. Wong is well qualified to serve, as she not only received a degree in dental surgery from the University of Toronto (Canada) in 1996, but also earned a certificate in prosthodontics from the University of Michigan in 2007. She became a Diplomate in 2003. The Board welcomes Dr. Wong as she begins her new term, which became effective January 1, 2008.

**Dr. Natalie Wong named to Board of Directors of ABOI/ID.**

Age Study continued from page 1

“Immediate Loading of Dental Implants: Clinical and Radiographic Factors Associated with Implant Failure” — Michael R. Markiewicz; University of Buffalo, School of Dental Medicine/Massachusetts General Hospital Research Management

“Retention Characteristics of Ball Attachments” — Yung-Tsung Hsu; University of Alabama at Birmingham, Department of Prosthodontics

“Measuring the Accuracy of Computer Guided Implants” — Steven Woo Il Park; Columbia University, Graduate Prosthodontics

The AAID Research Foundation expresses its appreciation to all those who have contributed generously to help it pursue its goal of a $1 million endowed foundation. In particular the Foundation wishes to thank Biohorizon and Osteohealth for their recent corporate donations of $5,000 each.
During his process each member of his family became equally passionate about his vision!

His daughter, Shilla, a lawyer, helped to apply the patent for ContacEZ Diamond Dental Strip. With the same enthusiasm Dr. Kim’s sons, Danny, an industrial designer, and Joshua, a professional photographer, took time from their own careers to work tirelessly to take his vision from the drawing board into production. His wife Hooja, a retired college instructor and business owner, used her business savvy to set up a new company for her husband’s product and currently runs daily operations in addition to those of her own company.

Each member of the Kim family took part in the development of Dr. Kim’s flagship product, ContacEZ Diamond Dental Strip, an innovative new precision dental device designed to use prior to final cementation to achieve proper proximal contact adjustment of indirect restorations and was recently honored as a “Top 100 Dental Product” by Dental Products Report. The company’s Web site is www.contacEZ.com.

Straumann announces the launch of its new-generation Bone Level Implant, which complements and adds to the company’s existing range of tissue level implants. The new implant line extension was available in most parts of Europe, North America, Australia and New Zealand starting in the fourth quarter 2007, with the rollout to the rest of the world beginning in 2008. The new implant comes in three diameters and four lengths and is suitable for all dental implant indications. There is a full matching prosthetic portfolio comprising 125 components, each designed for simplicity, reliability and esthetic performance. There is also a CAD/CAM custom abutment service in titanium and ceramic. More details about the Straumann Bone Level Implant are published in the current edition of STARGET, Straumann’s customer magazine, and at www.straumann.com.
Shuck’s achievements as AAID’s executive director, noting that under his leadership the Academy successfully argued in federal court that educating the public about recognized implant experience validated by a bona fide credential is vital to the public interest. Also, attendance at the AAID annual meeting increased steadily under Shuck’s direction. The 2007 AAID Annual Conference had record attendance of more than 2,000.

AAID Research Foundation Raffle Winners

Four lucky raffle ticket buyers each won at least $5,000 during the AAID Research Foundation raffle held during the 2007 Annual Meeting in Las Vegas. Following are the winners:
- Trevor Bavar, DDS – $7,500
- Carl Misch, DDS, MDS – $5,000
- Mira Yasinovsky, DDS – $5,000
- Ronald G. Smith, DDS – $5,000

Bennett

continued from page 1

American Society of Plastic Surgeons. Among Bennett’s noteworthy achievements for these and other associations are the successful development and implementation of membership recruitment programs, organizational restructuring initiatives, leadership training and strategic planning.

Dr. Jaime Lozada, president of the AAID, praised Shuck’s achievements as AAID’s executive director, noting that under his leadership the Academy successfully argued in federal court that educating the public about recognized implant experience validated by a bona fide credential is vital to the public interest. Also, attendance at the AAID annual meeting increased steadily under Shuck’s direction. The 2007 AAID Annual Conference had record attendance of more than 2,000.

Legal Bite

continued from page 6

change. And the patient eventually reveals an even more antagonistic attitude.

So the advice is simple: when you have taken the formal leap to terminate a patient, don’t allow yourself to be talked out of it. If the patient truly has changed you have done a great service for their future dentist. And if the patient cannot or will not change, you have done yourself a great service! 

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NEW MEMBERS

The AAID is pleased to welcome the following new members to the Academy. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. We have changed the way we are presenting the names of new members. The list is organized by state and then alphabetically by last name of the new member. We have also included the city where the member has his or her office. Contact your new colleagues and welcome them to the Academy.

ALABAMA
Holt Gray, DMD
Hoover

ALASKA
Michael Sanders, DMD
Eagle River
Dirk Menard, DMD
Fairbanks

ARIZONA
Adel Shayegan, DMD
Phoenix
Jupneesh Singh, DDS
Phoenix
Lawrence Koussa, DDS
Tucson

CALIFORNIA
William Lin, DDS, MS
Alhambra
David Koo, DDS
Arcadia
Julie Kim, DDS
Cerritos
Jennifer Kimura, DDS
Cerritos
Paul Katz, DDS
Cirrus Heights
Archana Sheth, DDS
Corona
Alex Pagonis, DDS
Cupertino
Milton Pagonis, DDS
Cupertino
Gary Pagonis, DDS
Cupertino
Luis Kim, DDS
El Dorado Hills
Steven Miyamoto, DDS
Fullerton
Brand Ahn, DDS
Larkspur
Nandan Patel, DDS
Modesto
Rajiv Bhagat, DDS
Ontario
Angela Bayat, DDS
Orinda
Michael Giovannini, DDS
Palmdale
Son Pham, DDS
Pleasant Hill

COLORADO
Andrew Kilgore, DMD
Colorado Springs
Ryan Tyng, DMD
Denver

CONNECTICUT
Rostyslav Stepanenko, DMD
Storrs
Aman Dhir, DDS
Windsor

DISTRICT OF COLUMBIA
Judith Henry, DMD
Washington

FLORIDA
Kenneth Rubinstein, DMD
Boynton Beach
Alexander Wang, DMD
Boynton Beach
Johathan Cohen, DDS
Coral Springs
Babak Etemandshahi, DMD
Miami
Davie
Carlos Medina, DMD
DeLand
Andrew Rudnick, DMD
Jupiter
Mauricio Mosfueras, DDS
Miami
Andres Rodriguez, DDS
Miami
Alain Selenu-Tema, DDS
North Miami
Surender Sirivolu, DDS, MS
Orlando
Peter Linek, DDS, MD
Port Orange
Nick Tawil, DDS
St. Augustine

GEORGIA
W. Kevin Dancy, DDS, MS
Atlanta

H. Michael Beck, DDS
Market街上

ILLINOIS
Peter Hammees, DDS
Chicago
Maitreyi Mehta, BDS
Chicago
Mario Ramos, DDS
Chicago
Gregory Lehman, DDS
Crystal Lake
Alfonso Lapelusa, DDS
Deerfield
Howard Cooper, DDS
Gurnee
W. Martin, DDS
Savoy

INDIANA
Brian Goldstein, DDS
Indianapolis

KENTUCKY
Dwight Peters, DMD
Frankfort
Michael Bishop, DMD
Nicholasville

MARYLAND
John Bittner, DDS
Clinton

MASSACHUSETTS
James Nager, DMD
Belmont
Arian DiNapoli, DMD
Boston
Brian Green, DMD
Cambridge
Michael Calabrese, DMD
Feeding Hills
Gustavo Perdomo, DMD
Newton Highlands
Abdulla Ibrahim
Abdul Wahab, DMD
Quincy
Edward Cohen, DDS
Sharon
Sam Merabi, DDS
Somerville
Touradj Ameli, DDS, MS
Wellesley

MICHIGAN
Anca Nastasa, DDS
Clarkston
Mohammad Khalil, DDS
Sterling Heights

MINNESOTA
Atif Rizvi, DDS
Baxter
Onder Solakogul, DDS, PhD
Edina
Ho Young Lee, DDS
Maple Grove
Walter Hunt, DDS
North Oaks
Deborah Johnson, DDS
Plymouth
Philip Sallberg, DDS
Roseau
John Haag, DDS
Woodbury

MISSOURI
Ronald Antoine, DDS
Chesterfield
Ruth Gomes, DDS
St. Louis

ONTARIO
Schuyler VanDyke, DMD
Conrad
Brett Felton, DMD
Missoula

NEBRASKA
Angela Curry, DDS
Lincoln
Chase Pruitt, DDS
Lincoln

NEVADA
Bradley Welch, DDS
Henderson
Greg Welch, DDS
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Dr Robert E. Leigh, B.Sc., DDS
Diplomate, American Board of Oral Implantology / Implant Dentistry
Fellow, American Academy of Implant Dentistry
Fellow and Diplomate, International Congress of Oral Implantologists
Founder, Rocky Mountain Implant Study Group
NEW HAMPSHIRE
Randall Viola, DDS
Nashua

NEW JERSEY
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Elizabeth
Preeti Iyer, DDS
Elizabeth
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Hackensack
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Forest Hills
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Mt. Sinai
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Nanuet
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* March 28-29 * June 6-7 * November 14-15

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The Manchester Grand Hyatt, San Diego, California
October 29 - November 2, 2008
A separate registration form must be completed for each attendee,
including office staff, spouse, family members and guests.
Please print clearly or type. Any corrections, modifications or
additions must be submitted in writing.

Your Contact Information

Last name: ___________________________ First name: ___________________________ Degree(s): ___________________________

Address: ___________________________

City: ___________________________ State: _____ Zip: ___________ Country: ___________________________

Phone: ___________________________ Fax: ___________________________ Email: ___________________________

Meeting Registration

<table>
<thead>
<tr>
<th></th>
<th>Until 3/31/08</th>
<th>By 9/15/08</th>
<th>After 9/15/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAID Associate Fellow/Fellow*</td>
<td>$ 845</td>
<td>$ 945</td>
<td>$1045</td>
</tr>
<tr>
<td>AAID General Member*</td>
<td>$ 895</td>
<td>$ 995</td>
<td>$1095</td>
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<tr>
<td>NonMember PLUS! Dentist *</td>
<td>$1045</td>
<td>$1145</td>
<td>$1245</td>
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<tr>
<td>[Includes Membership in AAID through November 30, 2008]</td>
<td></td>
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<tr>
<td>Nonmember*</td>
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<td>$1345</td>
<td>$1445</td>
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<tr>
<td>Technician</td>
<td>$ 225</td>
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<td>Life Member</td>
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<td>Office Staff</td>
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<tr>
<td>Student</td>
<td>$  75</td>
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</tr>
</tbody>
</table>

* Includes one (1) President's Celebration ticket

Method of Payment

Amount enclosed or to be charged $ ___________________________

☐ Check Enclosed ☐ Mastercard ☐ Visa

Signature: ___________________________

Card: ___________________________ Exp: ___________________________

3 Digit Security Code from Back of Credit Card ___________________________

Send check, payable in USS, and this form to the AAID:
American Academy of Implant Dentistry
c/o Delaware Place Bank, Dept. 350
190 Delaware Place
Chicago, IL 60611

Or register online at www.aaid.com.
Or you may fax your form to 312-335-9090.

Requests for refunds must be made in writing and received by October 1 for a 100% refund; between October 1 and October 15 for
a 50% refund. Due to advance commitments to the hotel, no refunds will be made after October 15.
calendar of events

22nd Annual MCG/AAID
MaxiCourse® “Comprehensive Training Program in Implant Dentistry”
Monthly March through December
Contact: Lynn Thigpen
Phone: 800-281-4377 or 706-721-3967
E-mail: lbthigpen@mcg.edu
Web site: www.mcg.edu/ce

Linkow Advanced Implant Courses
Online
Contact: Cecilia Serbanescu
Fax: 201-592-0788
E-mail: implants@linkow.com
Web site: www.linkow.com

Basic and Advanced Implant Mini-Residency in Surgery & Pros.
and Live Surgery Weekend
Zimmer Dental Training Course
John C. Minichetti, DMD
Contact: Lisa McCabe
Phone: 201-871-3555
Web site: www.dentalimplantinstitute.com

Midwest Implant Institute
Externship – Bring your Own Patients
Drs. Duke & Robert Heller
Contact: 614-885-1215
E-mail: dukeheller@copper.net
Phone: 780-488-1240
Contact: Rosanna Frey
Fax: +961 1 747652
E-mail: rosanna@dmvassos.com
Web site: www.implantinstitute.com

Pikos Implant Institute
Michael A. Pikos, DDS
Advanced Bone Grafting,
Advanced Bone Grafting II,
Contact: Alison Thiede
Phone: 212-753-2775
Contact: Laura Ransom
Fax: +961 1 747650
E-mail: rosin@dmvassos.com
Web site: www.pikosimplantinstitute.com

19th Annual Implant Maxicourse—NYC
Dr. A. Norman Cranin
September 2008 – June 2009
1 weekend or per month
Contact: Ethel Brucc
Phone: 718-983-1157
E-mail: ebusefl@iol.com
Web site: www.dentalimplantcourse.com

Hands On Training Institute
Dr. Ken Hebel
Hands On Implant Training – Prosthetics, Surgery and Bone Grafting
Contact: Indra MacGregor
Phone: 888-806-4442 or 513-402-7447
E-mail: info@handsontraining.com
Web site: www.handsontraining.com
Programs held throughout the year
in Canada, New Jersey, California and Texas
Sendax Mini-Implant Seminars & MDI Mini Residencies
Advance MDI Training: Fixed & Removable & Hybrids
Seminar: Full Day Program with live surgery & hands-on!
Contact: Brandi Jones
Phone: 800-879-9799 or 212-753-2775
Fax: 212-753-9064
E-mail: vi@sendax-minidentimpl.com
Web site: www.sendax-minidentimpl.com

Fixed Removable Treatment
Carol Phillips, DDS
Contact: Melissa Martin
Phone: 800-549-5000
Introductory & Advanced Surgical & Prosthetic Programs
Dr. D.M. Vassos
March 13 – 14, 2008
Mentor Program – Hands on Program over six Saturdays
Begins Fall 2008
Contact: Rosanna Frey
Phone: 780-488-1240
E-mail: rosanna@dmvassos.com
Web site: www.implanteducation.net

Beirut Implant Dentistry Center
CE Courses Survey of Surgical and Prosthetic Implant Care
Drs. Jihad Abdallah & Andre Assaf
Contact: Mahia Cheblac
Phone: +961 1 747650 or +961 1 747651
Fax: +961 1 747652
E-mail: beirutimplant@hotmail.com

Pathway Learning Series
Swiss Implants, Inc.
Carol L. Phillips, DDS, Director
84 CE Units – Six 2-Day Workshops
Contact: Julie Hansen
Phone: 805-781-8700
Fax: 805-781-8700

Pacific Implant Institute
Dr. Ron Zokol
Comprehensive Training in Implant Dentistry
September through June
Location: Vancouver, B.C. Canada
Contact: Phyllis Vineberg
Phone: 1-800-668-2280
E-mail: phyllis@piidentistry.com
Web site: www.piidentistry.com

Mini-Residency in Implant Dentistry Featuring Hands on Workshops & Live Surgeries
Louie Al-Faraje, DDS
Location: San Diego, CA & Mahwah, NJ
Phone: 858-496-0574
E-mail: accessdental@mindspring.com
Web site: www.implanteducation.net

Linkow Village Dental Implant Study Group
Treatment planning, bonegrafting, prosthetics
Richard J. Mercurio, DDS
Guest speakers:
John A. Carollo, DMD
“Anterior Esthetics on Implants & Natural Teeth”
February 5, 2008
Eaton, NJ
Charles Martin, DDS, MAGD
“Implant Treatment Planning and Case Presentations That Get Results”
April 1, 2008
Contact: Laura Ransom
Phone: 732-842-5005
Lauren.V.Ransom@gmail.com

Tatum Institute USA
Clearwater, FL
Implant Surgery and Implant Prosthetics Bone Expansion,
Sinus Augmentation, and Comprehensive Dentistry
Contact: Rebekah Register
Phone: 727-458-4910
tatumimd@tampabay.rr.com

Implant Smile Center, Alberta, Canada
Hands-on Introductory to Advanced Surgical and Prosthetic Implant Courses with Live Surgery.
Dr. Robert E. Leigh, Director
Year-round and Custom Tailored Courses
Contact: Anita Leigh
Phone: 1-888-877-0737 (Toll Free)
E-mail: staff@albertadentalimplants.com
Web Sites: www.implantsmilecenter.com
www.albertadentalimplants.com

Implant Dentistry of the Mid-South
The “Changing Face” of Periodontics
Speaker: Dr. Thomas Nabors
Presented by Dr. Billy Payonk & Dr. Kenneth O. King
February 15, 2008
Contact: Mary Pike
Phone: 901-767-3259