Editor's Notebook
David G. Hochberg, DDS
Editor, AAIDNews

The Annual Meeting exemplifies AAID's commitment to education, scientific research, and professionalism. Clinicians meet in an open forum and share their knowledge to help inspire and enhance the skills of all who attend. It is about improving the quality of care to our patients, as well as their quality of life. It is an opportunity to reconnect with colleagues and friends who embrace this once a year tradition. This marks my 25th year in attendance and I have witnessed the meeting grow in size and stature. I encourage you to start your own tradition by making the AAID Annual Meeting the high point of your year. Email your AAID Tradition Experience to dochocdds@aol.com. You might find I share it with all, in the next issue.

The AAID Research Foundation has awarded eight grants of $2,500 each to support graduate student research in implant dentistry. The Foundation is currently reviewing a record number of applications for the grants up to $25,000 each. The Principal Investigator's name for each project is listed below.

**Dr. Jeffrey Tanner — UCLA School of Dentistry**
Comparison of bone height and implant success in rh-BMP2 augmented maxillary sinuses with and without an alloplast

**Ignacio Ginebreda, DDS — UCLA School of Dentistry**
Effects of the combination of bone morphogenetic protein (rhBMP-2) and platelet derived growth factor (rhPDGF-BB) on ectopic bone formation in rats

**Dr. Goth Siu — University of Illinois at Chicago**
Improving the ability of the pink and white esthetic scores (PES/WES) in predicting patient satisfaction of anterior implant restorations

**Leyvee Cabanilla, DDS, MS — University of Detroit Mercy School of Dentistry**
Inflammatory mediator and osteoblastic protein levels in peri-implant crevicular fluid

**Kent Knoernschild, DMD, MS — University of Illinois, Chicago**
Objective and subjective comparisons of abutment material effect on peri-implant gingival color and perceived esthetics: Spectrophotometric analysis versus patient and clinician satisfaction

**Dr. Dylan Patrick — Baylor College of Dentistry**
Bioactive glass targeted enhancement of osterix transcription during osteogenesis

**Lynn Heasley, PhD — University of Colorado Denver**
Proinflammatory cytokines (IL-1beta and TNF-alpha) and chemokines (IL-8 and MIP-1alpha) as markers for comparing inflammation surrounding smooth surface abutments to the BioHorizon's Laser-Lok Abutments

**Dr. Arman Butt — University of Illinois at Chicago**
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President’s Message

Larry Bush, DDS
President, American Academy of Implant Dentistry

Editor’s Note: The following are the remarks delivered by Dr. Larry Bush, AAID’s outgoing president, at the Annual Business Meeting in Washington, DC during AAID’s 61st Annual Meeting.

It was just a year ago that AAID was heading into its 61st year...and I was coming in as president. I found that while 60 may sound like an advanced age, AAID is far from old. In fact, during the past year, I’ve sometimes found it hard to keep up with her. Somehow over those 60 years, AAID has been able to stay young, vibrant, and vital...and she's hardly showing her age.

This 61st year went by as fast as every Past President told me it would...maybe faster. But true to the AAID vibrant spirit, we’ve accomplished a great deal in this one year.

- You just witnessed one of those accomplishments...87 new Associate Fellows, 3 new Academic Associate Fellows and 15 new Fellows. I challenge each of our new credentialed members to view your credential not as a destination but merely the first step of a long journey. Get involved at the District level, volunteer for committees, attend meetings, stay active in your Academy...you are the future of the AAID.
- Our membership has also grown to over 4000 members. As of August 31, we were at 4,333, the largest number of members in the history of the Academy.
- After several years of discussion by the Membership Committee, Global Committee and A&C Board, we’ll be proposing a new non-voting, non-credentialed membership category to recognize members who have passed the Associate Fellow written exam but not gone on to the Part 2 Exam, which is the oral/case examination.
- This year we were able to complete a functional and cosmetic makeover of our headquarters. We now have expansion space for four more staff members without having added any square footage or rental cost. The entrance is bright, inviting, and projects a very professional image.
- Also at the headquarters we’ve successfully converted AAID to a new data management system that will allow members to register for events, change their personal information, add to their “Find a Dentist” listing, all of this in real time.
- This year our AAID publications have reached new heights. The AAID News continues to be an effective way to communicate with our membership on a quarterly basis. Additionally, five President’s letters were sent alternating with the quarterly newsletters. The weekly Implant Insight, the monthly Business Bite and eGram continue to keep each member more informed than ever before.
- We have upgraded — and expanded — the Journal of Oral Implantology, with an increased page count and special issue to allow for more articles to be published...and JOI has added its virtual footprint with a flip-page on-line version.
- We enhanced our educational offerings this year with a new Bone Regeneration Symposium at New York University. The success of this offering has resulted in a 2nd symposium being held...see President’s Message p. 4

www.aaid.com
President’s Message
continued from page 3

planned for next year.
• One of my goals was to provide easy and convenient access to AAID’s outstanding educational offerings. Monthly webinars started this summer and are already scheduled through November.
• Two very successful District Meetings were held this year…the Southern/Northeast in Jamaica in January and the Western/Central in Vancouver in June. Combined, those two meetings reached nearly 200 doctors…including 70 general members and 35 non-members. The meetings reached people who haven’t attended any previous AAID meetings. In other words, these meetings are doing what we had intended when we reorganized them a couple of years ago. We’re reaching new doctors and bringing them AAID education. Both meetings were financial successes too.
• Our 2012 Annual Meeting has been a success measured by our registration numbers, our program content, and our financial results. You’ll hear just how successful when Dr. John Minichetti makes his report later in this meeting.
• Our legal efforts continued with a successful effort in Texas that will not only allow our Texas members to advertise their credentials, but will also serve as a prototype for dealing with any other states’ issues. Frank Recker will update you on all of this later during today’s meeting.
• Two years ago Dr. Joe Orrico stood before this group and had the vision of bringing the AAID to the consumer. Last year I stood before this group and stated that it was well within our reach to bring the AAID to the consumer by way of the internet. This past February your Board of Trustees appropriated funds and hired a company to begin work on the AAID consumer website. I chaired the website task force and I would like to recognize the following people for their help: Adam Foleck, Art Molzan, John DaSilva, Nick Caplanis, Sharon Bennett and Max Moses.

Thank you all for making AAID such a success.

And of course, we all owe a thank you to the AAID staff who support all of us and make sure that our plans and ideas are put into action.

I’d like to thank them…they’re probably not all in the room right now because they’re off doing what needs to be done to make this conference such a success. But if you are in the room, would you please stand as I call your name? Our Executive Director, Sharon Bennett; Chief Financial Officer, Afshin Alavi; Director of Credentialing, Joyce Sigmon; Director of Communications and Marketing, Max Moses; Director of Professional Development, Sara May; Director of Meeting Services, Jennifer Hopkins; Membership Services Manager, Carolina Hernandez; Financial Assistant, Maria Devine; Administrative Assistant for Education and Credentials, Latasha Bryant, and Exhibits Coordinator and Administrative Assistant, Catherine Frank. Please join me in thanking them for all that they do.

In summary, I can report that the state of your Academy is strong. With this strength we must not become complacent. We must remember that the future of this great Academy depends on what we, as members, do in the present.

I will forever remain both honored and humbled to have served you and the AAID this past year. Thank you for the opportunity...my heart has been, is, and will remain with the AAID.
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Dr. Ronald B. Gade - Minerva, OH
Business Bite
Moving Forward—Progress Rather than Perfection
By Bill Blatchford DDS

Clinically excellent dentists, by nature, are more cautious and reserved in making big business decisions. We need for you to deliver the best result and that is what you strive for, also. Yet, in the business arena, holding back until you have absolutely every piece of information and opinion ever written on a piece of equipment, a newer skill, or a business system can and does create a bottleneck towards progress.

The doctor then becomes frustrated when the practice doesn’t move forward like he feels it should. The doctor wants to be proficient in implantology, as an example, yet is held back because everything is not fully known. There is a confidence issue in starting something new even though the desire is present. Move forward just a bit.

Granted, there is also some risk in moving forward without the bigger picture in mind. Yet, by moving forward to solve the problem or create something new and exciting, rewards will occur when a step forward is taken. One always has to evaluate the risk of moving forward or being in a stall pattern waiting for perfection when nothing is moving forward.

This need for perfection before action could point to many things in your practice including a new clinical skill, a website always under construction, a marketing plan that has never been initiated, a team you would like to train better but don’t know where to start, systems you have never instituted (like phone skills or collecting money at time of service), teamwork conversations with clients or scheduling to a goal.

In the business arena, when you are only moving forward with perfection, time and energy are being wasted. As an example, your team knows you so well. They recognize your pattern of wanting something different to happen but also recognize you seldom reach a state of completion or perhaps not even a start, even though you have expressed interest. They will roll their eyes at your statements of desire to do something different but don’t support a change because they feel they have never seen a completion. They would say, “It’s just all talk, no action.”

My suggestion is to adopt a new motto of “Progress, Rather Than Perfection.” Let your team know there is a new thinking in town. Always move forward on something. An example for me is in traveling. I spend much time on airplanes and hotels. When there is a connection or weather problem and I am trying to get to the West Coast, I always ask, where else can I fly? If there is snow in Seattle, can I get to San Francisco? Head in the direction you want to go rather than sitting at the airport. By taking that action rather than sitting still, I create an opportunity for something to happen. Yes, there is a little risk involved, but I am moving forward.

Let’s look at adding implant skills to your general practice with the concept of moving forward. We know (and I’m sure you do, also) of several doctors who have all the equipment, have taken several well-known implant courses, come to all the meetings and yet, have never done one implant. Waiting for the perfect time is a waste of time. Until you start, you really cannot market and therefore, patients are not attracted for that service. Start moving forward.

My suggestion is to start with the single tooth replacement. Another coaching suggestion I tell my clients is to always take a patient or a case in progress to your implant courses. This clinical setting is exactly what will make you a better implant dentist. Participate fully in the hands-on courses. Participate fully to gain the confidence to do it on your own. You can intellectually learn all there is to know about implants, but until you start, you really have nothing to show. Progress rather than perfection.

Another strong suggestion is to rub shoulders with implant dentists at AAID meetings. Don’t hang back waiting for perfection to hit you. Ask questions, bring some cases you want to start and ask for advice. Move forward a step at a time.

Let’s look at a website for that service. Start participating fully to gain the confidence to do it on your own. You can intellectually learn all there is to know about implants, but until you start, you really have nothing to show. Progress rather than perfection.

See Business Bite p. 8
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Legal Bite

Liability of General Dentist Placing Implants

By Frank R. Recker, DDS, JD

Question: I am a general dentist who attended a risk management seminar sponsored by CNA. Most of the dentists in attendance were specialists who performed implant dental services to one degree or another. The lecturer told us that a general dentist who places implants is at greater risk of legal liability than if performed by a specialist. Is this true, and if so, why?

Answer: It is not true and I can’t tell you why the speaker either misspoke or perhaps you misunderstood! First of all, there is no “recognized specialty” in dental implantology. On the other hand, if as a general dentist you perform services that are properly within a recognized area of specialty practice, a general dentist is held to the same standard of care as the specialty. Simply stated, if I performed endo on #31 and am accused of falling below the standard of care, I cannot present the defense that most general practitioners perform a similar endo with the same results as mine. The standard to which you are held is the standard of the specialist, relative to the issue being raised, such as length of fill, amount of obturation, finding lateral canals, etc.

On the other hand, since implant dentistry is not a recognized specialty, the applicable standard of care would be as generally diagnosed, implemented, and performed by general dentists. Although certain specialties have incorporated implant training into their post graduate programs, that does not equate to the “proficiency” levels of education and training which define a “specialty,” and it also does not make implant dentistry a specialty. Similarly, it is false advertising for a specialist to claim, for example, “specialist in periodontics and implant dentistry.”

Implant dentistry became a full scale “turf war” in the mid 1990’s, shortly after the AAID submitted an application to the ADA for recognition of implant dentistry as a dental specialty. Although the AAID fulfilled several of the required criteria for specialty recognition, the request was denied. Fearing the potential “loss” of the implant dental market and to prevent implant dentistry from ever fulfilling the criteria for specialty recognition, several specialty organizations amended the definition of specialty practice to exclude implant dentistry.

Business Bite continued from page 6

Call a website designer who has knowledge in the health care field, and your goal is to have a website name and a page to start within three months. Websites are dynamic pieces, always changing, always moving. START. If you are an implant dentist, make sure your website has words of “permanent restorations, implants, and dentures.”

Change the attitude of your team by actually completing a skill or system you have discussed. Let your team know you are looking for implant cases. Communicate with them about what you need and how they will serve your patients.

Another good example for your team to see the new confidence in you would be to address your daily schedule and lack of organization. You are frustrated when some days, you are producing so little. I like the same structure every day, called “Block Booking.” The team understands we need certain procedures in the morning, every day. We see emergencies at 1:30 PM only, and we have a daily goal we meet each day. Start with www.blatchfordinabox.com as all the systems, team communications, leadership, and goals are shared.

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Dentistry is a business, and businesses are a dynamic. Make a change to move forward a step at a time rather than waiting for the perfect moment. Moments are passing you by. Take a step forward and notice the confidence it gives you. There is no real finish line, so get started with your dreams. Take a step.

Dr. Bill Blatchford is author of Playing Your ‘A’ Game and his new book in April, Blatchford BLUEPRINTS. He also produces monthly thoughts and encouragement by being a member of Blatchford FILES. He can be reached at www.blatchford.com, www.blatchfordlive.com, 1.888.977.4600 and info@blatchford.com.

see Legal Bite p. 11
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Dr. Hochberg: As the President of the AAID what are some of the challenges you see on the horizon for our organization and how do we go about addressing these issues?

Dr. Caplanis: I’m happy to report that leadership has been doing a great job so we are on solid ground.

We have substantial assets and reserves, largely due to our Board of Trustee’s fiscal responsibility coupled with sound guidance from Mr. Afshin Alavi, our Chief Financial Officer. We have revamped our Journal of Oral Implantology. Thanks to the hard work of our Editor Dr. Jim Rutkowski, the JOI has now earned a coveted impact factor. He is doing a phenomenal job for the Academy. Our annual meetings are profitable and well attended, despite our economy. But you can never rest on your laurels, as they say, so we’re always working on ways to make the AAID even better.

One challenge is maintaining the right to advertise our credentials. With the help of our attorney and long-term AAID member Dr. Frank Recker, we were successful with our lawsuits against the Florida and California State Dental Boards. As a result, a number of other states accept our ability to advertise our credentials to the public. Dr. Recker is currently working directly with the Texas State Dental Board, which is drafting new advertising regulation language. This is the first time that we’ve been able to sit at the table and directly make recommendations to state dental board regulations. I’d like to see this type of collaboration and cooperation with other dental boards in the future. Nonetheless, we still have a long way to go for universal recognition of our credentials across the country.

Another challenge is finding ways to grow our organization and attract new members. Implant dentistry is still growing and becoming more and more prevalent in the general dental office. We have to find ways to attract those doctors to join our group rather than competing groups. We especially want to appeal to the younger doctors who will eventually become the leaders of our Academy. Growth is obviously desirable, but with it come some growing pains. Our membership, for example, has grown to the point that we have difficulty finding hotels to accommodate our Annual Meeting; yet we’re still not large enough to be in a convention center. This is another challenge that we are dealing with. I think within five years, we will start to see some of our Annual Meetings in larger venues, like convention centers, instead of hotels.

Lastly, promoting our credentialing process is a continuous challenge. As of April 30, 2012, the AAID had approximately 4000 members, with about 20% credentialed (6% Fellows and 14% Associate Fellows). If we were ever to apply for specialty status, it would be difficult to make the argument that a specialty is necessary if only a minor fraction of our members are credentialed. One obvious reason for this low percentage is that not all our members meet the current educational requirements to pursue credentialed status. But another obvious reason is that the exam process is cumbersome and somewhat antiquated. Other specialty groups have recognized the same problem. In order to improve utilization of their credentialing process, they have made necessary changes to keep their process valid and their specialty viable. The obvious challenge here is how to make those changes and still maintain the rigorous standards that we all expect and demand.
For example, about 15 years ago, the American Academy of Periodontology recognized that if only 20% of their members were board certified, their specialty was in jeopardy of losing their CODA approval. So they changed their process and created standardized cases that are now used to question the examinee instead of requiring the examinees to bring in their own cases to be challenged during the exam.

I can tell you from personal experience that this is a far more rigorous testing process because the examinees don’t know what type of case they will be questioned on, what the patient medical histories will entail, or what type of treatment will be rendered. They have to be extremely knowledgeable and prepared for everything. Since the cases are standardized, the exam process is also more objective. It took me over five years to get my cases ready to challenge the American Board of Periodontology oral exam. When I was finally ready, the rules changed, and I was examined on the board’s standardized cases using this new format. This was far more difficult as I knew my own cases inside and out. A greater competence level and a lot more preparation are required with such a format.

The A&C Board and outgoing chair, Dr. Kevin O’Grady have done a superb job establishing and conducting an examination that is legally recognized in a number of states and respected across the country, as well as around many parts of the world. We have to recognize however, that testing in the entire dental profession is constantly evolving. We as an Academy will also need to embrace change in order to keep our credentialing process current and accessible to all implant dentists who have the ability and desire to go through the process.

Dr. Hochberg: What are a few of the goals you would like to see accomplished during your term as President?

Dr. Caplanis: The political reality of our Academy is that not much gets done in a single year. One of my mentors, Dr. Emile Martin, an AAID past-president, an AAID past president, made an impression upon me many years ago, telling me that if I wanted to get anything done, to start early in the process and not wait until the year of my presidency. Significant accomplishments take time. With that in mind, I’m very proud to have contributed to improving the quality of our Journal and obtaining its coveted impact factor. I’m happy to see that our Annual Meetings are embracing the live surgery concept, something that Dr. Jaime Lozada and I developed at Loma Linda University while I was still a District officer about ten years ago. I think this is very unique offering at a large dental meeting with the potential to attract more doctors to our Annual Meetings. I’m also proud to have helped promote our MaxiCourse® growth abroad and our overall global outreach. The Global committee drafted a framework for our international activities when I served as chair, and it seems to be working well. Over 15% of our members are from outside the US and Canada, see Interview p. 12

Legal Bite continued from page 8

their respective specialties to include implant dentistry. Thus, periodontics, prosthodontics, endodontics, and oral and maxillofacial surgery added curriculum segments relating to dental implants to their respective post-graduate programs. But simply adding segments does not equate to creating a specialty. In fact, most general dentists who have obtained training in implant dentistry through, for example, an AAID co-sponsored MaxiCourse® have exceeded the implant exposure offered by any current post-graduate specialty program, except a post-graduate program in implant dentistry.

Simply stated, to say that a general dentist is at more risk than a specialist when performing implant dental services is false. Whether or not the standard of care has been met will be determined by experts (general dentists or specialists) who have credentials in implant dentistry and who can demonstrate the most knowledge, experience and practice of implant dentistry. General dentists who have earned AAID credentials are generally far more experienced in the field of implant dentistry than any specialist in any area of specialty practice.
and we generate approximately $300,000 in gross revenue thanks to our international members. Our Academy is grateful to Drs. Shankar Iyer, Jaime Lozada and many others who work tirelessly and unselfishly to promote our standing internationally.

This year, I would like to see our new consumer website go live before the beginning of the year. The PR committee under the guidance of Drs. Richard Mercurio and Joe Orrico helped bring this to the forefront.

I encourage our membership to approve a new non-voting membership category for those Academy members who successfully pass our written Associate Fellow examination but have yet to complete the oral exam. We believe it is important to recognize this accomplishment by our members, and expect it will improve membership retention of our MaxiCourse® students. We’ve been working on this issue for the past three years. I would like to see the A&C Board continue their progress to modernize our credentialing process and make it more accessible.

I would also like to implement an AAID humanitarian program. The Board of Trustees recently suggested to the Research Foundation that it take on the clinical problem of congenitally missing teeth in young adults. The Foundation was asked to develop a grant program to help such disadvantaged young adults afford implants and restorations with our members providing treatment. I believe this project can help a lot of young, deserving patients while increasing the Academy’s exposure to the public as well as to the greater dental profession.

Dr. Hochberg: Can you comment on the international growth of the AAID and our credentials being awarded around the world?

Dr. Caplanis: The Academy’s mission statement is to advance the science and practice of implant dentistry through education, research support, and to serve as the credentialing standard for implant dentistry for the benefit of mankind. Mankind does not only reside in the United States. As the American Academy of Implant Dentistry we will always focus on our domestic membership. But as Tom Friedman explains in his book The World Is Flat, we must also recognize the importance of expanding our influence across our borders if we want to maximize our potential for growth. The larger we become, the greater power and influence we can exert. Protectionism has not been a viable economic model for our country, and I don’t think it’s a viable long-term philosophy for our Academy, either. It should be noted that many new techniques and materials originate in countries outside of the United States. Open any implant journal, including ours, and you’ll notice how much research is coming from countries outside the US, like Brazil, Turkey, and China. Collaborating with our international colleagues will enrich our lives and enhance our clinical knowledge and expertise.

Unfortunately, competing implant organizations already have a head start on us. But given our unique credentialing process, I believe we still have the advantage. Implant dentists outside our borders covet a U.S.-based credential. Many of them are now beginning to understand the difference between our bona fide, courts’ validated process, and other competing organizations that are basically just diploma mills.

Awarding our credentials to qualified implant dentists around the world increases the AAID’s prestige internationally as well as domestically. As long as we maintain the high standards of our examination process, there is no reason to fear that our credentials will somehow lose their value if more international members become credentialled. The AAID will always be an American institution, regardless of how many international members become credentialled. As our growth continues internationally, I do, however, foresee a day when we will perhaps need to have a subsidiary organization with its own board. It would focus on international outreach, education, and credentialing and be independent from the Academy in order to avoid any conflicts with our
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* Expires February 28, 2012
Upcoming Key AAID Dates

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<td>3–6</td>
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<tr>
<td>61st Annual Meeting of the American Academy of Implant Dentistry Washington, DC</td>
<td>AAID Global Conference and 9th WCOI (World Conference for Oral Implantology) Seoul, South Korea</td>
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<td>Immediate Loading Protocols Webinar</td>
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<td>AAID Northeast and Southern Districts Meeting Philadelphia, PA</td>
<td>Associate Fellow Part 2 (Oral) Examination/Fellow Oral Case and Review Chicago, IL</td>
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Check the AAID Online Calendar using this QR Code for a complete listing of all Key AAID Dates.

Dr. Hochberg: You have done a great job of sharing surgical techniques via a live remote format at last year’s AAID meeting in Las Vegas and recently in an AAID Webinar. Please comment on the role of the AAID as an educator and how this remote technology will impact our members.

**Dr. Hochberg:** We continue to incorporate new technology during our Annual Meetings to improve the educational experience. This includes remote live surgery, audience participation systems, smartphone applications, and perhaps someday, “virtual” presentations through hologram technology.

Dr. Hochberg: Tell us about your professional journey in the arena of implant dentistry. What sparked your interests and how were you able to take advantage of AAID mentoring along the way?

**Dr. Caplanis:** I fell into implant dentistry entirely by accident. And I had a lot of AAID mentors along the way. It’s a long story, but worth sharing.

As a dental student at the one of my classmates and closest friends still to this day, Dr. Howard Chasolen attended a course at the Misch Institute with his father, Howard and I met the late Dr. Norman Cranin, who was teaching part-time in the Oral Surgery Clinic of our dental school. Howard spoke with Dr. Cranin about this great implant course he took with this guy named Carl Misch. That’s when Dr. Cranin told us about his great implant program, the AAID MaxiCourse® program in New York. We were young, naïve, and easily sold. We attended Dr. Cranin’s MaxiCourse® shortly thereafter; while we were still fourth-year dental students (he was gracious enough to discount the tuition for us).

When I finished the MaxiCourse®, I decided that I wanted to devote my
entire professional career to implant dentistry and sought out post-graduate programs in the field. At the time, there were only three in existence: The Brookdale program in New York directed by Dr. Cranin, the Loma Linda Program in Southern California directed by the late Dr. Robert James, and the Pittsburgh program directed by Dr. Misch. Howard decided to go to Pittsburgh given his prior exposure to Dr. Misch. I was a shoe-in at Brookdale because of the close relationship I developed with Dr. Cranin. But my fiancé (and now wife of 20 years), insisted that if we were going to move away from our families, we weren’t going to live in the cold climate of the Bronx or Pittsburgh. That same year I attended my first AAID meeting and the decision where to go was firmly made after meeting Dr. James. I approached him as he was coming off the podium to ask him about his training program. He was in a rush to catch a flight home, but was gracious enough to invite me to his hotel room where we chatted while he packed his suitcase. He was a warm and compassionate human being and seemed to know everything about implant dentistry. I was very fortunate to be accepted to Loma Linda’s program and train under Dr. James the very next year in 1992.

As a Loma Linda Implant Resident, the AAID was an integral part of our education. We became involved with the national as well as the district meetings, doing poster as well as oral research presentations. The three-year program was intense, and many of our faculty members were AAID members. We were usually in the clinic all day and in the lab until late at night, with graduate courses in between. We became proficient in all the common implant types used today, but also subperiosteals, ramus frames, and blades. We designed our

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  November 8-10, 2012

- Advanced Bone Grafting II
  November 12-14, 2012


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Dr. Neil Sullivan, OMS, Annapolis, MD

www.aaaid.com Fall 2012
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own subs, and even cast a few custom blades along the way.

During my second year, Dr. James passed away, but the program was in good hands with Dr. Jaime Lozada who took over as director. Dr. Lozada and I developed a close friendship that persists to this day. I give credit to Dr. Lozada for getting me politically involved with the Academy.

When I finished the implant residency, I realized that, in the eyes of the ADA, I was still a general dentist. I didn’t think it would be possible to establish an exclusive dental implant practice. I also realized that, placing implants at that time as a general dentist would make me a target for every malicious surgeon or periodontist in the community. So as the saying goes, if you can’t beat them, join them; I decided to further my education and applied for a residency in Oral Maxillofacial Surgery. While I was waiting to find out if I was accepted to a surgery program, my Master’s Thesis Director, Dr. Ulf Wikesjo, who was the Program Chair of Periodontics at Loma Linda, asked if I would join his faculty to teach implant surgery to the periodontal residents. The only problem was he didn’t have enough money in his budget to pay

Steve Caplanis, 11, (foreground) prepares to receive the puck before attacking the goal in a recent roller hockey game.

me. So instead, he offered to let me to go through the periodontal residency without paying tuition. I thought it was a great deal and took him up on his offer. That’s how I became a periodontist. I no longer provide definitive prostheses for my patients, but I still consider myself an implantologist and do provide restorative care to friends and family. This is one of the reasons why I spend my time with the AAID as opposed to the AO where you’ll find most other periodontists.

Dr. Hochberg: Please comment on the AAID’s relationships with the dental specialties, especially with oral and maxillofacial surgeons and periodontists.

Dr. Caplanis: I think the AAID was generally looked down upon by periodontists and oral surgeons in the past for a number of different reasons. However over the past ten to 15 years, our organization has become increasingly more evidence-based, improved the quality of our educational offerings and credentialing process, and more recently enhanced the quality of our Journal.

At the same time, implant dentistry has become more common and prevalent, and it is no longer unusual for a general dentist to practice implant dentistry, even at a very high level. In addition, we have numerous specialists on our membership rolls, including two recent past presidents, Dr. Joel Rosenlicht an Oral Surgeon and Dr. Jaime Lozada, a Prosthodontist, as well as two current officers, Dr. John DaSilva, a Prosthodontist and me. These cross-relationships between AAID leaders and various specialty groups has allowed for conversations that were unheard of in the past. So I think today the AAID is viewed in a much more positive manner than in the past, and I believe most AAID members have a good relationship with at least one periodontist or surgeon in their community. Many of us “specialists” transcend the petty turf battles and realize that the more prevalent implants become in practice, the better it will be for everyone, especially for our patients.

Dr. Hochberg: What would you like to share with the new AAID members and prospective members?

Dr. Caplanis: If you are truly interested in developing your implant knowledge and sharing information with serious implant dentists, the AAID is the best organization to join, especially as a general dentist. Academy members are wonderful people, are willing to share their knowledge, and you will make lifelong friendships as a member. Our MaxiCourses® are a great way to start the journey into implant dentistry, and the Academy’s credentialing process provides a real mechanism for professional growth. Our credentials are recognized by a number of state dental boards, our Journal is one of the best in the field, and our Annual Meetings are second to none. If you want a meaningless piece of paper to hang on your wall, there are cheaper organizations to join. But if you want to grow professionally and truly help your patients by providing competent care, look no further. The AAID is one of the best implant organizations in the United States.
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Dr. Hochberg: When you are not lifting a sinus cavity or grafting that atrophic ridge or placing that implant, what occupies the little free time you have?

Dr. Caplanis: My family keeps me very busy the rest of the time. My daughter Angelina is a senior in high school this year so we’re gearing up for college applications and looking for scholarship opportunities for her. She’s a scholar/athlete, and competes on her high school soccer and track teams. My oldest son John will be going into the 7th grade and starting a new school, which will make for an exciting year. He’s also in his second season playing tackle football, which takes up a lot of time, both his and ours. My youngest son Steven will be going into the 5th grade and keeps us very busy with his hockey schedule. My incredible wife Roulla, is the glue that keeps everything together, and lets me know more often than not, when implant dentistry is encroaching on the most important part of my life — my family.

Dr. Hochberg: What closing thoughts would you like to share with the AAID membership?

Dr. Caplanis: I am humbled and honored to serve as your President and thank the membership for the opportunity. If you have any questions or concerns about our Academy, or if you are interested in becoming more involved by serving on any of our committees, please feel free to email me personally at ncaplanis@aol.com

Dr. Hochberg: Dr. Caplanis, it has been a pleasure discussing your plans for the AAID and I know the membership will benefit greatly as a result of your dedication, commitment, and leadership. On behalf of the entire organization we wish you the very best during the upcoming year as our President.
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Session II
February 20-24, 2013

Session III
June 19-23, 2013

Session IV
July 17-21, 2013

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Robert Matiasевич Jr, DDS, General Dentist Santa Cruz, California

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Dr. Peter Zahedi, General Dentist. San Rafael, CA

Louie Al-Faraje
DDS, DABOI

James Rutkowski
DMD, PhD, DABOI

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Editor’s Note: The following is the text of the eulogy delivered by Dr. Beverly Dunn at the funeral of Dr. Norman Goldberg, Co-Founder of AAID.

Today I am privileged to represent the American Academy of Implant Dentistry in honoring Dr. Goldberg for his exceptional and innovative accomplishments in implant dentistry.

In the summer of 2008 the American Academy of Implant Dentistry decided to do a DVD archive of the history of the Academy. This was an important project since some of our pioneers and leaders were deceased. The Academy would be celebrating its 60th Anniversary in 2011 and I was responsible for doing the research, video interviews and coordinating the script with the production studio. I had retired in 2005, and my wife and I moved to West Palm Beach, Fl. To my surprise Dr Norman Goldberg, one of the founders of our Academy and its first president, lived about 30 minutes from me in West Palm Beach. I called Dr Goldberg and spoke to him about the project. He seemed enthused about the idea. I subsequently went to his home with a video crew and taped the interview. I noticed right away that he was very handsome for a man that was going to be 89 that October. He also was a true gentleman, kind and considerate to me. That day began a special friendship that I had with Norman. As the project developed and I was doing interviews with other pioneers and leaders, I kept coming back to Norman for assistance.

After he came back from World War II in 1945, Dr. Goldberg started his dental practice in Providence, Rhode Island. He started working on prototype dental implants that would keep a lower denture in place for patients. He and Dr. Aaron Gershkoff placed the first subperiosteal implant in 1948. They became the fathers of dental implantology in the United States. In 1957 they published the first book in the world on dental implants. They gave courses to dental societies and dental schools. During this infancy in dental implants, they had to buck the tide of resistance from organized dentistry who thought that they were endangering patient’s health, and they feared that they might have their licenses revoked.

The DVD on the history of the Academy was completed in time for the 60th Anniversary in 2011. Norman and Phyllis flew to Las Vegas, and Norman was honored by the Academy for all his achievements in implant dentistry. It was inspirational to see how many dentists wanted to get their picture taken with him.

Today, it is the oldest dental implant academy in the world and has a membership of nearly 4500 dentists representing 65 countries.

I last visited Norman in August. His health had been failing. The last couple of times that I called he was not able to come to the phone.

Norman, it was an honor and privilege to have known you. Thank you for the vision, dedication and determination to further the betterment of patients’ dental health. You will be missed by the Academy, and you will always be remembered for your many contributions to implant dentistry.

Dr. Goldberg’s family has established a memorial fund through the AAID Foundation. Memorial contributions may be sent to:
AAID Foundation
211 E. Chicago Avenue; Suite 750
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Dr. Norman Goldberg, Co-Founder and AAID’s First President attended the Academy’s 60th Anniversary Meeting in Las Vegas in 2011.
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³US list price for Tapered Screw-Vent with micro grooves, healing collar & straight abutment
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⁵US list price for NobelActive with cover screw, impression coping & abutment
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NPI#: ____________________________________________ Badge Name: ____________________________________________

AGD Member #: (Required if AGD Member registering at AAID Member rates) ____________________________________________

☐ AAID provides exhibitors with a list of registrants prior to and after the meeting. Check here if you want to be excluded from that list.

Meeting Registration Until March Mania

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<tr>
<td>______ AAID Associate Fellow/Fellow/Diplomate*</td>
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Doctor’s Name ____________________________

| ______ Student | $ 150 | $ 150 | $ 150 |
| ______ Spouse Name | $ 245 | $ 245 | $ 245 |
| ______ Guest Name | $ 245 | $ 245 | $ 245 |

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Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

All refunds are subject to a $50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by September 20, 2013 for a full refund (less the $50 administrative fee). Between September 21 and September 27, 2013, a 50% refund (less the $50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after September 27, 2013.

TECHNOLOGY AND BIOLOGY CONVERGE IN THE VALLEY OF THE SUN

Implant dentistry has come a long way from the early days of wondering if they would even work. The advances are more than evolutionary. The American Academy of Implant Dentistry’s 62nd Annual Meeting will explore the how biology and technology converge to improve the treatment options available to doctors to solve even more difficult and complex issues for patients.

The meeting will feature tracks, allowing doctors the opportunity to choose the topics most beneficial to them in their own practice. Tracks include:

• Biology of Osseointegration
• Live Surgery
• Technology
• Regeneration and Biologics
• Management of Clinical Dilemmas

One distinction that sets AAID’s meetings apart is the opportunity to interact directly with world-class experts and presenters. The 62nd Annual Meeting furthers that in new ways. “Lunch with the Experts” will be your chance to sit with the Main Podium Presenter of your choice and continue a discussion of his or her topic. During each Main Podium Program, you, the expert presenter, a moderator, and the entire online world, will be able to interact during the program using Twitter on your smart phone or tablet.

An International Symposium, three live surgery presentations, three hands-on limited attendance workshops, and six limited attendance lectures, as well as a practical set of program for Allied Staff, will be offered as well.

Just a few of the presenters who have been invited to present include:

Mauricio Araujo, DDS, PhD
Tom Balshi, DDS
Lyndon Cooper, DDS, PhD
Paul Fugazzotto, DDS
Charles Goodacre, DDS, MSD
Steve Wallace, DDS

David Guichet, DDS
George Romanos, DDS, PhD
Istvan Urban, DMD, MD
Ulf Wikesjo, DDS
The 2012 AAID Dental Student Award is available to all accredited dental education programs in the United States and Canada. Fifty-six schools awarded the AAID Dental Student Award for undergraduate or graduate students this year at their graduation ceremonies.

Award recipients received a certificate of recognition and were provided one year free membership in the AAID and a complimentary registration at the Annual Meeting.

The recipients and schools that participated in order of the name of the school are:

Undergraduate Dental Student Award Recipients

- A.T. Still University of Health Sciences
- Arizona School of Dentistry and Oral Health
  - Clark Chen, DMD
- Baylor College of Dentistry Component of Texas A & M Health Sciences Center
  - Maria Guadalupe Linan, DDS
- Boston University Goldman School of Dental Medicine
  - Lindsey Dawn Jackson, DMD
- Columbia University College of Dental Medicine
  - Caitlin B.L. Magraw, DDS
- Creighton University School of Dentistry
  - Juliana F. Coletto, DDS
- Ecola de Medecine Dentaire
  - Dr. Alexandre Gagne
- Georgia Health Sciences University
  - Shivani Patel, DMD
- Harvard University School of Dental Medicine
  - Drew Colantino, DMD
- Howard University College of Dentistry
  - James R. Logsdon, DDS
- Indiana University School of Dentistry
  - Patrick M. Murray, DDS
- Loma Linda University School of Dentistry
  - Vanessa N. Browne, DDS
- Louisiana State University School of Dentistry
  - Renee E. Bourgeois, DDS
- Marquette University School of Dentistry
  - Spencer Morgan, DDS
- Medical University of South Carolina College of Dental Medicine
  - Derek Adam Hoffman, DMD
- Meharry Medical College School of Dentistry
  - Andy W. Ramos, DDS
- Midwestern University College of Dental Medicine
  - Thomas Wright, DMD
- Nova Southeastern University College of Dental Medicine
  - Cynthia Yu, DMD
- Ohio State University College of Dentistry
  - Emily Anne Boehm, DDS
- Oregon Health and Science University School of Dentistry
  - April Schauer Walsh, DMD
- Southern Illinois University School of Dental Medicine
  - Erik V. Taube, DMD
- State University of New York at Buffalo School of Dental Medicine
  - Adam D. Goldstein, DDS
- State University of New York at Stony Brook School of Dental Medicine
  - Benjamin Rudow, DDS
- Tufts University School of Dental Medicine
  - Dr. Sushen Sharma
- Universite de Montreal
  - Ismael Lahlou, DMD

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Jeffrey A. Shelley, DMD

University of Alberta
Amy Klassen, DDS

University of British Columbia
Ersilia Coccaro, DMD

University of California at San Francisco
School of Dentistry
Dr. Christopher P. Rodriguez

University of Colorado at Denver and Health Sciences Center
Tyler Dale Borg, DDS

University of Illinois at Chicago College of Dentistry
Manar Atassi, DDS

University of Iowa
College of Dentistry
Jared D. Bolding, DDS

University of Kentucky College of Dentistry
Beth Felts, DMD

University of Louisville School of Dentistry
Heather Lynn Giannotta, DMD

University of Medicine & Dentistry of New Jersey, New Jersey Dental School
Neha Girish Golwala, DMD

University of Minnesota School of Dentistry
Paul M. Buck, DDS

University of Mississippi School of Dentistry
Alecia Austin Moore, DMD

University of Missouri-Kansas City School of Dentistry
Jeffrey Allen Kohlmeier, DDS

University of Nevada, Las Vegas School of Dental Medicine
Casey T. Chow, DMD

University of North Carolina School of Dentistry
Andrew Ryan Pernell, DDS

University of Pennsylvania School of Dental Medicine
Cara Lynn Conroy, DMD

University of Pittsburgh School of Dental Medicine
S. Adam Nelson, DMD

University of Saskatchewan
Kristopher Currie, DMD

University of Texas Health Science Center-San Antonio Dental School
Justin D. Bonner, DDS

University of the Pacific
Arthur A. Dugoni School of Dentistry
Daniel W. Unzicker, DDS

University of Washington-Health Sciences School of Dentistry
Russell I. Johnson, DDS

Virginia Commonwealth University School of Dentistry
Jo E. Koontz, DDS

Graduate Dental Student Award Recipients
Brookdale University Hospital Medical Center
Nachum Augenbaum, DDS

Harvard University School of Dental Medicine
San Jin Lee, DMD, MMSc

Indiana University School of Dentistry
Dario A. Valencia, DDS

Loma Linda University School of Dentistry
Antoanela Garbacea, DDS

Tufts University School of Dental Medicine
Yahya Elzarug, BDS

Dr. Maria Guadalupe Linan from Dean Dr. Lawrence Wolinsky, Texas A & M Health Science Center, Baylor College of Dentistry

Dr. Justin Bonner (Award Recipient); Dr. Diana Sullivan (Dean) UTHSCSA Dental School

Dr. Emily Boehm (Award Recipient); Dean Dr. Patrick Lloyd – Ohio State Dental School

Casey Chow, DMD (award recipient), Dean Dr. Karen West (left), Dr. Francis Jones (right) UNLV School of Dentistry
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Or call 866-464-6887 Mon-Fri. 9-5 Eastern time
An AAID member has notified the Academy about a scam that is going around and targeting dentists. Requests like this are coming to dentists especially practitioners who are dealing with smiles and implants. He reports that he got a similar one addressed to him personally a couple of months ago and appointments were made. “The scam is so real that even a check arrives that gets cashed by your bank. The check is a cashier’s check that is without a flaw and escapes the cashier’s detection. A refund for partial money will be requested due to financial reasons. I almost processed the refund and got to know that the cashier’s check bounced,” he reported.

This is an international fraud scheme where there are agents all over the world to make this sound real. “My check came from Denver Colorado and the refund was requested to a surgeon in Malaysia. It all sounded so real. They also have their contacts call the office and make appointments etc. I thought our group should know about this,” the doctor explained.

The AAID has done a bit of checking and this scam originally was targeted towards plastic surgeons.

Here is the correspondence received by the AAID member:

From: Dr Roberto Drielsma <surgeonworld101@gmail.com>
Sent: Sun, Sep 23, 2012 4:31 pm
Subject: Smile Makeover Enquiry

Greetings from Sydney!
My name is Dr Roberto Drielsma I live and work as a plastic surgeon here in Sydney, I am originally from Milan, Italy, I have been a plastic surgeon since 1996. I do face lifts and breast lifts also known as Mastopexy, Nose lifts, Neck Lift Surgery. I have lots of happy clients here in Australia.

I have been looking for a Dentist for over a week now till i met an old friend Mrs Sarah at the Cosmetic Surgery And Beauty Conference that was held over the weekend here in Australia, I spoke with her about my client and was referred to you. She gave me your contact details, she said she came to your clinic with a friend a year ago before she relocated with her family to Sydney, so i decided to contact you to know if you will be able to do a Smile makeover for my client.

My Clients name is Ms Emily Harper, Shes is a model here in Sydney who will be needing a Simple smile makeover treatment when she arrives the states, She will be coming to the U.S in 2 weeks time for a modeling job and will be residing in your Area temporarily until the necessary arrangement for her job has been made before she leaves.

Pls tell me a little more about your self, how long have you been a Dentist? Would you be able to provide her with the Simple smile makeover treatments 8 upper teeth and 8 lower teeth in 2 weeks time?

Pls i need you to get back to me with the amount you charge Per tooth and also let me know if she can pay you with a Certified Check drawn from a US bank so you can have her scheduled from the 5th of next month to 30th, hope you would be able to work with the time frame?

You can view some of Ms Harpers Pictures from the link below:
http://www.modelmayhem.com/portfolio/725010/viewall#/14184215

Till I read from you remain blessed.

Dr Roberto Drielsma
1134 George Street
Sydney
NSW 2000, Australia
Whether you plan to take the ABOI/ID Board examination or simply want to update your implantology knowledge, this two day program is for you. Register for the ABOI/ID Implantology Update and Comprehensive Board Review Course today! This program will provide you with up-to-date and scientifically proven information relating to implantology lay. Additionally, you will be provided the tools needed for critical thinking related to patient treatment from start to finish. This course is intended for the seasoned practitioner and will provide you with updates and reviews in key areas related to implantology.

Course speakers:
• James L. Rutkowski, DMD, PhD
• Frederick Gustave, DDS
• John “Eric” Hamrick, DMD
• Kevin J. Owoc, DMD.

Tuition for the program is $1,895.

Register early — space is limited!
Visit www.aboi.org to download the registration form or call 312-335-8793 to register over the phone.

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ABOI/ID Implantology Update and Comprehensive Board Review Course
February 8-9, 2013 in Chicago, IL.

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For free samples call 800.531.2221 or go to accutron-inc.com

www.aaid.com
ContacEZ releases the IPR Optional Strip System

ContacEZ is presenting the IPR Optional Strip System as part of their innovative and popular IPR Strip System product line to achieve interproximal enamel reduction more efficiently and accurately with minimum time and effort.

For the ContacEZ research and development team, there is nothing more important to dentists and their practices than delivering great results for their patients. In response to dentists’ feedback, ContacEZ has developed four IPR Optional Strips to increase efficiency and accurately deliver interproximal reduction to exactly match the prescribed amount programmed into various aligners without creating sharp corners or excessive enamel reduction.

The single-handed design of ContacEZ IPR Optional Strips increases the level of user/patient friendliness, preventing gagging and trauma to surrounding soft tissue such as gums and lips. With openings in the strips for better visibility, the flexible strips curve and conform to the natural contours of the teeth, avoiding sharp corners and subgingival ledges.

ContacEZ may be reached by phone at 360-694-1000 or visit their website at www.contacEZ.com.

MIS Implants Technologies launches Platform Switching Implant System

MIS Implants Technologies, Inc. announced the availability of their new C1 implant system in the United States. Platform switching, which is featured in the C1 system allows the clinicians ample soft tissue for esthetic considerations. There is a six-position cone index within the conical connection to help orient the implant and place the abutment into the proper position.

Implants, abutments, and tools are color coded according to platform size for easy identification. The standard platform refers to the 3.75 and 4.2 mm diameter implants, while the 5 mm diameter implants are their wide platform. Lengths for all of the diameters come in 8, 10, 11.5, 13 and 16 mm.

The unique geometry of the C1 implant encourages primary stability with mild bone compression at the upper 2/3 of the implant. The final drill, used during preparation of the osteotomy, is designed to drill in such a way to allow less compression by the threads at the apical third of the implant, which will enable rapid bone growth in that area. These two characteristics have been put in place to minimize the period of time between initial mechanical stability and the longer term biological stability.

As with other MIS implant systems, there are always value-added components with every implant. The C1 comes packaged with the final drill, cover screw and a PEEK abutment. The implant and these additional products are available for $249.

MIS Implants Technologies, Inc. has been distributing implants and related products such as specialized surgical kits and biomaterials since 2003 in the U.S. They can be reached by calling MIS Implants at 866-733-1333. Additional information is also available on their website: www.misimplants.com.

DD Sinus Lift™ Kit

DD Sinus Lift™ Kit

OCO Biomedical’s new DD Sinus Lift™ Kit

OCO Biomedical Inc. announces the introduction of the DD Sinus Lift Kit™. The DD Sinus Lift Kit™ contains all of the instrumentation needed to perform a sinus lift procedure using the crestal approach. The DD Sinus Lift™ technique is unique in that it allows for permeation of the blood supply from the osteotomy into the sinus cavity for enhanced healing and formation of new bone.

All components are labeled for easy removal and return to the tray after autoclaving for sterilization. There is also an extra compartment underneath the caddy which provides room for additional instrument if necessary.

The DD Sinus Lift Kit made its debut at the two day advanced surgical course held at the OCO Biomedical training facility in Albuquerque, NM. Course participants were able to observe a crestal approach sinus lift procedure during a live surgery performed by a local dentist. They were also able to perform the procedure on models which were specially designed for the crestal approach sinus augmentation.

To obtain additional information or to order a kit, call (800) 228-0477 Toll Free or visit www.ocobiomedical.com.
SimPlant® GO: The new solution to guided implant surgery

Materialise Dental just launched a new user-friendly implant planning solution. With SimPlant GO, there are no surprises during surgery because you have optimally planned the implants in the bone — and with SurgiGuide, this planning is then transferred into a fully predictable surgery. SimPlant GO's intuitive navigation, sleek 3D images and simple four-step process is so straightforward that you can learn it over lunchtime, during a break or in-between appointments. This software is made for dentists who only have a few minutes to become familiar with this easy 3D implant planning software.

SimPlant has been hugely successful over the past 20 years in addressing the needs of the implant specialists. However, some dentists who were placing implants less frequently felt overwhelmed by the amount of flexibility that SimPlant has offered. SimPlant GO has been designed to specifically address their needs. The solution has been specifically designed for dentists without a cone beam scanner in their office. Although cone beam is the way of the future, not everybody is willing to invest in it yet. And now dentists have a great, low-threshold solution to start with computer-guided implantology.

Part of the scan-plan-guide process, SimPlant GO is more than just a fancy new computer software program, it's part of a full solution for your cases. Find out more by visiting www.simplantgo.com.

AAID Research Foundation is now AAID Foundation

Although “Research” is no longer in the name of AAID’s Foundation, research will not be slighted by the Foundation. The Foundation Board voted in June of this year to expand the mission of the Foundation beyond research to include such activities as support for humanitarian efforts, education grants, development of an implant training center, or more.

According to Dr. Jaime Lozada, Chair of the AAID Foundation, “removing the name ‘research’ will not impact the Foundation’s role in supporting research grants. It will allow the Foundation to expand to include other areas of support.”

Individual members and dental companies will now have additional programs and projects to support through their generous contributions to the Foundation.

Those wishing to honor the memory of Dr. Norman Goldberg, AAID’s co-founder who recently passed away, should consider making a memorial contribution to the AAID Foundation.

Contributions can be sent to the Foundation at AAID’s headquarters to the attention of Afshin Alavi at 211 E. Chicago Avenue; Suite 750; Chicago, IL 60611.

Endowment Fund Pledge

The future of implant dentistry will be built upon the commitments we make today. The Foundation’s goal is to establish the largest endowment fund in implant dentistry. The interest from this fund will be used to support implant dentistry research and other eligible programs, while the principal will remain intact. 100% of your contribution will be directly dedicated to the endowment fund.

We are asking each AAID Member to pledge $1,000 to reach our goal. However, any contribution will be greatly appreciated. Our ultimate goal is to be one of the largest grant making foundations in dentistry.

☑ Yes, I want to contribute to my future and give back a small portion of what implant dentistry has given to me. Enclosed is my tax-deductible contribution to the AAID Foundation Endowment Fund. I have checked my commitment below.

☑ $1,000
☑ $500 in 2012 $500 in 2013
☐ $250 per year for four years.
☐ Other

Name

Address

Phone Number

☑ Check Enclosed ☐ This is my pledge, please bill me for payment
☐ Please bill to my credit card: ☐ MasterCard ☐ Visa ☐ Amex

Credit Card Number Exp. Date

Signature Print Name on Card

Please return to:
AAID Foundation • 211 East Chicago Ave., Suite 750 • Chicago, IL 60611
Fax: 312/335-9090 Phone: 312/335-1550

www.aaid.com
NEW MEMBERS
The AAID is pleased to welcome the following new members to the Academy. The following members joined between July 5, 2012 and September 10, 2012. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. The list is organized by state and then alphabetically by city. Contact your new colleagues and welcome them to the Academy.

ALABAMA
Jeffrey Shelley, DMD
Hoover

ARIZONA
Dr. Neil Sung
Chandler

CALIFORNIA
Amir Khatami, DDS
Anaheim

Ramin Rohani, DDS
Anaheim

Ranjan Rajbanshi, DDS
Bakersfield

Brinda Kansagra, DDS
Chino Hills

Sue Yun Lee, DDS
Diamond Bar

Michael J. Carlson, DDS
Escondido

Papatpong Sirikururat, DDS
Loma Linda

Taisuke Tsukiboshi, DDS
Loma Linda

Erik D. Cabrera, DDS
Newbury Park

Igal Leizerovich, DDS
Palm Spring

Ted Yao-Te Fang, DDS
Palmdale

Angela Leung, DDS
San Francisco

CONNECTICUT
Thomas Livingstone, DMD
North Canaan

DISTRICT OF COLUMBIA
Neal M. Patel, DDS
Washington

FLORIDA
Heather Giannotta, DMD
Bay Pines

Blayne Gumm, DDS
Belleair Bluffs

Derek Hoffman, DMD
Gainesville

Derek Raymond Fleitz, DDS
Panama City

Jase R. Hackney, DMD
Tampa

Brandon Lee Esco, DMD
Snellville

IOWA
Robert F. Colwell, Jr., DDS
Council Bluffs

Kevin Gregory Witt, DDS
North Liberty

KANSAS
Manar S. Atassi, DDS
Chicago

Sam Shin, DDS
Chicago

John Perna, DDS
Oak Park

New York
Sal Lotardo, DDS
Nesconset

Lamia AbdulWahab, DDS, MSc
New York

NEW JERSEY
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Florham Park

Ahmed A. Jaheen, DDS
Hackensack

Kurt Notarnicola, DDS
Mount Arlington

Saul Weiner, DDS
Newark

NEVADA
James Cantwil, DDS
Flushing

Ryan Lester, DDS
Holland

OHIO
Michael Stephens, DDS
Flushing

*Kristie Vinson, DDS
Tulsa

KENTUCKY
Bader Abdeen, DDS
St. Louis

MONTANA
Sheldon Ivers, DDS
Great Falls

NEVADA
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Omaha

NEW YORK
Alvaro Gracia, DMD
Norton

Michael D. Williams, DDS
Pittsfield

MARYLAND
A. Gary Goodman, DDS
Annapolis

Dr. Ryan Geni
Baltimore

Claudia Camelia Cotea, DDS, MPH
Chevy Chase

Bhavnaz Yadla, DDS, MS
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Dr. Lawrence Snider
Potomac

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Altamonte Springs, Fl 32701

Central Florida Dental Implant Study Group
Dr. Don Preble, President
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Phone: 973-972-6561
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Contact: Keith Henry
Phone: 580-504-8068
E-mail: viis@sendax-minidentimpl.com
Web site: www.sendax-minidentimpl.com

Tatum Institute International A Hands-on Learning Series Emphasizing the “Hilt Tatum” Philosophy
Contact: Rebekah Register
Phone: 727-459-4910
Toll free: 888-360-5550
E-mail: tatumimplants@verizon.net

Outside U.S. Locations
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

The D.M. Vassos Dental Implant Centre
Introductory & Advanced Surgical & Prosthetic Programs
Dr. D.M. Vassos
Mentor Program – Hands on Program over six Saturdays
Contact: Rosanna Frey
Phone: 780-488-1240
E-mail: rosanna@dnvassos.com
Web site: www.dnvassos.com

Leigh Smile Center, Alberta Canada
“Hands-on” Introductory to Advanced Surgical and Prosthetic Implant Courses with Live Surgery.
Dr. Robert E. Leigh, Director
Year-round, Custom Tailored and 5-DAY MINI-RESIDENCY Courses
Contact: Corie Zeise
Phone: 1-888-877-0737 (Toll Free)
E-mail: coriemanager@gmail.com
Web sites: www.rockymountainsmilecenter.com
www.leighsmilecenter.com

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

AAID Affiliated Study Clubs*
California
Bay Area Implant Synergy Study Group
San Francisco
Matthew Young, DDS
Phone: 415-392-8611
E-mail: young.matt@yahoo.com
Web site: www.drmatthewyoung.com/
BayAreaImplantSynergyPage.htm

Northern California Dental Implant Continuum
Craig A. Schlie, DDS, AFAAID
Phone: 530-244-6054
E-mail: Dr.Schlie@gmail.com

Florida
Central Florida Dental Implant Study Group
Altamonte Springs, FL
Don Preble, DMD
November 2, 2012
Dr. Paul Petrungaro presents on:
Provisionalization and Loading of Dental Implants in the Contemporary Surgical and Restorative Dental Practice Providing the Ultimate in Dental Implant Esthetics and Maintainability
Contact: Sharon Bruneau
Phone: 407-831-4008
Fax: 407-831-8604

New York
CNY Implant Study Group
Brian Jackson, DDS
Contact: Melanie – Course Coordinator
Phone: 315-724-5141
E-mail: bjddsimplant@aol.com

New York Study Club
Edgard El Chaar, DDS
John Minichetti, DMD
Phone: 212-685-5133
E-mail: info@edgardelchaar.com

CANADA
Surrey, British Columbia
Implant Connection I: Advanced Surgical Group
Ongoing program that is specifically designed for experienced doctors in implantology. This class covers lectures and live surgery.

Implant Connection II: Surgical Mentorship to Incorporate Implants into Your Practice
One year program that incorporates lecture, lab work, surgical demos and live patient surgery.

Implant Connect: Prosthetic course
One year program that will cover patient selection, treatment planning, occlusal considerations and how to incorporate implants into your practice.
E-mail: Nicole@implantconnection.ca
Web site: www.implantconnection.ca

*This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, contact Carolina Hernandez at Carolina@aaid.com.
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