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P R E L I M I N A R Y P R O G R A M
Autograft from ascending ramus filled with OsteoGen® requiring two surgeries

One surgery using OsteoGen® and filled with OsteoGen® Pellets. Ridge was raised 6mm, healed in 6 months.

MINIPLATE™ STARTER KIT
BONE GRAFT FIXATION SCREW AND TITANIUM MESH SYSTEM
5 IN 1 STERILIZATION CASSETTE

STARTER SYSTEM INCLUDES:
1.5 MM SELF-DRILLING TFL SCREW
2.0 MM SELF-DRILLING SCREW
1.5 MM TIGHTENING SCREW
SCREWDRIVER HANDLE AND BUR
MANUAL TWIN DRILL BIT
1.5 MM OsteoGen® Graft
1.0 CC OsteoBON® Bone
Titanium mesh zirconium 2 mm:

OsteoGen®
Synthetic Bioactive Resorbable Graft (SBRG)
Closest to Nature... Non-Ceramic

Pre-Filled Syringes

IMPLADENT LTD. 800.526.9343 fax 718.464.9620 www.impladentltd.com
On behalf of the American Academy of Implant Dentistry, I personally invite you to join your colleagues and me at AAID’s 60th Annual Scientific Program. We promise you outstanding and practical education in the most exciting city in the world.

I’m looking forward to seeing you in Las Vegas, October 19 – 22, 2011.

Joseph Orrico, DDS
President, American Academy of Implant Dentistry

Las Vegas will be hosting AAID’s 60th Annual Meeting, which will be held at fabulous Caesar’s Palace.

AAID has arranged for special rates for those attending the meeting starting at $285 plus tax per night (single or double occupancy.)

Make your hotel reservations online or call the Caesar’s Palace at 1.866.227.5944 or 1.702.731.7222. Mention the American Academy of Implant Dentistry (Group code: SCAAI1) for special group rates.
### SCHEDULE AT A GLANCE

#### WEDNESDAY, OCTOBER 19, 2011

**NEW TRENDS, TECHNIQUES AND TECHNOLOGY**
- The Survival of Ultrashort Locking Taper Implants / Rainier Urdaneta, DMD
- The Various Uses of Acellular Dermal Grafts (ADGs) for Hard and Soft Tissue Grafting / David H. Wong, DDS
- Missed Diagnosis Using Conventional 2D Radiography / Daniel McEwen, DDS
- “Tips and Tricks” For Single Tooth And Partially Edentulous Replacements / Jack Hahn, DDS
- Application Specific 1-Piece Implants / Gerald A. Niznick, DMD, MSD
- Using CAD Technology to Facilitate Implantology / Peter Hunt, BDS, MSc
- Immediate Placement of Mandibular Molar Implants / Dan Holtzclaw, DDS
- Novel Approaches for Simple Socket Regeneration / Robert A. Horowitz, DDS
- The Biologically-Driven Implant System / Jack T. Krauser, DMD
- True Restoratively-Driven Implant Dentistry through 3-D Planning / Scott D. Ganz, DMD
- The True Root-Form Implant for Predictable Implant Success / Barry Levin, DDS
- Immediate Loading – Expanding Application with New Implant Design / Tae Kim, DDS
- Is Autogenous Bone Still the Gold Standard Material for Bone Grafting Procedures in Implant Dentistry? / José E. Pedroza, DMD, MSc

#### THURSDAY, OCTOBER 20, 2011

**MAIN PODIUM PRESENTATIONS** (Simultaneous translation from English to Spanish will be provided.)
- Finding the Right Patient - It Takes More than an Ad / James R. McAnally, DDS
- The First Visit for the Patient - Your Only Chance at the First Impression / Bill Blatchford, DDS
- Implant Complications: Methods to Reduce Biomechanical Factors. Key Implant Positions, Implant Number, and Implant Size / Carl E. Misch, DDS, MDs, PhD (h.c.)
- Comprehensive Implant Dentistry Using 3-D Imaging: Reduce Complications, Increase Confidence, Achieve Excellence / John Russo, DDS, MHS
- Treatment Planning - Implants Versus Root Canal Therapy: Read, Analyze, and Then Decide / Jaime L. Lozada, DDS
- The Case Acceptance Appointment - What to Do Starting Next Week / Robert B. Willis, DDS

#### CONCURRENT SESSIONS

**WORKSHOPS**
- W2: PRF Platelet-Rich Fibrin... Re-programming the Biology of the Osteotomy Site / Achille Peivandi, DDS and Robert Miller, MA, DDS
- W3: Fundamentals of Systematic and Ethical Selling for Treatment Plans above $10,000 / James R. McAnally, DDS
- W4: NobelClinician™: Digital Diagnostics and Treatment Planning / Thomas J. Balshi, DDS and Stephen F. Balshi, MBE

**CLINICAL ROUNDS TABLES**
- RT1: It’s More than Just Money: Personal Aspects of Selling Your Practice / Bill Blatchford, DDS
- RT2: Techniques and Materials for Ridge Preservation and Implant Site Development / Barry Bartee, DDS, MD
- RT3: “Tunnel Grafting Procedure” to Gain Mandibular Bone Width / Alfred “Duke” Heller DDS MS and Robert Heller DDS

#### ALLIED STAFF PROGRAMS
- Realities and Myths of Implant Dentistry: Introduction to the Program / Matthew Young, DDS
- Implant Connections: An In-depth Look at Implant Prosthetics for Staff / Nicole Wardstrom
- Important Considerations in the Staff’s Role for Implant Surgery / John Minichetti, DMD

#### FRIDAY, OCTOBER 21, 2011

**MAIN PODIUM PRESENTATIONS**
- Extract and Graft - Implant Later / Suzanne Caudry, DDS, PhD
- Extract and Implant / Paul S. Petrungaro, DDS, MS
- Implants for Immediate Function - Fact or Fiction / Jack A. Hahn, DDS
- Implants for Removable / Michael A. Pikos, DDS
- Risk Assessment in the Esthetic Zone / André P. Saadoun, DDS, MS
- Soft Tissue Esthetics and Health with Dental Implants: Ten Key Criteria for Success / Sascha A. Jovanovic, DDS, MS
25 INTERNATIONAL WORKSHOP (Simultaneous translation from Spanish to English will be provided.)

- The Zygomatic Anatomically Guided Approach (ZAGA) / Dr. Carlos Aparicio
- Implantology from the Simple to the Complex / Dr. José Luis Rafel Amato
- Computer Guided Implant Dentistry: Where Are We Now and Where Are We Going to Be in the Near Future? / Alvaro Ordonez, DDS
- From Surgery to Prosthodontics: Hard and Soft Tissue Management (Cortical Splits and Immediate Prosthesis) / Dr. Norberto Manzanares Mayandia
- Evaluation of the Maxillary Sinus Augmentation with Lateral Access and actualization with Guided Tissue Regeneration Concepts / Dr. Alejandro Padrós Fradera
- The Prosthetic Guided Treatment Plan: The Key to Success in Implantology / Juan Manuel Vadillo Martin, DDS
- Immediate Loading and Immediate Implants: Techniques and Indications / Ricardo Mitrani, DDS, MSD

27 CONCURRENT SESSIONS

27 WORKSHOPS

- W5: NobelClinician™: Digital Diagnostics and Treatment Planning / Thomas J. Balshi, DDS and Stephen F. Balshi, MBE
- W6: Soft Tissue Management Around Teeth - Hands-on with Pig Jaws / André P. Saadoun, DDS, MS
- W7: Immediate Placement of Mandibular Molar Implants / Dan Holtzclaw, DDS

28 CLINICAL ROUND TABLES

- RT4: Treatment Planning - Implants Versus Root Canal Therapy: Read, Analyze, and Then Decide / Jaime L. Lozada, DDS
- RT5: Avoiding the Pitfalls of Immediate Function (Controlled Functional Osteocompression) / William Locante, DDS

28 ALLIED STAFF PROGRAMS

- Understanding Diagnostics for Implant Patients / Natalie Wong, DDS
- Implant Prototype Restorations: The Key to Long-Term Success / Matthew R. Young, DDS
- The Hand-Off / Bill Blatchford, DDS
- Pre-surgical, Surgical and Post-op Assistance with Implant Surgery / James Rutkowski, DMD, PhD

31 SATURDAY, OCTOBER 22, 2011

31 MAIN PODIUM PRESENTATIONS (Simultaneous translation from English to Spanish will be provided.)

- Regenerative and Esthetic Techniques in Implant Surgery: Clinical Applications with Recombinant Growth Factors / Marc L. Nevins, DMD, MMSc
- Enhancing Outcomes with Block Bone Grafts / Craig M. Misch, DDS, MDS
- Avoiding and Managing Esthetic Implant Complications / Anthony G. Sclar, DMD

32 CONCURRENT SESSIONS

32 WORKSHOPS

- W8: Botox and Dermal Fillers / Pankaj Pal Singh, DDS
- W9: Comparison of Lateral Window Preparation for Sinus Lift Procedures Rotary Bur, Piezosurgery, Controlled Drilling Depth Instrumentation / Alfred “Duke” Heller DDS MS and Robert Heller DDS MS

33 CLINICAL ROUND TABLES

- RT6: Development of the Bone Foundation of Implants / Joel Rosenlicht, DMD
- RT7: Immediate Implant Placement into Infected Sites: Bacterial Studies of the Hydraulic Effects of the YSGG Laser / Edward R. Kusek, DDS

33 ALLIED STAFF PROGRAMS

- Keeping the Flame Alive / Tina Calloway, CDA
1-YEAR FELLOWSHIP PROGRAM IN IMPLANT DENTISTRY
Hands-on Comprehensive Implant Training Program

California Implant Institute offers a 1-Year Comprehensive Fellowship Program in Implant Dentistry. This program is made of 4 sessions (five days each) designed to provide dentists with practical information that is immediately useful to them, their staff and their patients.

The four sessions combined, offer over 160 hours of lectures, laboratory sessions and LIVE surgical demonstrations.

Whether you're just starting out, or looking to enhance your existing surgical and prosthetic implant skills, our fellowship program is exactly what you're looking for.

**Session I** (Choose one date for each of sessions I & II)
- October 26-30, 2011
- January 18-22, 2012
- April 11-15, 2012

**Session II**
- February 22-26, 2012
- May 16-20, 2012

**Session III**
- June 20-24, 2012

**Session IV**
- July 25-29, 2012

**15-Day International Fellowship Program**
In this program our 20-day fellowship is condensed into 15-day continuous program
- August 8-22, 2011 - August 6-20, 2012

“I have been placing implants for over 7 years and found the course to be invaluable. You provided information that could be implemented after each session. The course is well structured for both the novice and the more experienced.”

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

“Dr. Al-Faraje’s series of courses on Implants and Advanced Bone Grafting are phenomenal. Dr. Al-Faraje has an outstanding clinical and didactic knowledge of his course content. He is extremely precise and has fantastic written guidelines and steps for his course attendees. Dr. Al-Faraje’s venue, power point presentations and DVD’s are excellent. He sets a tone and desire for continual learning for his participants.”

**Dennis Wade Calvert, DDS, Periodontist, San Jose, California**

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**Louie Al-Faraje**
DDS, DABOI

**James Rutkowski**
DMD, PhD, DABOI

**Freida Brookshire**
DDS, Prosthodontist

**Christopher Church**
MD, ENT

**Judy Wagner**
PRP Program

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REGISTER TODAY!
Implant Specialist —
CREATING A WORLD OF SMILES

A 37-year record of providing precision made dental products with minimal insertion time, combined with quality and consistency, has earned the trust, confidence and reliability of dentists who consider Dutton Dental Concepts to be a leader in quality restorations and implants.

Attention to detail, quality materials, communication, education and the desire to provide the best possible restoration has been the constant theme at Dutton Dental Concepts.

“Dutton Dental has been exclusively satisfying the dental needs of my practice for over 20 years. Their workmanship is the best. Their quality control is out of this world. Their staff is extremely competent and pleasant to work with, and they provide timely delivery of cases. In short, if you are not using Dutton Dental you are making a big mistake.”

Dr. Richard Juhnke DMD - Union City, MI

“Dutton Dental has always produced excellent restorations for me. I especially enjoy their problem-solving skills on different cases.”

Dr. Larry Seward DDS - Navarre, OH
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<th>Date</th>
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<td><strong>The ABOI/ID Certification and Application Process Explained</strong></td>
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<td><strong>Women Dentists’ Wine and Cheese Gathering</strong></td>
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<td>2:00 pm – 4:00 pm</td>
<td><strong>AAID Business Meeting</strong></td>
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<td>6:00 pm</td>
<td><strong>Reception, President’s Celebration Dinner and Entertainment</strong></td>
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Legacy™3 Implant
All-in-1 Packaging includes implant, abutment, transfer, cover screw & healing collar
$175 vs $616 from Zimmer Dental

Legacy™ Implant System Advantages:

Industry-Compatible Internal Hex
Prosthetic compatibility with Zimmer Dental Screw-Vent®, BioHorizons® & MIS implants

Surgical Compatibility with Tapered Screw-Vent®
No need to change surgical protocol or tools

Three Implant Designs & Packaging Options
Allows for selection based on price, packaging or thread design
- Legacy1: $125 includes cover screw, healing collar & plastic carrier
- Legacy2: $150 includes cover screw, healing collar & temporary abutment/transfer
- Legacy3: $175 includes cover screw, healing collar & preparable abutment/transfer

Micro-Threads
Reduce crestal stress for improved initial stability

Widest Range of Dimensional Options
The entire Legacy system includes seven implant diameters (3.2, 3.7, 4.2, 4.7, 5.2, 5.7, 7.0mm) & six implant lengths (6, 8, 10, 11.5, 13, 16mm)

Intro Offer: Make the switch & receive three FREE implants2
Introductory offer for the first 500 orders in April 2011. All orders subject to warranty at the discretion of Implant Direct.

Cover Screw
Healing Collar

Legacy1
Standard "V" Threads
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Legacy2
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for Increased Stability
Legacy3
Buttress Threads
for Increased Surface

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These corporate sponsored courses give you the opportunity to learn about the latest innovations in implant dentistry directly from those developing the newest techniques and technologies. Although the programs for the following New Trends, Techniques, and Technologies Programs are provided through grants from various companies. The AAID has strongly requested that the speakers provide significant educational content and value, and not promote the company sponsoring the program.

8:15 am – 8:45 am
The Survival of Ultrashort Locking Taper Implants
Presented through a grant from Bicon Dental Implants, Gold Sponsor
Rainier Urdaneta, DMD
• Specialization, Prosthodontics
• Extensive surgical and prosthetic experience with Bicon system, including the techniques of immediate stabilization and function and Integrated Abutment Crowns™
• Authored several publications on Bicon implants
This program will present the results of a retrospective cohort study that was conducted between January 2008 and December 2009 designed to evaluate the performance of implants 5 mm in length, specifically the Integra-CP coated, plateau design locking taper implant (Bicon®, Boston, MA). The study compared ultrashort implants (5 mm and 5 mm) with short implants (8 mm). Based on 291 subjects who received 410 locking taper implants, there was no statistically significant difference between the survival rates of ultrashort implants and short implants. The study’s conclusion is that survival of ultrashort implants (5 and 6 mm) was comparable to that of short locking taper implants (8 mm).

8:45 am – 9:15 am
The Various Uses of Acellular Dermal Grafts (ADGs) for Hard and Soft Tissue Grafting
Presented through a grant from Dentsply Tulsa Dental Specialties, Platinum Sponsor
David H. Wong, DDS
• Diplomate, American Board of Periodontology
• Private Practice, Tulsa, Oklahoma
• Founder of continuing education, Tulsa Institute
Advancements in soft tissue grafting are changing the way clinicians are able to deliver ideal treatment to patients—enhancing esthetic outcomes and stabilizing periodontiums, while decreasing patient discomfort, recovery time, and even expenses. Root coverage and soft tissue augmentation are increasingly predictable with the latest in soft tissue allografts that address all of the past negatives of human allografts. Grafting has never been simpler, and both patients and dentists are finding it easier to say “yes.” This presentation will give the audience a glimpse of PerioDerm™ and its various uses in treating recession, socket grafting, and ridge augmentation. Periodontal-restorative outcomes will be demonstrated along with PerioDerm™’s application in implant dentistry.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Describe the most recent advances in acellular dermal grafts: consistency, safety, ease of handling, longevity
2. Introduce and demonstrate basic root coverage techniques using acellular dermal grafts
3. Understand the potential role of ADGs in socket grafting as well as guided bone regeneration
4. Simplify periodontal-restorative treatment with ADGs

9:15 am – 9:45 am
Missed Diagnosis Using Conventional 2-D Radiography
Presented through a grant from Prexion, Gold Sponsor
Daniel McEwen, DDS
• Researcher in hard tissue laser applications in dentistry
• Trainer, World Clinical Laser Institute
The addition of 3-D CBCT to a dental practice can increase the accuracy of diagnosis over the use of other forms of 2-D radiography including digital periapicals and panoramics. The inherent distortions and limitations of these types of 2-D radiographs make it much more difficult to complete an accurate diagnosis of the case. Some of these limitations include: elongation and foreshortening of the target tissues, overlap of structures either in front of or behind the target tissues, tissue density that is not easily interpreted in bone or soft tissues and the inherent differences in resolution in many types of film and digital receptors.

Today with the use of 3-D CBCT many of these issues can be eliminated or at least the effects greatly reduced. With the medium field of view offering focal spot sizes down to 0.15mm and resolution of 0.076 mm voxel size, CBCT scanners can in most cases come to a very accurate diagnosis every time. CBCT offers multiplaner views (MPV) in slices as thin as .05 mm thick. These MPVs are cross sections through the volume of information in axial, coronal and sagittal views. With sophisticated software the volume can be sliced at any oblique direction to view pathology from virtually any angle and thickness. This ability to view diseased areas in different planes can eliminate any guess work with the diagnostic task. Adding a 3-dimensional view as a bonus in many software packages aids in diagnosing the least invasive procedure to treat the dental disease.

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. Understand the diagnostic limitations of traditional 2-dimensional radiography
2. Learn how 3-D CBCT systems generate 3-D and Multiplanar views and how to visualize any area of the anatomy from any angle
3. Learn the diagnostic capabilities of 3-D CBCT images and the clinical benefits from having more diagnostic data
The goal of implant design is to optimize clinical success while simplifying both surgical and restorative procedures. With the proven success of a one-stage surgical protocol and the increased understanding of the factors needed for success of immediate load implants, one-piece implants should play a more significant role in implant dentistry. A combination of proper case selection and implant design offers great opportunity to reduce both chair-time and component costs by the use of one-piece implants provided with All-in-1 packaging. The increased strength of a 1-piece implant facilitates use of 3mmD implants, minimizing the need for bone grafting thereby expanding clinical applications with narrow ridges. Dr. Niznick will demonstrate the clinical indications and procedures of these 1-piece implants all with the same body design and surgical protocol. These application specific implants expand the opportunities to provide Teeth-in-1Day™ for edentulous patients and All-over-4, a new concept for maxillary implant supported overdentures without the expense of fabricating custom cast or cad-milled bars.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Understand the factors needed for success of immediate load implants
2. Expand treatment options for edentulous patients
3. Minimize chair-time, component costs and the need for bone grafting with 1-piece implant designs

11:45 am – 12:15 pm
Using CAD Technology to Facilitate Implantology
Presented through a grant from Camlog USA, Gold Sponsor
Peter Hunt, BDS, MSc

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. How to be more comfortable in predicting the final esthetic and functional outcomes with single tooth replacements in the esthetic zone
2. The principles of immediate extraction replacements that insure long term success
3. Techniques that lessen treatment steps for single tooth replacements and partially edentulous cases
4. A better understanding of the benefits of tapered implants and platform shifting as related to hard and soft tissue remodeling
Immediate Placement of Mandibular Molar Implants

Presented through a grant from MIS Implants Technologies, Diamond

Sponsor

Dan Holtzclaw, DDS
- Diplomate, American Board of Periodontology
- Co-Editor-in-Chief, Journal of Implant & Advanced Clinical Dentistry
- Private practice limited to periodontics and dental implants,

Austin, Texas

Immediate implants placed at the time of tooth extraction provide convenience for the patient in terms of reduced time to restoration of form and function. For the clinician, however, this procedure has an increased level of difficulty and presents unique challenges that are not present when implants are placed in healed alveolar ridges. This is especially true in the case of mandibular molars. Immediate implantation in these locations has complicating factors such as nerve proximity, ridge undercuts, implant placement stability, graft containment, and gingival management. The aim of this presentation is to provide a comprehensive analysis of immediate implant placement in the mandibular molar region with emphasis on actual clinical cases.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Understand the risks and benefits of immediate implant placement in the mandibular molar region.
2. Understand the anatomical concerns unique to immediate implant placement in the mandibular molar region.
3. Recognize situations which are suitable for the placement of immediate implants in mandibular molar sites.
4. Understand the various techniques and materials for placement of immediate implants in the mandibular molar region.

Novel Approaches for Simple Socket Regeneration

Presented through a grant from MIS Implants Technologies, Diamond

Sponsor

Robert A. Horowitz, DDS
- Clinical Assistant Professor, Department of Periodontics and Implant Surgery, NYU College of Dentistry
- Conducts research, bone grafting in sinus and deficient alveolar ridges, extraction socket augmentation, and placement of dental implants in areas of limited available bone

There are many key factors for successful implant dentistry. Patients must first understand the value of ideal therapy from bone regeneration through implant placement to tissue maintenance and esthetic restorations. To optimize placement of dental implants in the shortest time period after extraction, a few criteria must be met. When the tooth is removed, bone replacement therapy should be instituted at that visit. The materials used must be biologically active and lead to preservation of alveolar volume, replacement of the missing hard tissue with vital bone, and allow maintenance and/or augmentation of the soft tissue that will cover the site. The use of a biphasic calcium sulfate material alone and in combination with other graft materials will be shown to meet these criteria. The results will be analyzed clinically, radiographically, and histologically, validating these materials as ideal for use in extraction socket defects.

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. 3-D volumetric analysis of extraction site
2. Synthetic bone graft to aid in alveolar regeneration
3. Biphasic Calcium Sulfate to enhance socket preservation
4. Novel dental software for patient education and increasing case acceptance
5. Optimizing bone preservation with ideal implant design

The Biologically-Driven Implant System

Presented through a grant from Intra-Lock, Presidential Sponsor

Jack T. Krauser, DMD
- Staff, Nova Southeastern University, School of Dentistry
- Co-author, Dental Implants: The Art and Science
- Private practice in periodontics and implant surgery

Recent progress in engineering working at numerous levels has created a new generation of implants that have the potential to profoundly affect clinical implant dentistry. This new generation of dental implants provides first, a surface technology that enhances the biologic response of soft tissue and bone and secondly, a new and dynamic implant macro-architecture. The new implant design enables the implant to continually slice through the bone as it is being placed, with increased efficiency and minimal effort. The result is superior implant stability with reduced bone stress. Background, research, and clinical case presentations demonstrating these biologically driven features will be presented.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Identify significant advancements in implant design and bioactive properties
2. Increase efficiency and minimize effort during placement
3. Understand superior implant stability and reduce bone stress
4. Recognize that new surface technology enables more rapid and enhanced biologic response
3:45 pm – 4:15 pm
True Restoratively-Driven Implant Dentistry through 3-D Planning
Presented through a grant from Imaging Sciences, Gold Sponsor
Scott D. Ganz, DMD

1. Private practice in prosthodontics with an emphasis on maxillofacial and implant reconstructions
2. International lecturer on prosthetic and implant dentistry
3. Faculty at University of Medicine and Dentistry New Jersey Dental School

Successful “restoratively-driven” implant dentistry has its foundation in the ability to diagnose and plan treatment properly. It’s imperative that we understand all of what is missing, which often includes the bone, the surrounding soft tissue, and the tooth. The goal of implant dentistry is not the implant; it is the tooth that we replace. Therefore patients seek out treatment when they need teeth, not implants. The advent of CBCT has empowered clinicians with the tools to diagnose in 3-D, to assess the underlying anatomy and adjacent vital structures, to communicate these concepts to the patient and all members of the implant team, and to execute the plan to restore the patient properly, whether for a single tooth replacement or full mouth reconstruction. New paradigms have emerged, and dental school curriculums need to be re-written to embrace the digital tools of today.

As CBCT has become the state-of-the-art, the race is on to identify opportunities which benefit from the digital information embedded in each scan. Guided implant surgery has evolved as an important modality and aid in transferring the virtual 3-D plan to the patient. Surgical templates can then be laboratory fabricated on stone casts, or directly CT-derived via stereolithography, taking the scan data and turning it into solid resin models of the patient’s mandible or maxilla. However, as more companies invest in 3-D digital dentistry solutions, linking the technologies together has become a reality. This presentation will demonstrate how digital dentistry is evolving into a mainstream dentistry, allowing everyone to achieve successful “restoratively-driven” implant dentistry.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Compare traditional imaging to sophisticated imaging technologies available today through Cone Beam CT scans
2. Understand how 3-D imaging helps in assessing patient anatomy for implant placement, implant restoration, and other related procedures
3. Illustrate the use of interactive treatment planning software
4. Understand the decision tree related to the “Triangle of Bone” concept
5. Demonstrate how “True Restoratively Driven Implant Dentistry” can be accomplished through CBCT-derived three dimensional planning and execution

4:15 pm - 4:45 pm
The True Root-Form Implant for Predictable Implant Success
Presented through a grant from AstraTech, Gold Sponsor
Barry Levin, DDS

1. Diplomate, American Board of Periodontology
2. Fellow, International Team for Implantology
3. Staff, University of Pennsylvania - Periodontal and Dental Implant Surgery Department

The evolution of implant shapes, sizes, and surfaces continues with no end in sight. Paramount to successful treatment, especially esthetically-critical situations, is bone maintenance. Not only proximal but facial and lingual/palatal bone preservation also impact results. Proper adaptation to the anatomic alveolar ridge has eluded surgeons, resulting in the need for vertical bone augmentation or anticipated apical migration of the alveolar crest. This may no longer be true. The optimal solution for a sloped alveolar ridge would be to place an anatomically designed implant, designed to maintain 360 degrees of bone around the implant. This breakthrough in implant technology allows for maximum bone preservation and more predictable outcomes. This program will demonstrate the impact of implant design on marginal bone support in sloped ridge and extraction site placements, aimed at preserving facial and proximal bone levels so crucial to esthetics. This course will also provide an overview of the restorative options for the sloped implant.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Identify the criteria for determining clinical cases appropriate for the sloped implant
2. Understand how treatment planning for additional surgical considerations may enhance outcomes
3. Review implant placement in both healed ridges and immediate placement/provisionalization cases
Immediate loading - expanding Application
with New Implant Design
Presented through a grant from
Dentium, Gold Sponsor
Tae Kim, DDS

- Assistant Professor, Division of Restorative Science, Ostrow School of Dentistry, University of Southern California, Los Angeles, California
- International lecturer
- Author, Educational Video series at Herman Ostrow School of Dentistry of USC
- Author, Prosthodontics Review Book

Dental implant therapy is more exciting than ever. Current trends in early and immediate loading have made dental implants the treatment of choice with many patients dictating the desire for tooth replacement with dental implants. Restorative techniques and materials have revolutionized the practice of dentistry and the quality of prosthetic tooth replacement with unmatched esthetics and function.

Immediate loading technique for restoration of the single tooth or multiple teeth will be discussed with special focus on the predictability that has revolutionized the practice of dentistry and the quality of prosthetic tooth replacement. The benefits and risks associated with immediate implant loading will be explored.

Learning Objectives: At the completion of this presentation, participants should be able to:

1. Provide immediate loading concept
2. Present immediate loading protocol as the treatment of choice to replace missing tooth and create a comfort level with the predictability of implant dentistry.
3. Focus on the unique design of Superline fixture
4. Provide easy to follow recipes for successful provisional restoration on the single implant
5. Understand the importance of initial stability during implant placement
6. Provide new pontic design for optimal esthetics

Is Autogenous Bone Still the Gold Standard Material for Bone Grafting Procedures in Implant Dentistry?
Presented through a grant from
Rocky Mountain Tissue Bank, Gold Sponsor
José E. Pedroza, DMD, MSc

- Founder and director, The Advanced Dental Implant Institute
- Completed Residency in Anesthesiology, University of Puerto Rico School of Medicine
- Earned Full Externship Certificate, Midwest Implant Institute and Center for the Advancement of Dentistry, Columbus, Ohio

Bone grafting is one of the least predictable procedures in implant dentistry. According to most scientific literature, dental implants and soft tissue augmentation procedures reveal high success rates. However, the results with bone grafting surgeries are inconsistent. Traditionally, autogenous bone has been acknowledged among the medical and dental community as the gold standard. Nevertheless, due to its limitations and complications, including increased operating time, limited availability and significant incidence of donor site morbidity and pain, allogenous bone has become a useful and predictable substitute for autogenous bone. For the clinician, a thorough understanding of bone grafts’ biologic properties results in a deeper perception of their potential and limitations. Tissue management is one of the crucial aspects of successful bone grafting, therefore, special attention must be given to intraoral plastic surgery remote incisions. To achieve the goal of NIRISAB (Natural Implant Restoration In Stable Alveolar Bone) it is critical to overcome the primary obstacle: bone deficiency. How do we resolve this problem? Applying the NIRISAB components has been proven to restore the loss of alveolar bone through augmentation procedures.

This presentation will address a different perspective regarding bone augmentation techniques such as vascularized osteotomies with interpositional grafts and onlay bone graft using materials like non-autogenous particulate cancellous, particulate cortical and cortical-cancellous bone blocks grafts.

Learning Objectives: Upon completion of this presentation, participants should be able to:

1. Recognize the indications and advantages of vascularized osteotomies with interpositional non-autogenous grafts for implant site development versus non-vascularized autogenous onlay bone graft
2. Discuss the philosophy of NIRISAB as an approach to overcome bone deficiency
3. Determine what type of non-autogenous graft material should be used for different augmentation surgeries, for example, particulate cancellous, particulate cortical and cortical-cancellous bone blocks
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Thursday's programs are designed to help you learn about attracting the right patient, taking that patient through the first visit, including initial case planning. There will be main podium presentations, concurrent sessions, including workshops and clinical roundtables to attend. Allied Staff are encouraged to attend the main podium sessions in the morning before gathering for programs in the afternoon that are specifically intended for their needs.

**MAIN PODIUM PRESENTATIONS**

(Simultaneous translation from English to Spanish will be provided.)

8:00 am - 8:55 am
Finding the Right Patient - It Takes More than an Ad
James R. McAnally, DDS
- CEO, Big Case Marketing
- Fellow, Academy of General Dentistry
- Author, dentistry’s only guidebook related to reconstructive case promotion

Dentistry has never had more predictable solutions for delivering function, comfort, and esthetics regardless of clinical condition, or a greater number of clinicians qualified to deliver life changing services. Unfortunately, most promotional efforts fail for finding patients who can benefit, and who will invest in what dentistry offers, leaving clinical skills and technology under-utilized. This presentation provides a clear understanding of why promotional efforts fail, refines thinking related to a practice’s current elective service promotion efforts, and helps clinicians not promoting services beyond limited reimbursement schemes to decide whether they should invest in the time and resources necessary for success.

Learning Objectives: At the completion of this presentation, participants should be able to:

1. Understand underlying marketing costs for insurance/government reimbursement scheme referred patients and why the 3-7% marketing “rule” is outdated for elective case promotion
2. Gain historical perspective on why most “creative” marketing fails to perform for practices promoting elective niche services
3. Identify key current Western economic trends affecting promotion of dental services
4. Understand the different levels of complexity with designing case acceptance systems for discussing insurance-limited versus fee for service dentistry with patients

9:00 am - 10:00 am
The First Visit for the Patient - Your Only Chance at the First Impression
Bill Blatchford, DDS
- Spoken at every major dental meeting in the US and has lectured frequently internationally
- Author, Dentist’s Mighty Guide Book, Playing Your ‘A’ Game, and Blatchford BLUEPRINTS

Dr. Blatchford will share how all people make decisions. He will show how education doesn’t work because decisions are always made emotionally. He will show you how to enjoy conversations with patients which allow them to express their dreams, values and challenges. These conversations make the patient feel they are in the driver’s seat, and you are a great listener. He will share important shifts in thinking and pitfalls of where we stumble. Dr. Blatchford will help you develop a path of much greater sales acceptance.

Learning Objectives: At the completion of this presentation, participants should be able to:

1. Discover what patients want and the deeper values of why they are seeking your care
2. Engage patients in conversations about themselves which have them sharing their values and dreams about a smile
3. Ascertain the factors which make the first visit so important and can mean the difference between “fixing” a small item or creating the opportunity to look into the future with them leading the conversation
4. Identify how to motivate your team to have patient-centered conversations with guests and keep that accountability going
5. Develop skills so every member of your team will be asking, “Would you like fries with your burger?”

11:00 am - Noon
Implant Complications: Methods to Reduce Biomechanical Factors. Key Implant Positions, Implant Number, and Implant Size
Carl E. Misch, DDS, MDS, PhD (h.c.)
- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Clinical Professor and Director of Oral Implantology, Temple University School of Dentistry, Department of Periodontology
- Co-inventor, BioHorizons Dental Implant System

All implant prostheses have key implant locations to reduce biomechanical stress. There are over 100,000 combinations of missing teeth, available bone in edentulous sites and quality of health of natural teeth abutments. As a consequence, treatment planning has often been an art form. In implant dentistry the implant abutment is more likely to be ideal in health. However, the position of the implant is critical to reduce complications. There are four rules for the key implant position: no cantilever, no 3 adjacent pontics, the canine rule and the first molar rule.

Once the key implant positions are located, the additional implants for the prostheses are determined. The primary factors which contribute to implant number are the quality of the bone in the edentulous sites and the patient force factors. The implant size is determined once the implant position and number are satisfactory for the prostheses. When an ideal size is not utilized, implant number and implant design is more necessary to consider.
Learning Objectives: Attendees can expect to learn the following from the presentation:
1. The most important implant positions in prostheses
2. Understand the necessary number of implants in prostheses is related to biomechanical stress
3. Develop a method to determine the ideal implant size for prostheses

1:30 pm - 2:25 pm
Comprehensive Implant Dentistry Using 3-D Imaging: Reduce Complications, Increase Confidence, Achieve Excellence
John Russo, DDS, MHS
- Private Practice, Periodontist
- Clinical Assistant Professor, Medical University of South Carolina, Division of Periodontics
- Course Director, Hands-on Cadaver Bone and Soft Tissue Grafting Course, Medical University of South Carolina

Today, three-dimensional imaging is an essential role in comprehensive implant dentistry. Having complete 3-D views of oral and maxillofacial anatomy, without distortion or magnification, provides advantages versus two-dimensional conventional radiographs. New technologies provide a complete implant treatment solution by pairing digital intraoral scanning with cone beam data to provide full control of implant placement and restorative design. A variety of clinical cases using Cone Beam 3-D data will be presented to demonstrate successful diagnoses and treatment planning of dental implant cases.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Become aware of current literature supporting the use of Cone Beam 3-D data
2. Understand the advantage of dissecting the anatomy on a computer prior to performing the implant surgery
3. Describe the limitations of two-dimensional radiographs
4. Prevent long-term dental implant complications by using Cone Beam 3-D data

2:30 pm - 3:30 pm
Treatment Planning - Implants Versus Root Canal Therapy: Read, Analyze, and then Decide
Jaime L. Lozada, DDS
- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Professor and Director, Graduate Program in Implant Dentistry, Loma Linda University

During treatment planning, the predictability of clinical dental procedures should always be taken into consideration prior to making a choice of therapy. The long-term prognosis of dental implants and endodontic procedures has been well documented. A recent quote from a dental journal indicates a change in treatment philosophy between saving a debilitated tooth and the anticipatory replacement with a dental implant. This presentation will describe a systematic review of the literature in implant dentistry and endodontics, as well as a list of recommendations and guidelines to help in the decision-making process for the best treatment of patients.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Analyze the predictability of the most common clinical procedures in dentistry
2. Understand indications for implant placement
3. Evaluate various clinical scenarios where implants or endodontic treatments may be recommended

4:30 pm - 5:30 pm
The Case Acceptance Appointment - What to Do Starting Next Week
Robert B. Willis, DDS
- Founder, Dentalcoach.com and PromoteYourPractice.com
- Lecturer at numerous associations and dental organizations on building well-run, profitable dental practices
- Private coach to dentists

Our technical expertise cannot overcome poor fundamentals of the Case Acceptance Process that is prevalent in dental practices. Knowing what to do is important, but knowing when to do it and getting it done separates the haves from the have-nots. All too often we see practices “fumbling the ball” at various places in the process when they should be “waltzing into the end zone untouched.” Case Acceptance turnovers are really costly as those patients are often lost forever. This presentation provides a simple, easy to implement blueprint template to getting cases accepted in a predictable way starting next week.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Identify the most effective ways to reach high probability Implant patients
2. Eliminate the “Case Acceptance Prevention Barriers” in your practice
3. Grease the skids in the initial visit so the Case Acceptance visit starts the treatment acceptance process, keeping things simple and letting them buy what they want
4. Engage your team—Who should do what and when they should do it
CONCURRENT SESSIONS

Workshops

8:00 am – Noon
W1: Predictable Socket Regeneration: 3-D Diagnosis, Patient Education, Techniques, and Materials
Presented through a grant from MIS
Robert A. Horowitz, DDS
- Clinical Assistant Professor, Dept. of Periodontics and Implant Surgery, NYU College of Dentistry
- Conducts research, bone grafting in sinus and deficient alveolar ridges, extraction socket augmentation, and placement of dental implants in areas of limited available bone

Often patients will require a combination of a number of therapies. When advanced periodontal disease has taken place, endodontic failure or cavities in non-restorable areas result in the need for tooth extraction. Appropriate diagnosis, with 3-dimensional cone beam tomography and patient education with ideal software, transfers the data in an understandable way to patients so they accept treatment. Numerous graft and barrier combinations are available to either preserve or augment the residual hard and soft tissue defects. Numerous cases will be shown with defects of various sizes. Appropriate analysis prior to extraction will determine the volume of the defect, number of walls surrounding the void, and the physical as well as esthetic demands of the site. The appropriate combination of grafts, enhancers, and barriers will be demonstrated. Numerous materials will be available for use in the hands-on portion of this course so that attendees can get a feel for which materials work best in these sites.

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. 3-D Volumetric Analysis of Extraction Site
2. Synthetic Bone Graft to Aid in Alveolar Regeneration
3. Biphasic Calcium Sulfate to Enhance socket preservation
4. Novel Dental Software for Patient Education and Increasing Case Acceptance
5. Optimizing Bone Preservation with Ideal Implant Design

8:00 am - Noon
W2: (PRF) Platelet-Rich Fibrin…Re-programming the Biology of the Osteotomy Site
Presented through a grant from Intra-Lock
Achille Peivandi, DDS
- Completed postgraduate program in Dental Implantology at Lyon I Claude Bernard University.
- Founder and Director, API (Association de Parodontologie et d’Implantologie).
- Private practice, Lyons, France

Robert Miller, MA, DDS
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Fellow, American College of Dentists

Platelet Rich Fibrin (PRF) is an autologous fibrin mesh made by spinning down whole blood and harvesting the platelet and leukocyte containing fibrin fraction. It is used to fabricate autologous membranes that can be sutured in place to increase the biotype of tissue. It can also be used to fabricate plugs for extraction sites and in extraction/immediate implant sites to graft the space between implant and facial plate as an alternative to bone grafting. Background, research, applications and methodologies regarding this procedure will be presented including a hands-on session devoted to the actual production and handling of PRF membranes. Clinical case presentations demonstrating the use of PRF in conjunction with an equally biologically driven implant technology will conclude the workshop.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Introduce PRF procedure and technique into your practice
2. Participate in the actual production of PRF membranes.
3. Explore the use of membrane-forming apparatus and the various techniques for multiple clinical applications.
4. Learn from clinical case presentations demonstrating the use of PRF in conjunction with equally biologically driven implant technology

1:30 pm - 3:30 pm
W3: Fundamentals of Systematic and Ethical Selling for Treatment Plans above $10,000
James R. McAnally, DDS
- CEO, Big Case Marketing
- Fellow, Academy of General Dentistry
- Author, dentistry’s only guidebook related to reconstructive case promotion

This workshop will give the clinician a basic foundation for understanding the essentials of a systematic approach to ethical selling and case presentations for treatment plans above $10,000. Fundamental “do’s and don’ts” that affect case acceptance will be covered as well as relevant consumer behavioral studies that impact selling elective dental services. The clinician will leave the workshop with a solid foundation of knowledge of what is required for better case acceptance as treatment option cost increases and will have developed a tangible list of the most basic steps to institute in his or her practice.

1:30 pm - 5:30 pm
W4: NobelClinician™: Digital Diagnostics and Treatment Planning
Presented through a grant from Nobel Biocare
Thomas J. Balshi, DDS
- Diplomate, American Board of Prosthodontics
- Director, Institute for Facial Esthetics
- Co-author of textbook: A Patient’s Guide to Dental Implant

Stephen F. Balshi, MBE
- CEO, CM Ceramics USA
- Director of Research for Prosthodontics Intermedia, Institute for Facial Esthetics

In this presentation, attendees will understand the utilization of digital diagnostic and treatment planning computer software. Advanced treatment planning, use of 3-D computer software and communication within the
dental team allows for a more streamlined process, higher referral and patient education and increased case acceptance. Working with the next generation of digital diagnostic software, NobelClinician™, patient treatment and colleague (surgeon, restorative, laboratory) communication has been enhanced and simplified.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Understand the diagnostic program and options for guided surgery
2. Obtain basic knowledge of features and the functions of tools within program
   a. Workspaces
   b. Measurements
   c. Implant placement
   d. Restorative options — abutment selection
3. Communicate features to support the dental team and patient education

Clinical Roundtables

1:30 pm – 2:30 pm
RT2: Techniques and Materials for Ridge Preservation and Implant Site Development
Barry Bartee, DDS, MD
- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Assistant Clinical Professor, Department of Surgery, Texas Tech School of Medicine
- Private dental practice with a special emphasis on implant dentistry, Lubbock, Texas

The purpose of this course is to familiarize clinicians with current techniques and materials available for ridge preservation and implant site development. With the current emphasis on esthetics in restorative dentistry, the prevention of post-extraction bone loss has never been more vital. With the current emphasis on natural esthetics in the field of implant dentistry, the importance of a properly developed implant site cannot be overstated. The scientific literature pertaining to soft and hard tissue esthetics will be reviewed as well as the scientific basis for the use of contemporary bone replacement materials. A treatment planning approach will be presented that will enable the clinician to select the correct material for extraction site grafting and apply it in a cost-effective manner.

Learning Objectives: After completing this program, participants should be able to:
1. Develop an organized approach to the treatment planning of future extraction sites
2. Understand the materials and techniques available for grafting extraction sites
3. Understand appropriate selection of materials for use in ridge preservation or in conjunction with immediately placed implants in extraction sites
4. Understand the techniques and materials available for localized ridge augmentation

4:30 pm – 5:30 pm
RT3: “Tunnel Grafting Procedure” to Gain Mandibular Bone Width
Alfred “Duke” Heller DDS MS
- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Private practice limited to dental implantology
- Director, Midwest Implant Institute

Robert Heller DDS
- Associate Fellow, American Academy of Implant Dentistry
- Faculty member, Midwest Implant Institute
- Staff member, Grady Memorial Hospital

The purpose of this presentation will be to show the implant dentist alternative methods of bone block grafting procedures to obtain lateral width of mandibular thin ridges sufficient to place normal width screw implants to support fixed crowns and bridges.
Each participant will learn the step-by-step procedure of utilizing a predictable “tunnel grafting procedure” that can give the patient increased ridge width up to 6-8mm of bone width in six months that is of sufficient strength to support screw-type implant placement. Hundreds of patients have benefited from the presenters’ use of this technique, plus hundreds of dentists taught by the presenter presently use this predictable technique to obtain sufficient bone width to place dental implants.

The participants will be shown an overview of how to use the “tunnel grafting procedure” in the following areas:

- Comparison of block bone graft procedures versus “tunnel grafting” procedures
- Step-by-step examples showing the development of a “tissue pocket” created by specific tissue manipulations that will allow for placement of bone grafting material
- Use of different tissue barriers which are essential to avoid tissue ingrowth into the grafted bone mixture
- Discussion of different bone grafting mixtures that have proven to be predictable to obtain sufficient bone width
- Decortications of lateral ramus of mandibular bone to allow for medullary blood supply needed for bone growth results
- Suturing techniques that assures best tissue closure
- Observation of several cases showing implant placement in previous “tunnel grafting procedures”
- Discussion of “tunnel grafting procedures” that did not produce the desired results of bone width sufficient to place implants

**Learning Objectives**: Attendees can expect to learn the following from the presentation:

1. Identify the needs and wants of the patients during the consultation process
2. Learn the specific equipment required by removable and fixed implant supported final restorations
3. Analyze what is required by staff, equipment and the office
4. Develop key process to aid the staff, dentist, lab and patients during the restorative process

**ALLIED STAFF PROGRAMS**

Allied Staff team members are encouraged to attend the Main Podium Programs on Thursday morning with their doctors to learn as a team how to best communicate the benefits of implants with patients and prospective patients.

1:00 pm – 1:30 pm

**Realities and Myths of Implant Dentistry: Introduction to the Program**

Matthew Young, DDS

1:30 pm - 3:30 pm

**Implant Connections: An In-depth Look at Implant Prosthetics for Staff**

Nicole Wardstrom

- Coordinator, Vancouver AAID MaxiCourse®
- Volunteer, Clinical Examiner, National Dental Assisting Exam Board of Canada
- President-Elect, Certified Dental Assistants of British Columbia

This program will start at the beginning - the patient. Together you will build from the foundation of a single implant to the full-mouth options. Also types of equipment, required components and impression materials will be covered so that a solid base of usable information is reviewed. A portion of this session will look at specifics on dealing with larger cases and long-term temporization. You will also learn some of the tips and techniques used by high-production offices that can be incorporated into any office.

**Learning Objectives**: Attendees can expect to learn the following from the presentation:

1. Identify the needs and wants of the patients during the consultation process
2. Learn the specific equipment required by removable and fixed implant supported final restorations
3. Analyze what is required by staff, equipment and the office
4. Develop key process to aid the staff, dentist, lab and patients during the restorative process

4:30 pm - 5:30 pm

**Important Considerations in the Staff’s Role for Implant Surgery**

John Minichetti, DMD

- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Fellow, Academy of General Dentistry

Many practices today offer dental implant surgical procedures. What differentiates the top surgical implant practices is the smooth and seamless management of patients by the entire dental team before and after dental implant surgery. The more familiar the staff is with pre-operative requirements, surgical management, and post-operative care, the better the experience for the surgical patient. This presentation will help the staff understand their roles in how to treat patients before, during, and after implant surgery and bone augmentation procedures.

**Learning Objectives**: At the completion of this presentation, participants should be able to:

1. Understand the staff’s role in pre-operative management for implant surgery
2. Understand the staff’s role during implant surgery
3. Develop knowledge and understanding of the staff’s role during socket grafting procedures, bone grafting, onlay grafting and sinus graft surgery
4. Understand the importance of the staff’s role in post-operative follow up care
**Midwest Implant Institute**

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**September 9-10, 2011**

**October 7-8, 2011**

**November 11-12, 2011**

**Introduction to Implant Surgery (301)**

Lecture Topics:
- Learn the Basics Well
- Simple Implant Placement
- Simple Implant Prosthetics
- Tissue Management
- Bone spreading techniques
- Bone grafting procedures
- Pre and Post-op pain management

**IMPLANT TEAM TRAINING (302)**

Lecture Topics:
- Staff Learn the Parts & Pieces
- Sterile technique procedures
- Diagnosis and treatment planning
- Proper suturing techniques

*Discuss 5 prospective implant patients with x-rays/models

**mii Externship (551-552)**

Ready, Set. Surgery.
Assist & Place Simple Implants
Maxillary Anterior (using bone spreading)
Maxillary Posterior (using bone spreading)
Mandibular Posterior
Mandibular Anterior

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Ziv Mazor, DMD
Private Practice, Ra’anana, Israel

High magnification SEM of Nanogen particles showing the nanocrystalline structure of the grains.

Nanogen grafted in molar extraction socket.

Clinical picture showing well regenerated bone 6 months following socket grafting.

Histology section of regenerated vital bone obtained 6 months after extraction socket grafting with Nanogen.

Periapical radiograph showing extraction socket.

Periapical radiograph showing implant, abutment and crown 4 months after implant placement. Good bone density and height is observed.

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Friday’s programs are designed to help you learn about treatment decisions and options you face every day in your practice. There will be main podium presentations and concurrent sessions, including workshops and clinical roundtables, for you to attend. We have planned a full day of role specific education for Allied Staff.

**MAIN PODIUM PRESENTATIONS**

**8:00 am – 8:55 am**

**Extract and Graft–Implant Later**

Suzanne Caudry, DDS, PhD

- Private Practice specializing in Periodontics and Implant Dentistry
- Associate in Dentistry, Department of Periodontology, Oral Reconstruction Unit, University of Toronto, Ontario, Canada

The relevant scientific and clinical concepts instrumental in the transition from a hopeless tooth to an esthetically pleasing dental implant, as well as decision making between immediate implantation vs. extraction, grafting, and future placement will be reviewed. The scientific evidence and rationale for preserving or reconstructing an extraction wound at the time of tooth removal for the ideal placement of a dental implant will be discussed. A step-by-step method for achieving predictably reconstructed bone with abundant overlying gingival soft tissues will be illustrated with clinical cases. This technique will provide excellent esthetic results for your implant patients.

**Learning Objectives:** At the completion of this presentation, participants should be able to:

1. Determine if an immediate implant should be placed, or if the socket should be grafted and an implant placed after healing
2. Discuss with your patients the rationale for bone grafting at the time of tooth extraction
3. Learn step-by-step method for extraction-socket-grafting to achieve predictable hard and soft tissues for esthetic implant placement

**9:00 am - 10:00 am**

**Extract and Implant**

Paul S. Petrungaro, DDS, MS

- Private practice periodontics and implantology
- Fellow, International and American College of Dentists
- Contributed many innovations in surgical dentistry

Providing the aesthetic implant restoration for the implant patient has been the main focus of Implantology for the last several years. The comparison of the implant/gingival complex to the natural tooth/gingival complex are significant, and play an important role in the successful aesthetics that can be achieved in single and multiple tooth implant restorations. Incorporation of basic periodontal/prosthetic principles into the Immediate Restoration procedure has provided the vehicle whereby realization of these goals can be achieved. This program will provide a comprehensive review of surgical and restorative principles necessary to predictably achieve aesthetics in single and multiple tooth implant restorations. The review will include ideal surgical stent design (The TempStent™ method), minimally invasive implant placement, the immediate restoration of implants in single and multiple sites, and minimally invasive bone grafting techniques. Large multi-disciplinary cases utilizing this philosophy will also be presented. Simplification of the entire implant surgical and prosthetic procedure is the main goal of this lecture. Multiple cases will be presented, with statistics presented on the success rate of over 4,000 sites using the Immediate Restoration procedure compiled by the presenter.

**Learning Objectives:** At the completion of this presentation, participants should be able to:

1. Understand proper placement, depth and spatial arrangement within the housing of a fresh extraction site
2. Manage a deficient facial plate at an immediate extraction, implant placement procedure
3. Use a provisional restoration to sculpt and guide natural soft tissue emergence profiles

**11:00 am - Noon**

**Implants for Immediate Function – Fact or Fiction**

Jack A. Hahn, DDS

- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Fellow, Academy of General Dentistry
- Private practice limited to implant surgical placement and restoration Immediate extractions replacements will be highlighted in the presentations. Single tooth replacements in the esthetic zone are readily accepted by patients, and the doctor that can deliver that service will experience practice growth, especially in difficult economic times. Attendees will be shown the step-by-step implant treatment for patients with hopeless teeth restored to health, comfort, function and esthetics in a relatively short time. Indications for immediate function will be discussed so that the attendees can make decisions on which cases they feel confident in treating. Surgical and prosthetic management of the various types of cases will be clearly demonstrated.

**Learning Objectives:** Attendees can expect to learn the following from the presentation:

1. Indications and treatment sequencing for immediate replacements for single, partially edentulous and fully edentulous fixed restorations
2. Factors determining two stage, one stage and immediate function
3. Prosthetic options for the various treatment modalities
The anterior region represents the most critical area from an esthetic standpoint and the most complex one with regard to the osseous and gingival architecture. In the anterior region, immediate implantation following an extraction and delayed implantation in a healed site with a thin biotype generally also represents the greatest clinical challenge. When a single central incisor is to be replaced by an implant crown without restoring the adjacent teeth as well, the aesthetic risk is even greater, as compromises are unacceptable. The soft tissue framework plays a critical role in the visual perception of any anterior restoration. Without a pleasing gingival framework, even the most skilled restorative dentist and ceramist cannot predictably deliver an esthetically pleasing result. However, without an implant restoration respecting and reproducing the optimal harmonious natural tooth gingival contour, it is also impossible to achieve an aesthetic outcome. Therefore, achieving ultimate esthetic in the anterior zone with implant restoration should be similar to achieving aesthetic with conventional restorative dentistry.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Understand the criteria for correct implant placement
2. Be able to identify the proper tissue management and grafting protocol
3. Choose the ideal material, shape and timing of abutment and prosthesis
**INTERNATIONAL WORKSHOP**

AAID is pleased to welcome our colleagues from Spain, Central America, South America, and the Caribbean to present this special full-day international workshop. Simultaneous translation will be provided from Spanish to English for this course. There is no additional charge to attend these sessions.

8:00 am – 9:00 am
**The Zygomatic Anatomically Guided Approach (ZAGA)**
Dr. Carlos Aparicio
- Director, educational training programs in Periodontics and Implant Dentistry in collaboration with the U. of Gothenburg and the University of Barcelona
- President, Spanish Society of Minimally Invasive Dentistry
- Past President, Osseointegration Foundation, American Academy of Osseointegration

Dental implants require sufficient bone to be stabilized. For some patients, implant treatment would not be an option without bone augmentation. One alternative to bone grafting in the atrophied maxilla is the use of zygomatic fixtures. The original surgical protocol prescribes an intra-sinus approach and the implant body inside the sinus. In the presence of a pronounced bucal concavity, the implant head has to be placed in a palatal position, which results in bulky bridge construction. In a 2003 prospective study, starting with the zygoma technique in 1991, 20 consecutive patients with pronounced buccal maxillary concavities were treated with an Extrasinusal Approach aiming to overcome the original protocol drawbacks. Supported by the anatomical identification of five facial skeletal forms, the original zygomatic protocol was moved to a new technique named The Zygomatic Anatomically Guided Approach (ZAGA). In this lecture, the seven years follow-up of 200 consecutive patients treated with ZAGA for the stabilization of fixed dental bridges will be used to describe the ZAGA technique and rationale. The study shows that ZAGA gives the principles for adapting the technique to the patient anatomy, resulting in an emergence at or close to the top of the crest, which is beneficial from biomechanical, cleaning and patient-comfort.

9:00 am – 10:00 am
**Implantology from the Simple to the Complex**
Dr. José Luis Rafel Amato
- Official Representative of La Sociedad De implantología Oral LatinoAmerican (SIOLA) in the Dominican Republic
- Professor of Oral Rehabilitation, Universidad Católica Santo Domingo
- Professor of Prosthodontics, Universidad Central del Este UCE

The objective of this program is presenting the different options and suggestions for rehabilitation of an edentulous patient. The juxtaposition of the prosthetic aspect with the surgical requirements will be covered. The use of the new technologies for the diagnosis and development of the treatment plan resulting from the prosthetic and surgical aspects will be discussed. The different options in Surgery Guided by Computer in one as in two tomograms takings, their advantages and disadvantages at the time of the planning will be covered. At the conclusion of the program, participants will have observed the different clinical options through the presentation of clinical cases, which will demonstrate the level of rehabilitation that is available in the Dominican Republic and Latin America.

11:00 am – Noon
**Computer Guided Implant Dentistry: Where Are We Now and Where Are We Going to Be in the Near Future?**
Alvaro Ordonez, DDS
- Chair, Craniofacial, University of Florida, Hialeah Clinic
- Co-Chair, Clinical Innovations Subcommittee, American Academy of Osseointegration
- Private Practice limited to TMJ, Facial Pain, Implant Dentistry in Coral Gables, Florida

The purpose of this lecture is to present the different clinical and academic protocols available today to adequately plan and perform Computer Guided Implant Dentistry. A look at different options and modifications to the clinical techniques that once integrated to the computer-guided protocols might dramatically affect the way in which computer-implant dentistry is practiced today will be discussed.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Understand the appropriate planning process to adequately perform a computer guided case
2. Understand how to perform and immediate load an “Immediate Smile Case”
3. Discuss the possibility of delivering ceramic crowns and abutments at the time of implant placement (cases will be presented)

1:30 pm – 2:10 pm
**From Surgery to Prosthodontics: Hard and Soft Tissue Management (Cortical Splits and Immediate Prosthesis)**
Dr. Norberto Manzanares Mayandia
- Co-Director in Spain of the AAID Maxi®Course
- Postgraduate in Implantology and Oral Rehabilitation at the University of New York, College of Dentistry
- Certified by the European Jury for Implantology and Oral Rehabilitation

One of the biggest challenges we have in our patient’s treatment is the final esthetic result of the anterior maxillary sector. To improve results, we sometimes must perform different surgical (expansive cortical Splits, Grafts, Membranes, etc.) and prosthetic procedures. This lecture will present different techniques that have attained improved esthetic results and stability over a long period of time. The key to success is to get the hard and soft tissues back to their normal and healthy form and position as soon as possible. Using a Single Surgical Time Procedure and immediate prosthesis placement, helps to initiate the tissue manipulation from the very beginning of the intervention.
Focusing on the posterior sector using Semi-plunged technique on implant placement surgery, in order to preserve the bone crest, has resulted in high success index concerning to long term bone stability, using different kinds of implants and prosthetic connections.

2:10 pm - 2:50 pm
Evaluation of the Maxillary Sinus Augmentation with Lateral Access and Actualization with Guided Tissue Regeneration Concepts
Dr. Alejandro Padrós Fradera
• Master Visiting Professor of Bioengineering at the Polytechnic University of Catalonia
• Academic Member of the International Academy of Implantology and Periodontology
• Director of the Scientific Committee KLOCKNER, SA

Stuffing techniques are highly predictable and are an acceptable practice to deal with cases of implant prosthesis in the maxilla. However, after reviewing some surgical cases, the radiographic images can be highly misleading, showing neoformado as bone, connective tissue, or combinations of epithelial biomaterials.

These combinations are presented in the sinus area of the filler (up to 4 mm.) Alternating with true bone formation in the medial, making it appear that whole vital bone is newly formed, when in fact it is only part of it.

We cannot say what percentage of cases exhibit this phenomenon, but could explain the resorption that occurred over time in some stuffed sinuses. These sinuses are successful from the point of view of the patient, in the sense that the implants remain stable and in function, but from the professional point of view, are not since part of the implant is outside the newly formed bone volume.

That is why we consider this process to be undesirable and filling of sinus should use techniques of guided bone regeneration, which complicates the operation of the sinus filling, but the process becomes more refined and biologically acceptable.

4:30 pm – 5:30 pm
Immediate Loading and Immediate Implants: Techniques and Indications
Ricardo Mitrani, DDS, MSD
• Academic affiliations at the University of Washington, University of Valencia (Spain) and UNAM (National University of Mexico)
• Member, Editorial Board, Journal of Esthetic and Restorative Dentistry, Compendium, Dental Press (Brazilian Journal)
• Private practice limited to Prosthodontics & Implants, Mexico City

For more than a decade, the concept of immediate loading of endosseous implants has become increasingly popular. The dental literature is flooded with articles describing numerous techniques and discussing the concept. This presentation will take a close look at clinical/technical protocols evolving around this modality. Consideration should be given to the fact that applying the concept of immediate loading to the fully edentulous patient either in the maxillary arch or in the mandible should be regarded as a different entity than when considering the esthetic outcome as a variable in the anterior esthetic zone.

Learning Objectives: Upon completion of this presentation, participants should be able to:
1. Determine when immediate loading/immediate placement is a feasible option
2. Understand the limitations and potential contraindications of utilizing these clinical protocols
3. Discuss the significant role of team communication for these clinical protocols
4. Determine which techniques will give the most successful and long standing results
**CONCURRENT SESSIONS**

**Workshops**

8:00 am – Noon
**WS5: NobelClinician™: Digital Diagnostics and Treatment Planning**  
(Repeat of Workshop W4, presented on Thursday)  
Presented through a grant from Nobel Biocare  
Thomas J. Balshi, DDS  
- Diplomate, American Board of Prosthodontics  
- Director, Institute for Facial Esthetics  
- Co-author of textbook: *A Patient’s Guide to Dental Implant*

Stephen F. Balshi, MBE  
- CEO, CM Ceramics USA  
- Director of Research for Prosthodontics Intermedia, Institute for Facial Esthetics

In this presentation, attendees will understand the utilization of digital diagnostic and treatment planning computer software. Advanced treatment planning, use of 3D computer software and communication within the dental team, allows for a more streamlined process, higher referral and patient education and increased case acceptance. Working with the next generation of digital diagnostic software, NobelClinician™, patient treatment and colleague (surgeon, restorative, laboratory) communication has been enhanced and simplified.

**Learning Objectives:** At the completion of this presentation, participants should be able to:
1. Understand the diagnostic program and options for guided surgery  
2. Obtain basic knowledge of features and the functions of tools within program  
   a. Workspaces  
   b. Measurements  
   c. Implant placement  
   d. Restorative options — abutment selection  
3. Communicate features to support the dental team and patient education

**WS6: Soft Tissue Management around Teeth—Hands-on with Pig Jaws**  
André P. Saadoun, DDS, MS  
- Diplomate, American Academy of Periodontology  
- President, “Rencontres Méditerranéennes de Dentisterie”  
- Recipient, French Medal “Chevalier de l’Ordre National du Mérite”  
- Private practice limited to esthetic periodontics and implant surgery

The purpose of this hands-on mandible pig jaws session is to learn the internal bevel sulcular and marginal incisions in order to raise partial and full thickness flaps. This exercise will give the participant the precise knowledge of these surgical procedures to perform pocket elimination by osseous recontouring and allograft placement and fixation. The participants will also learn precise suturing techniques for advanced coronally flap to cover gingival recessions. The main objective of the hands-on session will be to give the basic surgical principles in periodontal surgery that can be applied on both teeth and implants.

**Learning Objectives:** Attendees can expect to learn the following from the presentation:
1. Different types of incisions  
2. Different ways of flap elevation and dissection  
3. Allograft placement  
4. Different types of sutures

1:30 am - 5:30 pm
**WS7: Immediate Placement of Mandibular Molar Implants**  
Presented through a grant from MIS Implants Technologies, Diamond Sponsor  
Dan Holtzclaw, DDS  
- Diplomate, American Board of Periodontology  
- Co-Editor-in-Chief, *Journal of Implant & Advanced Clinical Dentistry*  
- Private practice limited to periodontics and dental implants, Austin, Texas

Immediate implants placed at the time of tooth extraction provide convenience for the patient in terms of reduced time to restoration of form and function. For the clinician, however, this procedure has an increased level of difficulty and presents unique challenges that are not present when implants are placed in healed alveolar ridges. This is especially true in the case of mandibular molars. Immediate implantation in these locations have complicating factors such as nerve proximity, ridge undercuts, implant placement stability, graft containment, and gingival management. The aim of this presentation is to provide a comprehensive analysis of immediate implant placement in the mandibular molar region with emphasis on actual clinical cases.

**Learning Objectives:** At the completion of this presentation, participants should be able to:
1. Understand the risks and benefits of immediate implant placement in the mandibular molar region.  
2. Understand the anatomical concerns unique to immediate implant placement in the mandibular molar region.  
3. Recognize situations which are suitable for the placement of immediate implants in mandibular molar sites.  
4. Understand the various techniques and materials for placement of immediate implants in the mandibular molar region.
Clinical Round Tables

8:00-9:00 am
RT4: Treatment Planning - Implants Versus Root Canal Therapy: Read, Analyze, and Then Decide.
Jaime L. Lozada, DDS
• Honored Fellow, American Academy of Implant Dentistry
• Diplomate, American Board of Oral Implantology/Implant Dentistry
• Professor and Director, Graduate Program in Implant Dentistry, Loma Linda University

This Round Table will build on Dr. Lozada’s Main Podium session of the same title. During treatment planning the predictability of clinical dental procedures should always be taken into consideration prior to making a choice of therapy. The long-term prognosis of dental implants and endodontic procedures has been well documented. A recent quote from a dental journal indicates a change in treatment philosophy between saving a debilitated tooth and the anticipatory replacement with a dental implant. This presentation will describe a systematic review of the literature in implant dentistry and endodontics, as well as a list of recommendations and guidelines to help in the decision making process for the best treatment of patients.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Analyze the predictability of the most common clinical procedures in dentistry
2. Understand indications for implant placement
3. Evaluate various clinical scenarios were implants or endodontic treatments may be recommended

11:00 am – Noon
RT5: Avoiding the Pitfalls of Immediate Function (Controlled Functional Osteocompression)
William Locante, DDS
• Fellow, American Academy of Implant Dentistry
• Diplomate, American Board of Oral Implantology/Implant Dentistry
• Private Practice, Brentwood, Tennessee Limited to Dental Implantology

The concept of immediate function on root form implants has become very popular. As the prevalence of immediate function increases, so does the potential for morbidities of this technique. We will discuss the potential morbidities and how to prevent them, as well as the factors that can make immediate function as predictable as our classical two-stage approach.

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. Engineering and how to design immediate function cases
2. Physiologic processes that can work against success
3. Considerations that make immediate function cases successful

ALLIED STAFF PROGRAMS

8:00 am - 10:00 am
Understanding Diagnostics for Implant Patients
Natalie Wong, DDS
• Fellow, American Academy of Implant Dentistry
• Diplomate, American Board of Oral Implantology/Implant Dentistry
• Clinical instructor University of Toronto, Assistant Professor Temple University
• Private Practice limited to prosthodontics and implant surgery

The basis for long-term clinical success in implant dentistry lies in a detailed diagnostic evaluation and a prosthetically-driven treatment plan. This requires a proper set of records and an understanding of the influencing patient factors. This presentation will discuss key elements in an implant diagnostic work-up, the role of CT scans, and the difference between a treatment plan and a plan of treatment. We will also evaluate current technological advances in impression techniques and its influence on the prosthetically-driven treatment plan.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Identify a standard diagnostic work up for implant treatment planning
2. Identify the patient factors that influence implant success
3. Examine the sequencing of appointments
4. Evaluate the different digital impression making techniques and compare it to traditional techniques

11:00 am - 12:00 Noon
Implant Prototype Restorations: The Key to Long-Term Success
Matthew R. Young, DDS
• Associate Fellow, American Academy of Implant Dentistry
• President, Bay Area Implant Synergy Study Club

Implant dentistry encompasses surgical, restorative, and laboratory disciplines. It is critical for all three to work together for an optimal result. It is imperative that the surgeon properly manage the surgical site, the restorative dentist to guide the hard and soft tissue with a properly fabricated provisional restoration and subsequent definitive restoration, and the laboratory to fabricate a high-quality restoration. During the restorative phase, the implant team is able to guide healing ensuring a predictable restoration. A well-trained allied team member can fabricate both cemented and screw retained prototypes.

This lecture will focus techniques for prototype fabrication, rational for prototypes, patient discussion for prototype fabrication, pertinent literature, communication among the implant team members, and practical procedures for the fabrication of provisional and definitive restorations. This lecture is meant for the entire implant team.
Learning Objectives: Attendees can expect to learn the following from the presentation:
1. Rationale for prototype fabrication
2. Allied team’s role in fabrication of cemented and screw-retained prototypes
3. Single Unit and Multiple Unit Cases
4. Patient case discussion

1:30 pm - 3:30 pm
The Hand-Off
Bill Blatchford, DDS
- Spoken at every major dental meeting in the US and has lectured frequently internationally
- Author, Dentist’s Mighty Guide Book, Playing Your ‘A’ Game, and Blatchford BLUEPRINTS

Learn how to gather and transfer patient information succinctly and successfully with a 30-second summary to the next caregiver as your patients move from reception to operatory. The end result is a confidently presented fee and a commitment to treatment before the doctor enters the room. Learn the questions to ask to expose patients’ dreams and desires not only for their oral health and their smiles, but for their lives. A smile is the first impression. Learn how to present treatment in a way that will illustrate how an improved smile will enhance the patient’s ability to achieve their dreams.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Find emotional hot buttons to move forward in the conversation
2. Understand the importance of eliciting emotional decisions rather than educating
3. Create the questions to ask to expose emotional hot buttons
4. Learn effective techniques to transfer information in a 30-second summary
5. Discover how to confidently present fees and get a treatment commitment before the doctor enters the room

4:30 pm - 5:30 pm
Pre-surgical, Surgical and Post-Op Assistance with Implant Surgery
James Rutkowski, DMD, PhD
- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Private practice concentration on oral rehabilitation and treating the medically compromised

This high energy, interactive lecture and hands-on participation course is designed for the dental assistant. It will provide the attendees with the tools for compiling the necessary information to assist the implant surgeon/restorative doctor with patient management during surgical and prosthetic phases of implant treatments. Topics to be included:
1. Steps in taking a proper patient medical/drug history
2. Use of drug interaction computer software for identification of drug interactions that may occur with dentally related medications
3. Pre-operative instructions for the implant and/or conscious sedation patient
4. How and when to check a blood glucose level for the diabetic patient
5. Monitoring the sedated patient’s respirations, blood pressure, pulse and oxygen saturation throughout the appointment
6. Post-operative instructions for the implant surgery and/or conscious sedation patient
7. Instructions for the prosthetic patient concerning steps involved in the “restoration phase”

The Dental Assistant will be able to comprehend why it is necessary to know the following:
1. Patient’s medical/drug history
2. Vital signs of the sedated patient
3. “Real-time” blood glucose level of the diabetic patient.

The Dental Assistant will be able to use correct procedures to:
1. Identify possible drug interactions
2. Monitor vital signs of the sedated patient
3. Obtain real-time blood glucose levels of the diabetic patient
4. Provide the patient with appropriate pre- and post-operative instructions concerning implant surgery and conscious sedation
5. Provide the patient with information on the prosthetic steps required for the restoration of the dental implant(s).

CONTINUING EDUCATION HOURS: AAID designates this activity for 16.0 continuing education credits. The AAID is an ADA CERP Recognized Provider.

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Saturday’s programs are designed to help you learn about the more complex treatment strategies as well as complications that you might encounter. There will be main podium presentations, concurrent sessions, including workshops and clinical roundtables to attend. The program for Allied Staff is designed to motivate and rejuvenate Allied Staff about their important role in the process as key members of the treatment team.

**MAIN PODIUM PRESENTATIONS**

(8:00 am – 8:55 am) **Regenerative and Esthetic Techniques in Implant Surgery: Clinical Applications with Recombinant Growth Factors**

Marc L. Nevins, DMD, MMSc
- Private practice of Periodontics and Implant Dentistry
- Assistant Clinical Professor of Periodontology at the Harvard School of Dental Medicine
- Diplomate of the American Board of Periodontology
- Co-Editor of *The International Journal of Periodontics and Restorative Dentistry*

Through technologic advances the ability to achieve esthetic surgical results with conservative techniques continues to evolve. The integration of recombinant growth factor technology into the surgical armamentarium is changing the approach to dental implant site development. This presentation will provide an update on techniques for esthetic implant site development using rhPDGF-BB (recombinant human platelet-derived growth factor BB). Cases will be presented demonstrating successful treatment of extraction socket defects and ridge augmentation procedures in preparation for implant placement combining rhPDGF-BB with bone replacement grafts (BRGs). The use of growth factor technology is reducing the need for autogenous bone grafting and allowing for less invasive procedures. Techniques utilizing combined hard and soft tissue grafting for periodontal and implant applications will also be presented. Applying tissue engineering to clinical decision-making achieves optimal biologic and esthetic results for challenging periodontal and implant cases. Surgical management for aesthetic challenges will be presented. Minimally invasive techniques will be presented and discussed.

**Learning Objectives:** At the completion of this presentation, participants should be able to:
1. Understand the benefit of platelet-derived growth factor for localized ridge augmentation
2. Predictably sequence surgical therapy for complex dental implant cases
3. Compare and contrast various bone replacement graft biomaterials for use as growth factor enhanced matrices

**9:00 am – 10:00 am**

**Enhancing Outcomes with Block Bone Grafts**

Craig M. Misch, DDS, MDs
- Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Clinical Associate Professor, New York University, Department of Implant Dentistry
- Dual specialist in Prosthodontics and Oral Maxillofacial surgery

There are several methods and materials available for augmentation of the deficient ridge. The choice of a specific technique will depend on the need for horizontal or vertical augmentation, degree of atrophy, type of prosthesis and clinician or patient preferences. There are several advantages to using autogenous block bone grafts for reconstruction including short healing times, dense quality, low cost and the ability to three-dimensionally reconstruct the lost anatomic contour. Autogenous bone grafts have proven to be the most effective in managing larger bone defects and greater atrophy. This presentation will discuss donor sites for bone harvest with an emphasis on decreasing morbidity. Bank allograft bone blocks have been proposed as an alternative to bone harvest, but these grafts have limitations. The distinct difference between using cortical versus corticocancellous bone grafts is outlined. Techniques will be reviewed to enhance outcomes and minimize complications with block bone grafts.

**Learning Objectives:** At the completion of this presentation, participants should be able to:
1. Understand the indications and advantages of block bone grafts over other ridge augmentation techniques
2. Review the advantages of using autogenous bone grafts over bone substitutes including bank allograft bone blocks
3. Understand graft incorporation and resorption with block bone grafts
4. Present clinical techniques that clinicians may use to enhance outcomes

**11:00 am - 12:00 Noon**

**Avoiding and Managing Esthetic Implant Complications**

Anthony G. Sclar, DMD
- Founder, Integrated Seminars; Director of Education, Sclar Center for Empowered Dental Implant Learning
- Editor, Dental Implant Surgery Section, *Journal of Oral and Maxillofacial Surgery*
- Director, Clinical Research and Post Graduate Dental Implant Surgery, Department of Oral and Maxillofacial Surgery, Nova Southeastern University School of Dentistry

Dr. Sclar’s presentation will review the role that esthetic risk assessment, patient education, strategic selection and proper sequencing of adjunctive procedures with implant placement and biologically compatible prosthetic protocols have on achieving predictable outcomes for single and multiple adjacent esthetic implant restorations. Case studies will be used to elucidate the important factors and principles related to avoiding and managing complications in esthetic implant therapy.
Learning Objectives: At the completion of this presentation, participants should be able to:
1. Follow an interdisciplinary treatment planning process and perform a pre-treatment esthetic risk assessment in order to develop biologically acceptable treatment options and an individualized esthetic risk profile for patients who desire esthetic implant replacements
2. Understand how strategic selection and proper sequencing of adjunctive procedures with implant placement and biologically compatible prosthetic protocols results in predictable outcomes in esthetic implant therapy
3. Understand the strategies for successful management of esthetic implant complications

CONCURRENT SESSIONS

Workshops

8:00 am – Noon
W8: Botox and Dermal Fillers
Pankaj Pal Singh, DDS
- Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Private Practice limited to dental implants and facial esthetics

Dentists attending this session will get a working understanding through demonstrations and limited hands-on in the uses of Botox cosmetics, dermal fillers and enhancers not only in the dental/oral applications but also for the smoothing of facial lines, wrinkles, and folds. This is very important for dentists because they need to be able to recommend and use these products and procedures not only to improve patient smiles, but also to improve the dento-facial profile.

Attendees will also learn the therapeutic value of Botox cosmetics in the treatment of TMD.

The presentation will cover:
- Patient assessment and consultation for Botox cosmetics, and dermal fillers and enhancers for use in the facial areas
- Differentiating between status and dynamic lines and their root causes
- Review the muscular anatomy of the face and peri-oral area
- Safety and risk assessment for botulinum toxin and dermal fillers injectable therapy
- Enhancing and finishing esthetic dentistry cases with dermal fillers and Botox
- Botox treatment for TMD and Bruxism
- Incorporating Botox and dermal fillers into your esthetic treatment plans
- Management and treatment of possible complications
- Beautiful lip augmentation, enhancing the cupid’s bow and creating the proportional lip to teeth proportion

• Eliminating smokers lines and fine lines around the mouth
• Volumizing the nasolabial folds and marionette lines and lifting the corners of the mouth
• Eliminating “number 11’s” and “crow’s feet”

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. Non-surgical facial enhancement esthetic procedures in today’s cosmetic and implant practice
2. When to use Botox and when to use dermal fillers
3. How to use and administer Botox and dermal fillers
4. Treat TMD using non-traditional dental modalities
5. How to profit from and enhance your practice form these non-traditional dental procedures

8:00 am - Noon
W9: Comparison of Lateral Window Preparation for Sinus Lift Procedures Rotary Bur, Piezosurgery, Controlled Drilling Depth Instrumentation
Alfred “Duke” Heller, DDS, MS
- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Private practice limited to dental implantology
- Director, Midwest Implant Institute

Robert Heller, DDS, MS
- Associate Fellow, American Academy of Implant Dentistry
- Faculty member, Midwest Implant Institute
- Staff member, Grady Memorial Hospital

The purpose of this presentation will be to show the implant dentist the use of at least three different techniques to gain entrance into the lateral surface of the zygoma for placement of bone grafting material for the sinus lift procedures. Participants will see multiple slide presentations comparing the different techniques to free a bony window for placement of bone grafting material. Video presentations of each technique will also be shown. The participants will compare the modulated-frequency piezoelectric energy scalpel with rotary bur and controlled drilling depth instrumentation.

High-frequency oscillations vary between piezo units. Two units will be available for hands on demonstration: Mectron (Piezosurgery unit) (24 kHz to 29.5 kHz) and the Acteon (Piezotome unit) (28kHz to 36kHz). Each unit is modulated with a low frequency between 10 and 60 Hz, enable efficient and controlled use to accomplish many functions for the implant dentist. Each participant will learn that the piezoelectric scalpel cuts bone but does not cut tissue making it favorable technology for sinus window preparation, or securing of bone block grafts, especially from lateral ramus and chin areas.

Each participant will also learn the art of using a rotary #4 and #6 round bur to make a sinus window preparation minimizing membrane tearing.
Each participant will also utilize the controlled depth Zimmer instrumentation for the SLA (sinus lateral approach) and SCA (sinus crestal approach) minimizing membrane tearing.

The participants will be shown a slide and video presentation overview comparing how to use all three-zygoma window preparation techniques. Each participant will use each technique with models supplied.

The participants will demonstrate the following hands-on techniques:
- Osteotomy for bony window preparation of maxillary sinus surgery using rotary bur #4 and #6.
- Osteotomy for bony window preparation of maxillary sinus surgery using the Zimmer Lateral Approach Kit.
- Osteotomy for bony window preparation using the Mectron and Acteon piezoelectric instrumentations. (Artificial bone and eggs will be utilized)
- Use of the non-cutting elevator of the sinus membrane elevation minimizing sinus membrane tears.
- Removal of unwanted sinus bone buttress without tearing sinus membrane.
- Removal of unwanted bone such as nasal spine or bony tori.
- Harvest autogenous bone for bone grafting in adjacent sites.
- Harvest cortical bone blocks or chips from chin and lateral ramus.

Evidence-based literature will be reviewed and made available from all three companies.

Clinical Round Tables

8:00 am – 9:00 am
RT6: Development of the Bone Foundation of Implants
Joel Rosenlicht, DMD

- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Board certified American Board of Oral and Maxillofacial Surgery
- Chief of Oral Surgery Eastern Connecticut Health Network

With the popularity of both mini-implants, short fat (wide) implants, and a variety of prosthetic options, determining the need for augmentation becomes more challenging. If augmentation is to be considered, determining the appropriate surgery and materials to use also presents a challenge. In this short hour, we will discuss these concepts and issues with the goal of getting a better appreciation of these choices and decisions.

Learning Objectives: Attendees can expect to learn the following from the presentation:
1. To access the surgical site for implant placement and the need for augmentation
2. Alternatives to grafting when placing implants
3. Types of augmentations and new materials and techniques to consider

Allied Staff Programs

8:00 am – 12:00 am
Keeping the Flame Alive
Tina Calloway, CDA

- Advisory Board Member, Dental Assisting Digest and Inside Dental Assisting
- Past President, Piedmont Dental Assistant Society

How many times have you heard "I am just an assistant?" One of the greatest assets in today’s field of dentistry is the dental assistant. Where would we be as a profession without these leading clinicians? Today’s assistant requires leadership, knowledge of dental science, and exceptional communication skills. The dental team will leave this program with a rejuvenated sense of talent, opportunity and worth.

Learning Objectives: At the completion of this presentation, participants should be able to:
1. Recognize different leadership styles
2. Learn what you can do to become a team leader
3. Set goals and learn how to apply them personally and professionally
Highly Successful MIS Implant

The MIS SEVEN implant has a highly advanced surface with a high rate of successful osseointegration (98%), which was validated by extensive worldwide research and clinical studies in cooperation with world-class universities and scientific research institutes. Its unique geometric design gives the SEVEN implant the important features of simple, quick and safe insertion, high primary stability, and compatibility in the most complex cases in every area of the jaw.

MIS offers a wide range of innovative kits and accessories that provide creative and simple solutions for the varied challenges encountered in implant dentistry. To learn more about MIS visit our website: [www.misimplants.com](http://www.misimplants.com) or call us:

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professionals rely on professionals
OVERVIEW
Poster Presentations and Table Clinics will be an important part of this meeting and an ideal opportunity for dental professionals and graduate students to participate.

We will accept applications for Posters and Table Clinics until we reach capacity, so the sooner we receive your application, the better. However, if you want the title and name of authors to appear in the printed onsite program guide, we must receive your application by August 15, 2011. We will e-mail applicants within a month of receipt of the application to verify acceptance provided your application is complete.

MEETING REGISTRATION: Full-time dental students who are Poster Presenters and Table Clinic Presenters are eligible for complimentary meeting registration. Students are responsible for their own housing and all other expenses connected with attending the meeting. Non-student Poster Presenters and Table Clinic Presenters (i.e., not full-time dental students) must register to attend the meeting at full dentist rates and are responsible for their own housing and all other expenses connected with attending the meeting.

POSTER PRESENTATIONS
Dental students and practitioners are eligible to present a Poster. Poster Presentations will be on display Thursday, October 20 through Saturday, October 22.

- A panel of judges will evaluate each Poster Presentation.
- First, second and third place winners will receive cash prizes.
- AAID will supply the tack (poster) board and pushpins.

Poster Presentations are typically a report of research or an innovative approach. Poster Session presenters place materials such as pictures, data, graphs, diagrams and narrative text on a 8 feet long x 4 feet high tack board. Presenters are welcome to provide handouts, at their own expense, to supplement the poster.

The poster can be assembled Thursday, October 20 before 10:00am so that it is ready for display at the first refreshment break. Presenters select their own poster site. The poster can be removed on Saturday morning between 11:00 am – 1:00 pm. Any poster not removed by 1:00 pm will be discarded.

TABLE CLINICS
Dental students and practitioners are eligible to present a Table Clinic. Table Clinics will be offered during the 60-minute refreshment break on the afternoon of Friday, October 21.

First, second and third-place Table Clinics will receive cash prizes. A Table Clinic typically consists of a ten-minute presentation supported by information on the presenter’s laptop computer. The audience stands around the table to hear the presenter. It is important that the presentation is limited to ten minutes so that the audience members can hear as many presentations as possible.

AAID will provide a small, high table on which the presenter may place a laptop. Table Clinic presenters must bring their own laptops. Because of the danger of audience members tripping on unsecured power cords, we cannot guarantee that we can provide electrical hookup. So please be prepared for your laptop to use battery power.

For more information
If you have any questions about the scientific content, the application process, the status of your application, the time of your presentation or other logistics, contact Sara May, Director of Meetings, at 312.335.1550 or e-mail sara@aaid.com.

Detailed information about the rules, process, and suggestions for preparing your abstract, as well as an online application, can be found online at AAID Web site. Or scan the QR Code below with your smartphone for direct access to the online Application to Present a Table Clinic or Poster Presentation.
ASSOCIATE FELLOW AND FELLOW

The Academy offers you the opportunity to distinguish yourself in your community as a credentialed member of AAID. Recognized by the courts as a bona fide program, the Academy’s credentials in implantology, through the Associate Fellow and Fellow membership examinations, are based on psychometric principles.

If you have been planning to become a credentialed member of the AAID, this year’s annual meeting is a good time to start. The first step is to apply to take Part 1 (written) of the two-part Associate Fellow examination, which will be given on Sunday, October 23. To be examined then, your application for Part 1 of the examination and the $950 application fee must be received in the Headquarters Office by September 23. (Applications will not be accepted on-site at the Annual Meeting.) Visit the Credentialing tab of the AAID website www.aaid.com – or call the Headquarters Office to obtain the application and related materials.

ADMISSIONS AND CREDENTIALS (A & C) BOARD IN EXHIBIT HALL

Visit the A & C Board’s area near the entrance to the Exhibit Hall. There you will have the opportunity to talk with some of this year’s new credentialed members and see how they implemented the Guidelines for the Preparation of Case Reports. Representatives of the A & C Board will also be present.

Visit at the following times:

Thursday, October 20
During the Afternoon Break
3:30 pm – 4:30 pm

Friday, October 21
During the Implant World Expo Gala
5:30 pm – 7:00 pm

Saturday, October 22
During the Morning Break
10:00 am – 11:00 am

A & C BOARD ROUNDTABLE SESSIONS

The Admissions and Credentials Board has scheduled the following two roundtable sessions where you can talk with members of the Board about the examination process:

Thursday, October 21
During the Morning Break
10:00 am – 11:00 am

Friday, October 22
During the Morning Break
10:00 am – 11:00 am

There is no charge for these sessions. However, pre-registration is required with your Annual Meeting registration.

BECOME A DIPLOMATE OF THE ABOI/ID

Stop by the American Board of Oral Implantology/Implant Dentistry exhibit booth to find out more information on becoming a Diplomate of the ABOI/ID. ABOI/ID staff as well as current Diplomates will be available to answer your questions.

YOU ARE ALSO WELCOME TO ATTEND THE FOLLOWING PROGRAMS:

THE ABOI/ID CERTIFICATION PROCESS EXPLAINED AND HOW TO COMPLETE THE PART I AND PART II APPLICATIONS

Thursday, October 20
8:00 am -10:00 am
Cost: FREE

This program will provide you useful information about the ABOI/ID Certification process as well as answer any questions you may have about completing and submitting your applications.

Dr. Walter C. Chitwood Jr., President of the ABOI/ID, and ABOI/ID staff will provide detailed step-by-step information.

ABOI/ID DIPLOMATE INDUCTION LUNCHEON

Friday, October 21
12:00 Noon - 1:30pm
Cost: $75.00
Includes lunch

Join us at the ABOI/ID luncheon to honor the new 2011 ABOI/ID Diplomates. During this event the ABOI/ID President, Dr. Walter C. Chitwood Jr., will discuss current ABOI/ID activities and present new Diplomates with their medallions.

Current ABOI/ID Board members, committee members and Past ABOI/ID Presidents will also be recognized during this event. Whether you are a Diplomate or not, everyone is invited to attend.

The ABOI/ID will be making a big announcement regarding a new educational initiative - be sure to attend and be part of the excitement!

Last year’s luncheon sold out quickly; so be sure to purchase your tickets in advance.

Tickets can be purchased through the AAID with your Annual Meeting registration.
STACK THE DECK IN YOUR FAVOR WITH THE AAID RESEARCH FOUNDATION AUCTION

The Research Foundation Auction helps you stack the deck in your favor by giving you the opportunity to save money on purchases for your office as well as your other interests.

The items offered at this year’s AAID Research Foundation Auction are useful and valuable. The Foundation has obtained such items for your practice as dental implant systems, educational and hands-on training courses. This year the Auction will also include stays at much sought-after vacation spots, collectable art work and a surprise item or two.

Everyone is eligible to bid in the auction! You must obtain a bidding number from the registration desk to participate. You will need to provide credit card information so that any winning bids you make can be charged to your credit card. YOUR CREDIT CARD WILL NOT BE CHARGED UNLESS YOU ARE THE WINNING BIDDER.

This fundraising event benefits the Research Foundation’s ongoing research programs. The Auction will provide an opportunity for participating industry and AAID members to cooperate in a joint effort to generate funding for the Foundation, while at the same time, enjoying personal benefits from the experience. Products/services are donated to the Research Foundation by companies/organizations and individuals for bidding by attendees during the Annual Meeting.

HOW THE AUCTION WORKS

Information describing auction items will be available at the Annual Meeting registration desk and at the Auction area outside the Exhibit Hall. Table-top easels will feature a photograph/advertisement of each product/service, item number, product description, and name of company or individual that donated the item.

A bid sheet associated with each item will list the minimum starting bid and minimum bidding increments, will have a line for bidders to sign and print their name, write-in a new bid amount and print their bid number assuring a constant update of changing bid amounts. There is no limit to the number of bids a member can enter for any given item; if someone places a higher bid, members may bid again. The highest bid at closing wins the item. AAID/RF will charge winning bids to the credit card used to obtain the bidding number.

Written bids will be accepted starting at 9:30 a.m., Thursday, October 20. All bidding will close at exactly 12:30 pm, Saturday, October 22. The highest bid at closing wins the item. Upon receipt of payment, the AAID/RF will notify the donors to deliver items, at their expense, directly to the winning bidder.
CONTINENTAL BREAKFASTS
Start each day of the meeting on the right foot with a continental breakfast. This is an excellent opportunity to share information with your peers before attending a scientific program. Continental breakfasts are open only to registered attendees. Badges will be required.

NETWORKING/REFRESHMENT OPPORTUNITIES
Take a break from formal learning to continue discussions with colleagues during the twice-daily refreshment breaks. Examine what is available to the implant dentist at the Implant World Expo in the Exhibit Hall. Enjoy refreshments while sharing information with colleagues and suppliers. Badges will be required.

WELCOME RECEPTION
Wednesday, October 19
All registrants and registered guests are invited to attend the Welcome Reception on Wednesday, October 19 from 5:30 pm – 7:00 pm. This is a wonderful opportunity to reconnect with old friends and make new ones from the implant profession in a relaxed atmosphere while enjoying light appetizers and beverages of your choice. Badges will be required.

IMPLANT WORLD EXPO LUNCH
Thursday, October 20
No need to look for a restaurant, worrying if you will be finished in time for the start of the afternoon education session. Join your colleagues on Thursday, October 20 from Noon until 1:30 pm in the Exhibit Hall for a FREE lunch and visit with the suppliers who help make your practice successful. Every registrant will receive a ticket for lunch.

DISTRICT CAUCUSES LUNCH
Thursday, October 20
Meet your fellow members who practice in the same geographic area and enjoy a box lunch while discussing AAID business. This event is open to all AAID members — credentialed or general — although, only credentialed members may cast votes. This is an excellent way to become involved in the workings of the Academy and develop new contacts in the profession. Each District will meet in a different room for lunch and conversation on Thursday, October 20 from Noon until 1:30 pm. There is no cost for this event. Pick up your box lunch in the Exhibit Hall.

CELEBRATION OF CREDENTIALS
Thursday, October 20
Celebrate success in implant dentistry as AAID recognizes members who attained the level of Fellow, Associate Fellow, or ABO/I/ID Diplomate. Congratulate AAID’s newest credentialed members and learn what it takes to join their ranks. This will occur at the close of the Main Podium Presentations on Thursday, October 20.

WOMEN DENTISTS’ WINE AND CHEESE GATHERING
Thursday, October 20
Join your colleagues at AAID’s Women Dentists’ Wine and Cheese Gathering on Thursday, October 20 from 6:00 pm until 7:30 pm. This is a wonderful place to talk with members who share similar challenges and opportunities.

IMPLANT WORLD EXPO RECEPTION
Friday, October 21
Join colleagues and suppliers to the implant profession in the exhibit hall for the Implant World Expo. Over 120 suppliers to the implant dentistry profession will be there. Chat with fellow professionals while enjoying hors d’oeuvres and cocktails. This outstanding event is open to all registered guests (badge required) and will be held from 5:30 pm until 7:00 pm on Friday, October 21. Badges will be required.

PRESIDENT’S CELEBRATION
Saturday, October 22
Join AAID President and Mrs. Orico on Saturday evening, October 22, to enjoy an outstanding meal, say a fond farewell to your friends, dance to some great music, and celebrate AAID and everything you have helped it accomplish during its first 60 years. The recipients of the Isaih Lew Memorial Research Award and the Aaron Gershkoff Memorial Award will be introduced and honored. One ticket is included with each dentist’s registration (except for student registrations) and additional tickets can be purchased for $195.
**EXHIBIT HALL HOURS AND LOCATION**

**Exhibit Location**
The Exhibit Hall is located in the Palace Ballroom on the Emperors Level.

**Exhibit Hours**
- Thursday, October 20: 9:30 am – 5:00 pm
- Friday, October 21: 9:30 am – 7:00 pm
- Saturday, October 22: 9:30 am – 1:00 pm

**EXHIBITORS**

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Exhibitors as of June 21, 2011

**COME PREPARED TO BUY AND SAVE!**

Some exhibitors offer AAID Annual Meeting ONLY discounts.

Visit the Implant World Expo and ask for AAID Meeting specials.
PERSONAL INFORMATION

Name ____________________________________________________________

Office Address __________________________________________________

City __________________________ State ________ Zip ___________ Country _____________

Office Telephone____________________ Office Fax __________________________ Year of birth ________

E-Mail __________________________________________________________ Website ____________________

Dental Education: __________________________ Degree ___________ Year ___________

Advanced Dental Education: __________________________ Degree ___________ Year ___________

Are you currently enrolled as a full-time student in an undergraduate or graduate dental program? ☐ No ☐ Yes

If yes, specify the institution/hospital __________________________ Type of program __________________ Completion date ________

Are you currently on active duty as a full-time member with the military? ☐ No ☐ Yes

Area of Practice: ☐ General ☐ Oral Surgery ☐ Periodontics ☐ Prosthodontics ☐ Other (specify) _______________________

How did you learn about the AAID? ☐ Member referral (specify) __________________________
☐ Internet ☐ Direct mail ☐ Publication ☐ Other __________________________

MEMBERSHIP DUES  AAID’s membership year is December 1 – November 30, and the annual dues are $295 for general members, and $50 for members who are a student/resident or on active military duty (must provide documentation of status as a full-time student or military). For those joining after July 1 for the remainder of the year (through November 30) the dues are $175 for general members and $25 for students/residents and military.

PAYMENT

☐ My check for $ ______________________ payable to the AAID in US dollars, is enclosed.

☐ Please charge $ ______________________ to my ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Account Number __________________________ Cardholder’s Name __________________________

Expiration Date ________ Sec Code ________

Submit your application and payment to: Mail: American Academy of Implant Dentistry Fax: 312.335.9090

c/o Delaware Place Bank 190 E. Delaware Place, Dept. #350

Chicago, IL 60611 Prelim 2011

COMMUNICATIONS BY FAX  I would like the AAID and the AAID Research Foundation to send me facsimiles, including professional news and information, meeting and continuing education course information, and other promotional materials, so I can take full advantage of the various programs and services offered by the AAID. ☐ Yes ☐ No

List all fax numbers that can be used to provide you with the latest AAID information:

________________________________________________________________________________________

________________________________________________________________________________________

Please acknowledge your consent by signing below.

Signature __________________________ Date __________________________

AAID dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

Payment must accompany application.
SAVE $100 OFF REGISTRATION FEES UNTIL SEPTEMBER 19, 2011, ONLY

CAESAR’S PALACE, LAS VEGAS, NEVADA, OCTOBER 19–22, 2011

A separate registration form must be completed for each paying attendee:

- Each dentist, including spouses or other family members who are dentists, must register as a dentist
- All dentists, including non-practicing dentists, must register in the appropriate dentist category.
- Admission to continuing education programs is limited to registered dentists, technicians and office staff.

Please print clearly or type. Any corrections, modifications or additions must be submitted in writing.

YOUR CONTACT INFORMATION (Please write legibly.)

Last name: ____________________________________ First Name: ______________ Degree(s): __________________________

Address: __________________________________________________________ Country: __________________________

State: __________________________ Zip: __________________________

Phone: __________________________ Fax: __________________________

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

A. Meeting Registration

<table>
<thead>
<tr>
<th>AID Fellow*</th>
<th>$1095</th>
<th>$1195</th>
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<tbody>
<tr>
<td>AID Associate Fellow*</td>
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<tr>
<td>ABOVID Diplomate*</td>
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<tr>
<td>AID General Member*</td>
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<tr>
<td>AGD Member* (AGD Member # required)</td>
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<tr>
<td>NonMember PLUS! Dentist*</td>
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[Includes Membership in AID through November 30, 2011]

- Nonmember* $1495 $1595
- Life Member or Retired Member* $245 $245
- Technician $345 $395
- Office Staff $345 $395

Register 3 or more allied staff from same office at $275 each.

Doctor’s Name

<table>
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<tr>
<th>Student</th>
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<tr>
<td>Spouse Name</td>
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<tr>
<td>Guest Name</td>
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* Includes one (1) President’s Celebration ticket

B. Workshops

- Each Workshop is $99 if registration received by 9/19/11 ($119 after 9/19/11)
- Check Enclosed

W1 Robert A. Horowitz, DDS - Predictable Socket Regeneration (Thurs. am)
W2 Achille Pevandi, DDS and Robert Miller, MA, DDS - Platelet-Rich Fibrin (Thurs. am)
W3 James R. McAnally, DDS - Fundamentals of Systematic and Ethical Selling for Treatment Plans above $10,000 (Thurs. pm)
W4 Thomas J. Balshi, DDS and Stephen Balshi, MBE - NobelClinician™: Digital Diagnostics and Treatment Planning (Thurs. pm)
W5 Thomas J. Balshi, DDS and Stephen Balshi, MBE - NobelClinician™: Digital Diagnostics and Treatment Planning (Fri. am)
W6 André P. Saadoun, DDS, MS - Soft Tissue Management (Fri. am)
W7 Dan Holtzclaw, DDS - Immediate Placement (Fri. pm)
W8 Pankaj Singh, DDS - Botox and Dermal Filler (Sat. am)
W9 Alfred “Duke” Heller, DDS, MS and Robert Heller, DDS - Sinus Lift Procedures (Sat. am)

C. Clinical Roundtables

- Each Clinical Roundtable is $49 if registration received by 9/19/11 ($59 after 9/19/11)
- Check Enclosed

RT1 Bill Blatchford, DDS - Personal Aspects of Selling Your Practice
RT2 Barry Bartee, DDS, MD – Ridge Preservation (Thurs. pm)
RT3 Alfred “Duke” Heller, DDS, MS and Robert Heller, DDS - “Tunnel Grafting Procedure” (Thurs. pm)
RT4 Jaime Lozada, DDS – Implants vs. Root Canal (Fri. am)
RT5 William Locante, DDS – Pitfalls of Immediate Function (Fri. am)
RT6 Joel Rosenlicht, DMD – Development of Bone Foundation (Sat. am)
RT7 Edward R. Kuske, DDS - Hydrosurgical Effects of the YSGG Laser (Sat. am)

D. Special Events

- A & C Roundtable (Thurs. 10 – 11 am) No Cost but reservation required
- A & C Roundtable (Fri. 10 – 11 am) No Cost but reservation required
- Women Dentists’ Wine & Cheese (Thurs. 6 – 7:30 pm) No Cost but reservation required
- NobelClinician™ Lunch (Fri. Noon – 1:30 pm) $75
- President’s Celebration (Sat. 6:00 pm) $195

E. Simultaneous Translation

- English to Spanish (Thurs. and Sat.) No Cost but reservation requested
- Spanish to English (Fri.) No Cost but reservation requested

GRAND TOTAL (A+B+C+D+E)

METHOD OF PAYMENT

☐ Check Enclosed ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card No. ______________________________________

Card Exp. Date: ___________ 3 Digit Security Code from Back of Credit Card

Signature: ______________________________________

Send check, payable in US$, and this form to the AID:
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 www.aaid.com.

Or you may fax your form to 312-335-9090.

American Academy of Implant Dentistry • 211 East Chicago, Ave., Suite 750
Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

Registrations received by October 4, 2011 will be processed prior to the meeting. Anyone wishing to register after October 4, 2011, must do so online.

Requests for refunds must be made in writing and received by September 26, 2011, for a 100% refund; between September 27 and October 3, 2011, for a 50% refund. Due to advance commitments to the hotel, no refunds will be made after October 3, 2011. A $50 administrative fee will be retained on all refunds regardless of when requested.

Call the Caesar’s Palace at 1.866.227.5944 or 1.702.731.7222. Mention the American Academy of Implant Dentistry (Group code: SC AAI1) for special group rates.

Visit https://resweb.passkey.com/Resweb.do?mode=welcome&groupID=2820458

or for more information or make your reservations online through www.aaid.com.
Suite 750
211 East Chicago Avenue
Chicago, IL 60611