SURVEY SAYS

Paying too much for implants?

Getting the ROI on marketing?

Earning what you deserve?

Charging too much...or too little?

INSIDE

- Efficiency creates profitability
- The ADA, the Courts, the FTC, and the ABDS
- Questions to ask BEFORE buying a CBCT
- The emergency 30-minute full-arch interim restoration under $10
introducing the new
snap coping™

accurate impressions in a snap

The snap coping offers an accurate implant-level impression for single or multiple units with an easy to use closed tray, pick-up technique. The one-piece design easily snaps into the prosthetic platform by hand, without the need for additional instruments. The color-coded titanium ring is used to verify seating on a radiograph and matches the emergence of the corresponding healing abutment. The low profile 9.5mm coping height can be reduced further to 6.5mm by removing the top flange without compromising the accuracy of the impression.

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Customer Care: 888.246.8338 or
shop online at www.biohorizons.com
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Editor’s Notebook</td>
<td>Do you know England?</td>
</tr>
<tr>
<td>6</td>
<td>Industry News</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>COVER STORY</td>
<td>2016 Dental Implant Practice Benchmarking Study</td>
</tr>
<tr>
<td>16</td>
<td>Business Bite</td>
<td>Efficiency creates profitability</td>
</tr>
<tr>
<td>18</td>
<td>Legal Bite</td>
<td>The ADA, the Courts, the FTC, and the ABDS</td>
</tr>
<tr>
<td>20</td>
<td>Clinical Bite</td>
<td>Questions to ask BEFORE buying a CBCT</td>
</tr>
<tr>
<td>22</td>
<td>Clinical Pearl</td>
<td>The emergency 30-minute full-arch interim restoration under $10</td>
</tr>
<tr>
<td>26</td>
<td>President’s Message</td>
<td>The path to recognition</td>
</tr>
<tr>
<td>28</td>
<td>Welcome to AAID’s Clinical Classroom</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Featured MaxiCourse®</td>
<td>Then and now, six years in Vancouver</td>
</tr>
<tr>
<td>32</td>
<td>Soundbites</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Academy News</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Present a Table Clinic or Poster at AAID’s</td>
<td>Present a Table Clinic or Poster at AAID’s 2016 Annual</td>
</tr>
<tr>
<td></td>
<td>2016 Annual Educational Conference</td>
<td>Educational Conference</td>
</tr>
<tr>
<td>38</td>
<td>Over 100 candidates seek AAID credentials</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Nominations for Academy and Foundation</td>
<td>Nominations for Academy and Foundation Awards Sought</td>
</tr>
<tr>
<td></td>
<td>Awards Sought</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Thank you to the 2015 Donors</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>New Members</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>New Student Members</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Continuing Education Bite</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Implant Specialty Wins Debate</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Obituaries</td>
<td></td>
</tr>
</tbody>
</table>
One of my favorite sayings is, “he who knows England only, knows England not at all.” Being somewhat of a “cottage industry,” we tend to practice in isolated office environments and may drift into disadvantageous patterns without fully realizing it.

While you may fully know the “numbers” within your practice, if you don’t have a grasp on the rest of the profession overall, you really don’t have quite as much knowledge about your practice as you might think.

Over the past 18 months, the American Academy of Implant Dentistry conducted the first, comprehensive, in-depth study of how implant dentists actually conduct their implant practices. The Academy retained McKinley Advisors, one of the leading independent research firms in the country, to conduct the study. Some of the findings may surprise you. For example, owner-dentists in one region of the U.S. reported income levels over 60% greater than those owner-dentists in the other regions...that the majority of respondents indicated they are not currently using CAD/CAM, 3D scanning or optical scanners. However, almost one third reported that they plan to use these technologies in the future.

We are only publishing the Executive Summary of the 2016 Dental Implant Practice Benchmarking Study in this issue of the AAID News. However, the complete Study, which contains over 50 pages of facts, figures, charts, and insights, is available for purchase. Use it to compare your own practice to what over 500 colleagues do in their practices. If you are thinking of expanding your general practice by adding more implant services, this is an excellent guide to help you plan more effectively. It is available for purchase through the shopping cart at aaid.com. See page 14 for an order form for the complete report.

It’s political season in America reminding us of the tremendous good fortune we have inherited in the form of freedoms to live life largely as we choose. Those rights, of course, come with responsibilities.
"Treloar & Heisel has a deep understanding of every phase of my career."

"As a specialist, I have a particular appreciation for people who are experts in their field. What I value most about Treloar & Heisel is their deep understanding of our line of work: I don't need to explain to them the nuances of my business. That's why I have turned to them for guidance from residency into practice, and beyond."

Daniel H. DeTolla, DDS, MD
Portsmouth, NH

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**Introducing the Simplus™ Denture System**

U.S. demand for Complete Dentures is rising exponentially! More than 35 million Americans are edentulous – and almost 15 percent have dentures made each year! Applying the Simplus™ Denture System gives clinicians the systems, and confidence, to market to and treat a nearly unlimited, and growing, number of edentulous patients.

Utilizing in-operatory materials, systems and products already found in the practice, this concise technique is a repeatable, faster and easier way to provide all applicable patients with new complete dentures.

The Simplus™ Denture System is the perfect practice-building solution, even for practitioners that haven’t been doing dentures because they found them too time-consuming, too much of a headache or just unprofitable. Designed to provide dental practices with a precise and efficient way to re-create new complete dentures in far fewer visits, the Simplus™ Denture System is based on using the existing denture that most edentulous patients already have. Then it creates a lighter, stronger, more esthetic, patient-pleasing replacement, far more easily and reliably than ever before.

Simplus™ is even more help with implant-based cases! Well-fabricated dentures are crucial in the long term success of many implant restorations. Simplus™ makes creating precisely fitting implant-supported dentures a snap! 📞

800-661-1169
aurumgroup.com

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**Gregory B. Harris Joins Core3dcentres® NA as General Manager, North America**

Gregory B. Harris has joined Core3dcentres® NA as General Manager, North America. Mr. Harris began his business career with Nabisco Foods in the consumer package goods marketing. He then moved into the dental industry, joining the Nobel Biocare Branemark® team in the late 80’s working with both labs and dentists. In 1997, Mr. Harris started Procera® in Canada and shortly thereafter joined the U.S. Procera® team, developing and lecturing to both laboratories and dentists.

Mr. Harris then joined Dental Services Group (DSG) as the Director of Sales and Marketing. Most recently, as Founder and Principal of The Harris Group (a dental consulting firm working with manufacturers and laboratories focusing on CAD/CAM workflow for dental labs and digital dentistry), Mr. Harris has had extensive experience in dealing with many aspects of the key issues facing dental laboratory owners of all sizes and types today. He has been heavily involved in the newest developments in CAD/CAM dentistry and how they impact workflows and communications between the dental office and the laboratory. 📞

888-750-9204
core3dcentres-na.com
**Digital Dental Lab and Dental Laboratory Milling Supplies Merge**

Digital Dental Lab, based in Laguna Hills, CA, and Dental Laboratory Milling Supplies, based in Scottsdale, AZ, announced they have merged in order to offer a comprehensive suite of CAD/CAM solutions for digital dentistry. The merger brings together the leading brands of Crystal® zirconia, Dental Mill machines, and SinterMax ovens. The new combined company will be known as Digital Dental and will be headquartered in Scottsdale.

The companies develop advanced technologies and materials, which enable dental labs to use computer-aided design to create stronger and higher quality dental restorations (crowns, bridges, and dentures). The newly combined company is the only American-made provider of materials and milling machines in the dental lab industry.

The combined company also includes a “Center for Excellence” advanced dental milling research and training laboratory in Scottsdale.

480-948-0456
www.digitaldental.com

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**ZEST Anchors Introduces Next Generation LOCATOR R-Tx™**

Today marks an evolution for implant-retained, tissue-supported overdenture solutions with ZEST Anchors’ introduction of the next generation LOCATOR R-Tx Removable Attachment System. Building on 15 years of clinical experience with the award-winning LOCATOR®, it is a better, simpler, stronger system that relies on the same restorative techniques as its predecessor.

With LOCATOR R-Tx clinicians will quickly realize practical benefits such as:

- A novel, new-to-dentistry DuraTec™ Titanium Carbon Nitride Coating that is aesthetic, harder, and more wear resistant
- An industry standard .050”/1.25mm* hex drive mechanism - no special drivers are required
- Dual retentive features on the Abutment and Nylon Retention Insert that work in harmony with the redesigned Denture Attachment Housing to allow for a 50% increase in pivoting capability (60° between implants) and provide easier alignment and overdenture seating during insertion/removal for the patient
- The redesigned Denture Attachment Housing also incorporates flats and grooves that resist movement and is anodized pink for aesthetics
- Convenient All-in-One Packaging: double-ended vial separately holds Abutment and Processing Components providing all the necessary components for the case with one part number

800-262-2310.
www.zestanchors.com

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**OCO Biomedical and the Perio Institute Announce 2016 Advanced Cadaver Grafting and Dental Implant Placement Seminars**

OCO Biomedical, Inc., in conjunction with the Perio Institute, will partner to present intensive, two-day, hands-on seminars in numerous nationwide locations during 2016. Seminars will be offered:

- May 13-14 – Salt Lake City, Utah
- July 14-15 – Dallas, Texas
- August 26-27 – Indianapolis, Indiana
- December 9-10 – Denver, Colorado

With the overall objective of improving patient care and building practice performance, these comprehensive, value-priced, AGD-Pace accredited workshops (14 CEU’s) will be presented by industry-recognized, award-winning implantologist, Dr. Charles Schlesinger, OCO Biomedical Chief Operating Officer and Director of Clinical Affairs.

By the end of this implant placement seminar, each participant should be able to:

- determine when grafting is necessary for implant placement
- graft a socket
- raise the sinus floor
- place implants in an extraction site
- place implants in a grafted site
- properly design and suture flaps for implant placement or grafting

800-327-3746
www.Perio.com
You’ve just spent a great deal of time and effort on a wonderful new smile for your patient. The final result is superb. The patient is ecstatic.

There’s only one challenge left. Think about what 600 pounds of grinding force per square inch (ten times the force registered during normal mastication) from a bruxing patient could do to your cosmetic dentistry. That’s enough force to crack a walnut – and to easily damage the smile you have taken such care in creating.

Consider some safe, comfortable “smile insurance” — with Nightguards and Mouthguards from Space Maintainers — Pacific Northwest™!

Choose from the following options, depending on the clinical situation:

**Pro-Form® Night Guard**
- Indicated for patients with mild bruxing/clenching.
- Entirely constructed of soft material.
- Often used for “clenchers” where the occlusal surface must give under stress.

**Dual-Flex® Splint**
- Indicated for patients with moderate to severe bruxing/clenching.
- Combines the fit and comfort of a soft splint with the wear resistance, accuracy and adjustability of a hard acrylic occlusal surface.
- Can be utilized for all splint designs (e.g., Gelb, MORA, May, Sears, Jankelson, Tanner, etc.)

**Intact “Multi-Purpose” Mouthguard**
- Offer greater protection for athletically active patients.
- The perfect choice for a wide variety of athletic activity and contact levels.
- Constructed from bonded sheets of injection-molded, cross-woven vinyl (provides extra strength and resistance to distortion).

800-423-6509
www.aurumgroup.com

**Product Profile – BruxZir® Full-Arch Implant Prosthesis**

Constructed from 100 percent solid zirconia, the BruxZir® Full-Arch Implant Prosthesis is an esthetic, more durable alternative to the screw-retained acrylic hybrid denture. By permanently attaching to four or more dental implants, this full-arch restoration provides the same superior stability and function as the fixed hybrid denture, but with a monolithic construction that avoids the chipping, stains and fractures that can compromise acrylic appliances.

With superior fracture toughness and flexural strength of up to 1,465 MPa, BruxZir Solid Zirconia is the ideal material for withstanding the functional stresses that full-arch restorations must endure. And yet, the material is hypoallergenic and wear-friendly to opposing dentition.

The restorative protocol is straightforward and similar to that of the screw-retained hybrid denture. A PMMA provisional full-arch implant prosthesis is included that ensures that the patient and doctor are satisfied with the definitive design before the final restoration is milled from monolithic zirconia. The result is a highly accurate, exceptionally strong, life-like restoration that shares the same excellent long-term prognosis as the dental implants holding it in place.

800-839-9755
www.glidewelldental.com

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Core3daCADem™, the educational arm of Core3dcentres®, unveiled a slate of exciting new Hands-on courses for Spring 2016!

Held in Las Vegas, Calgary and Toronto, all Core3daCADem™ two-day courses are designed by dental technicians for dental technicians, feature a smaller class size ensuring a dedicated hands-on experience along with lecture-style instruction, and are packed with tips and tricks that will increase participants’ design efficiency, thus increasing their profitability.

**“Accuracy and Efficiencies in 3Shape”**
- May 20-21, 2016 (Las Vegas, NV)
- November 18-19, 2016 (Calgary, AB)

**“Digital Abutment and Implant Bar/Bridge Designs”**
- September 23-24 (Las Vegas, NV)

**“Advanced Cosmetics and Customization in 3Shape”**
- September 16-17, 2016 (Calgary, AB)
- October 28-29, 2016 (Toronto, ON)
- November 4-5, 2016 (Las Vegas, NV)
  888-750-9204
  www.core3dcentres.com

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Core3daCADem™ Unveils New Hands-on Courses for Spring 2016!

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Greater confidence for you and your patients

**BruxZir Solid Zirconia** has maximum durability with no porcelain overlay, denture teeth or acrylics to fracture. The material is hypoallergenic and has been shown in clinical studies to be wear-compatible with enamel.¹ Our **7-year warranty** provides free replacement from the stored digital data if material damage occurs.**²

The final **BruxZir Full-Arch Implant Prosthesis** completed a dramatic oral reconstruction for a patient who presented with terminal dentition, restoring form, function, and quality of life. Clinical case and photography courtesy of Paresh B. Patel, DDS.

Visit [www.glidewelldental.com/solutions](http://www.glidewelldental.com/solutions) to view the entire case study.

Use this patient presentation sample to show your patients how natural the **BruxZir Solid Zirconia Implant Prosthesis** looks. Call us to order an actual BruxZir Solid Zirconia 12 unit sample for $619* or an 8-unit sample for $439*.

*Price does not include multi-unit abutments, shipping, or applicable taxes. **Warranty is provided to the prescribing dentist and is non-transferable. For complete warranty details go to [www.glidewelldental.com](http://www.glidewelldental.com).¹ Clinician's Report, TRAC Research, July 2014

For more information

888-974-5368
www.glidewelldental.com

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INTRODUCTION

The American Academy of Implant Dentistry retained McKinley Advisors to develop the first comprehensive study of implant dentistry practice in the United States: a resource that provides implant dentistry professionals with critical information and statistics about the field. The AAID Field Study helps you better understand trends related to:

- Staffing models, compensation and benefits
- Overall practice performance in terms of revenue and expenses
- Procedures and fees
- Effective marketing techniques used to drive business
- The various technologies leveraged in implant practice

The AAID Field Study is an essential tool for all implant dentistry professionals. For practicing implant dental professionals, benchmark your practice performance against peer practices of similar size and focus, and against the broader field as a whole. If you are new to or considering entering the practice of implant dentistry, the study provides critical data points that you need to make important practice decisions.

The study is based on data from calendar year 2014 collected in a statistically valid survey from nearly 600 implant dentists from around the country, including members and non-members of the AAID. The following represents a handful of key highlights from the full benchmarking study. The full study can be purchased online at aaid.com or complete the order form on page 14.
KEY FINDINGS

THE LOOK OF IMPLANT DENTISTRY
The majority of implant dentists reported that implant dentistry represents less than 25% of the gross receipts of their practice, while almost another quarter of the respondents said it represented between 26% and 50% of their practice’s revenue.
PHASES OF IMPLANT DENTISTRY PRACTICED

Three quarters of dentists reported that their practices provide both surgical and restorative phases of implant dentistry.

GROSS RECEIPTS

Only 20% reported having more than $2 million in gross receipts for their overall practice.

<table>
<thead>
<tr>
<th>Gross Receipts</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>LESS THAN $1 MILLION</td>
<td>42%</td>
</tr>
<tr>
<td>$1 MILLION - $1,999,999</td>
<td>38%</td>
</tr>
<tr>
<td>MORE THAN $2 MILLION</td>
<td>20%</td>
</tr>
</tbody>
</table>

OTHER EXPENSES FOR YOUR PRACTICE

Non-owner salaries and benefits accounted for nearly 40% of expenses as a percentage of total revenue.

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-owner dentist salary and benefits</td>
<td>20%</td>
</tr>
<tr>
<td>Non-dentist employee salary and benefits</td>
<td>18%</td>
</tr>
<tr>
<td>Facilities overhead (rent, mortgage, insurance, utilities)</td>
<td>11%</td>
</tr>
<tr>
<td>Dental supplies (not including implant materials)</td>
<td>9%</td>
</tr>
<tr>
<td>Laboratory fees</td>
<td>7%</td>
</tr>
<tr>
<td>Implant materials</td>
<td>5%</td>
</tr>
<tr>
<td>Advertising and marketing</td>
<td>4%</td>
</tr>
<tr>
<td>Office supplies and equipment</td>
<td>3%</td>
</tr>
<tr>
<td>Legal, professional and consulting fees</td>
<td>2%</td>
</tr>
<tr>
<td>Other expenses</td>
<td>17%</td>
</tr>
</tbody>
</table>
HOW YOU LOOK FOR PATIENTS
Online marketing channels dominate the marketing and advertising landscape of implant dentistry. Print advertising is a close fourth.

- Online search engine optimization (SEO) 54%
- Social media 51%
- Online advertisements 43%
- Print advertisements (newspapers, magazines, etc.) 40%
- Direct mail 27%
- Telephone directory 27%
- Television advertisements 9%
- Radio advertisements 8%
- Billboard advertisements 4%
- Other 15%

TECHNOLOGY USED IN THE PRACTICE
Digital x-rays and intra-oral cameras are the most prevalent technologies but CBCT, implant guides, and lasers are used by nearly two-thirds of the respondents.

- Digital x-rays 95%
- Intra-oral camera 84%
- Implant drill guides 66%
- Cone beam computed tomography (CBCT) 67%
- Optical scanners 29%
- CAT scans 33%
- CAD/CAM 47%
- 3D scanning 47%
- Lasers 63%

SALARIES FOR YOU AND YOUR STAFF
The majority of implant dentistry practices had one owner dentist and between two and five other staff including dental hygienists, front office staff, and chairside assistants. Typically, only those firms with overall practice revenues of between $1 million and $2 million or who were implant-focused (defined as having between $600,000 and $699,000 in implant-specific revenue), tended to have an implant coordinator on staff. Detailed breakdowns based on experience level, geography, and practice size can be found in the full report.

- Owner dentist
  - $190,000 – $305,000+
- Non-owner dentist
  - $125,000 – $134,999
- Dental hygienist
  - $55,000 – $59,999
- Implant treatment coordinator
  - $40,000 – $44,999
- Front office staff
  - $35,000 – $39,999
- Chairside assistants
  - $30,000 – $34,999
WHAT PATIENTS ARE CHARGED

The study focused primarily on surgical procedures and collected data based on “D-Codes.” A more detailed list of the D-Codes covered and the responses and ranges of what is charged to patients is found in the full study. Two fairly typical procedures are shown here:

D6010 Surgical placement of implant body, endosteal implant.

D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, and reinsert of prosthesis.

ORDER FORM
2016 Dental Implant Practice Benchmarking Study

<table>
<thead>
<tr>
<th></th>
<th>Pricing (USD only)</th>
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<tbody>
<tr>
<td>AAID Credentialed Member</td>
<td>$245</td>
</tr>
<tr>
<td>AAID General Member</td>
<td>$295</td>
</tr>
<tr>
<td>Non-Member*</td>
<td>$395</td>
</tr>
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*Join the American Academy of Implant Dentistry to receive the General Member rate for the complete 56-plus page study. Join online at aaid.com or call 312-335-1550 to join over the phone and order your pdf copy of the complete study.

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OASIS OF THE SEAS

Dec 31, 2016 – Jan 8, 2017

ADVANCED HARD & SOFT TISSUE
REGENERATIVE TECHNIQUES IN
IMPLANT THERAPY

with

DR. ISTVAN URBAN

Dentists: $1295 CAD
Team Members: $195 CAD

10 CE CREDITS

IMPORTANT NOTE: All registrants, their families and guests must book their cruise with Marla Jose at Expedia Cruise Ship Centers at 905-707-8660, ext 224. This ensures that our Institute can provide special conference services to all meeting participants and their guests.

UPCOMING 2016 COURSES

Dr. Natalie Wong
Implant Prosthetic Program:
Traditional to Digital
*** Hands-On Course ***
May 13-15, 2016

Dr. John Kois
Treatment Planning &
Functional Occlusion
May 27-28, 2016

Dr. Natalie Wong
Mr. Daniel R. Llop
Guided Surgery and
Guided Prosthetics for Immediate Full Arch
Implant Restorations
*** Hands-On Course ***
June 17-18, 2016 -- Toronto
Sept. 30-Oct. 1, 2016 -- Vancouver

Dr. Istvan Urban
Predictable Vertical Bone Augmentation
*** Hands-On Pig Jaw Course ***
Sept. 9-10, 2016

Dr. Daniele Cardaropoli
“Advanced Treatment Options in
Periodontal Therapy & Mucogingival
Surgery” – Ortho, Perio, Prostho
Considerations
*** Hands-On Pig Jaw Course ***
Nov. 18-20, 2016

For registration and information, please call 416-566-9855 or email us at info@ti2inc.com

The Toronto Implant Institute is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by the AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 11/1/2014 to 10/31/2017. Provider ID#3025262
Time is your friend and your enemy in productive implant dentistry. For more profits, you and your team want to become more aware of making time your friend by being prepared for any contingency.

In the AAID 2015 Implant Practice Benchmarking Study, several items stood out, shouting for a need of efficiency. Under expenses, non-owner dentist and staff salaries including benefits account for nearly 40% of spending. Staff costs can be up to 20%. Marketing shows a low 4% being spent when it should be close to 10%. The study also shows lab fees are 7% and should be over 10%, which means sales conversations are not effective.

Doctors worry about their overhead work where they can reduce. They work on office supplies or find the cheapest lab when indeed, they could reduce their team costs by half, to 20%. In a $1M practice, staff at 20% would be saving $200,000 annually. This is worthy of some serious action.

Here are some reasons you are spending 40% on team:

**Systems:** It is imperative strong written systems are in place for every aspect of your implant practice. When your systems are written, there is more structure and less time wasted with last minute changes. Systems cover financial arrangements, team culture, employee manual, lab communication, scheduling and more. Systems are the way we do business. They are proven, documented and followed. Without systems, you cannot train great people. Without systems, you are hiring people to supervise people which creates staff overhead at 40%. There is duplication. We need efficiency.

**Checklists:** It is imperative for efficiency to use checklists and more checklists. Your assistant needs checklists to deliver every possible item on the tray for any treatment possibility. Have opening and closing checklists to avoid wasting time, duplicity as well as dumpster diving. Every aspect of an efficient business has checklists. Create them now.

**Diagnosis:** Are you doing single tooth implants when you could use some help offering more and giving the patient a choice? Doing several when possible is a great system of efficiency.

**Block Scheduling:** Another strong system of efficiency is block booking. We absolutely have two morning blocks of two hours each where 80% of Doctor production is complete. Everything is ready to go, starting on time and completing on time. Blocks must be paid in advance or at least there should be a large down payment.

**Cross-training:** An accountable team must be completely cross-trained to
have resulting efficient appointments. Schedule repeated training for everyone (including receptionists and Doctor). This includes handling money, scheduling, phone conversations, certification for taking x-rays, cleaning rooms, and anything aimed at efficiency.

**Supplies:** Have enough tray setups and supplies for any contingency. These are less expensive than hiring another person to be on “stand by.”

**Marketing:** AAID’s study indicates marketing costs in implant practices average 4%. In competitive areas, marketing costs should be close to 10%. If you want to attract edentulous patients, let your surrounding dentists know you love dentures. An effective system for marketing is an Excel spreadsheet on all your different media and social networking. Train your staff to ask every new patient and even those who call for information how they heard of your practice. What marketing is working for you? Quit guessing and know the answer by asking and keeping track. Drop what isn’t working now and emphasize what is working.

**Sales Skills and Conversations:** Create efficiency by having a conversation with existing patients and all new patients where you discover what they want, not what you think they NEED. When you ask the right questions in a comfortable environment, you discover what is important to your guest, closing on what is the most important path for them. The efficiency is created because of a clear path of what they want and your ability to fulfill their dreams. With financing and block booking, efficiency is ever at hand.

You, too, can have an implant practice with a greater net return. It is available and the joy of dentistry returns when you have more balance in your life for your family and hobbies as well as more funds for the time and skill you have invested.

Dr. Bill Blatchford and daughter, Dr. Christina Blatchford, at Blatchford Solutions, are leading the way for dentists to enjoy more profitability, more time off, and the freedoms of private practice. Their book, *No Nonsense Transitions*, is available at (888) 977-4600 and www.blatchford.com.
When a dentist thinks of the term “dental specialties,” it is inherently understood to mean those areas of dentistry that the ADA (House of Delegates) has deemed to meet the criteria of the ADA to become a dental “specialty.” We know that simply because it is “common knowledge” in the dental profession. However, neither the public nor even many dentists understand the process behind the ADA’s creation of dental specialties or how changing laws governing professional advertising over the past 30 years may have influenced that process.

In the 1940s, the ADA approved the first group of certifying boards for specialties. Over the subsequent years ending in 1964, the certifying boards of oral and maxillofacial surgery, orthodontics, dental public health, oral and maxillofacial pathology were approved. Endodontics was added in 1964, after which the most recent specialty board certified by the ADA was oral and maxillofacial radiology in 2000.

Advertising to the public by professionals such as dentists was unlawful in every state by any dentist, specialist or otherwise, before the 1980s. Thus, the specialty system was a referral tool for general dentists to know who was a specialist in a specific area for purposes of patient referral.

When the Supreme Court of the United States began to grant protection to “commercial free speech,” (i.e., professional advertising) the restrictions on advertising began to fall. Looking back to most of the last century, seeing a television advertisement for a physician surgically altering facial appearance for cosmetic purposes, cataract removal, or weight loss, was unheard of. Pharmaceutical companies marketing heart or psychotropic medications directly to the public would have caused heart palpitations!

As professional advertising became more acceptable, some dentists chose to walk cautiously, while others dove in headfirst. The bolder practitioners were frankly viewed as mavericks and called unethical, notwithstanding the legality of their advertising. The truth is that even today there are some states or areas of the country where dental professionals have an unspoken understanding that they will not advertise and

It was exposed as an arbitrary and capricious process that, in the end, boiled down to turf wars and competition.
view others that advertise as unethical, self-aggrandizing, or just greedy.

As advertising began to emerge and evolve, applications for specialty recognition to the ADA became more than recognition of those who had attained further education and training in a particular area of dentistry. A cloak of advertising and competition began to emerge in such considerations as dentists/members of the House of Delegates openly discussed and considered the competitive/advertising ramifications of anointing a new specialty area of practice. Various groups applied for specialty recognition throughout the 1980s and 1990s, but virtually all applications were denied. During those years, professional advertising became widespread, and dentists found themselves publicly competing with their once referral colleagues.

Of course this author cannot factually link the denial of specialty applications during the 80s and 90s to anticompetitive considerations, but no one can deny the discussions that occurred on the floor of the House of Delegates when such applications were considered. In 1999, I represented four groups seeking specialty recognition by the ADA. In the end, only oral and maxillofacial radiology was approved. The discussion centered on approving a new specialty that would pose the least threat of competition to the rest of the dental profession. Oral and maxillofacial radiology was the least threatening. It had relatively few radiologist members; most of whom were affiliated with an academic institution, posing no threat to any dentists.

Although specialty applications continued to be considered by the ADA, no area of dentistry has, or will in my view, be granted specialty status in the future. This conclusion was derived from the actions and words of the ADA House of Delegates in October 2012 when anesthesia was considered for a specialty vote. Although every council, commission, committee and the Board of Trustees had approved the application as having met every criterion for specialty recognition, it was rejected on the floor of the House where patently anticompetitive considerations were publicly discussed, argued and debated. In the end, the House chose to essentially ignore its own process and denied the application for specialty recognition submitted by the American Society of Dentist Anesthesiologists. This vote essentially assured the de facto demise of the ADA specialty process. It was exposed as an arbitrary and capricious process that, in the end, boiled down to turf wars and competition.

When the evolution of the ADA specialty process is viewed and considered along with the evolution of the laws relating to professional advertising and antitrust issues, it is clear that a group of competitors/members of a professional trade association will no longer decide with whom it chooses to compete, and what dentists in any state are permitted to call themselves “specialist.”

Thus, it was inevitable that the American Board of Dental Specialties was created in 2014 as an independent group that recognizes certifying boards that can meet its criteria in any area of dentistry, including special needs dentistry, forensic dentistry, sleep dentistry, cosmetic dentistry, and others. To date, the ABDS has recognized the certifying boards for Oral Medicine, Orofacial Pain, Dental Anesthesia and Implant Dentistry. More applications are being received from certifying boards in other areas of dentistry.

Acknowledging today’s realities, it would seem to make perfect sense for the ADA to affiliate with the ABDS in some fashion in order to contribute its own views, perspectives and opinions, and doing so without drawing more scrutiny from the courts or the FTC. The ABDS has already reached out to the ADA on this topic. But ultimately, as experience tells us, dental professionals will flourish and grow based on their own skills, education, and experience, potentially enhanced by the earned term “specialist.” In the end, both the public and the profession benefit when additional training, education, experience, and psychometric testing are fundamental elements to the “specialist” moniker.
Questions to ask BEFORE buying a CBCT

Are you considering purchasing a Cone Beam Computed Tomography (CBCT) for your implant practice? I’m sure you realize that it’s a huge investment that requires painstaking research. But, I can tell you that it is an investment that will pay you back for years to come, so any research you do is well worth the effort. I purchased my CBCT in February 2012, and looking back on that search, I’m glad I invested the time in due diligence.

So, before you return that salesperson’s call or visit the tradeshow booth, here are some questions I recommend you consider:

• How much physical space do you have for a CBCT machine?
• Is there handicap access to get in and out of the machine?
• Does the CBCT have the ability to take a panoramic image?
• Can it take extra-oral bitewings?
• What type of training is available for you and your team?
• How accessible is the technical support?
• Who will be doing the maintenance of the machine?
• Is the machine upgradable?
• What fees does the company charge for any upgrades or service after the purchase?

What I found during my research of CBCT machines is that some were easier than others to position a patient who is in a wheelchair or who uses a walker. If you have an elderly or aging patient population, or any patients with special needs or disabilities, this is something to consider.

Back in 2012, research and anecdotes from colleagues were emerging that suggested CBCT units could also perform extra-oral bitewings. I thought long and hard about that and ultimately...
used my new unit to replace my old x-ray technology. I knew my patients didn’t love having a sensor jammed in their mouth, and I found the image quality was actually better!

Another issue to consider is calibration. CBCT machines need calibration to work with your office software. This may not be easy to accomplish. Do you have the time in your schedule to do this? Do you have time to upgrade software/firmware? This is important. I wanted a company that has “feet on the ground” where I practice to take care of these upgrades.

Before you pull the trigger on your purchase, it pays to think about this scenario: Imagine your CBCT is installed, and everybody responsible for installation has disappeared. Will you be able to reach a technician to help you with a problem or to debug something? Find out what technical support is offered. Is it in the state or country where you practice? Or are you calling the other side of the globe? Don’t wait until after you buy your CBCT unit to think about service!

Is the unit you are considering upgradeable? Let’s say a couple years after purchase the manufacturer has upgraded the machine. Can your existing machine be retrofitted or do you have to buy a completely new machine?

Before you buy, all of these questions should be posed to the sales rep and other doctors who have purchased the same machine. If you aren’t satisfied with the answers, seek out other manufacturers.

Dr. Louis Kaufman is a nationally recognized educator, author, and practices dentistry in Chicago. He serves on the advisory board of numerous dental manufacturers, consults on product development and educates clinicians around the globe. Dr. Kaufman holds professional memberships in The American Dental Association, The Academy of General Dentistry, The American Academy of Cosmetic Dentistry, and The Chicago Dental Society, The American Academy of Dental Sleep Medicine, The Academy of Laser Dentistry and Illinois State Dental Society. He is a proud owner of a Planmeca ProMax 3D CBCT unit.
Introduction:
Interim implant restorations have become the mainstay for developing soft tissue profiles, improving esthetics, comfort, and moderate function. At times, interim restorations can fail unexpectedly and at the worst possible moment — right before a long holiday weekend.

Solution:
The technique described here is cost-effective and easy to fabricate for any sort of interim restoration that is needed for single-tooth to full-arch restorations.

Materials and Methods:
• Alginate impression of the wax up or existing denture
• Auto polymerizing resin — powder and liquid (tooth colored shades)
• Two Dappen Dishes
• Sable or nylon brush
• College pliers
• Hot water

Steps:
1. Take an impression of the denture/fixed failing prosthesis — partial or full — the impression does not have to cover the soft tissues — use colored alginate for better results
2. Paint the intaglio surface of the alginate by dipping the brush in the liquid and then the powder using the Nealon technique (let the acrylic flow evenly) — paint the buccal or lingual surface first, and repeat this on the opposite side. Do not let the thickness exceed 1 – 1.5 mm. (Fig 1)
3. Wait until the gloss of the acrylic disappears to proceed to the next surface.
4. Lastly, complete the occlusal surface — now you would have covered all the three surfaces of the teeth portion within the alginate. Caution — do not overfill the teeth mold space with the acrylic. It should be the thickness of an egg shell. (Fig 2)
5. You can accelerate the set of the acrylic by immersing it in hot water.
6. Use a college plier to remove the set acrylic shell from the alginate.
7. Try the acrylic shell over the abutments, making certain that the abutments don’t interfere with the fit of the shell. Reline the shell over the abutments, trim the excess acrylic, and refine the marginal adaptation. (Fig 3)
8. In case of a screw-retained provisional, make access holes in the shell and fit the shell over the temporary abutments. Lute the shell to the abutments using the Nealon technique and reline the shell extra-orally to fill the voids. (Fig 4)
9. Trim and polish the interim restorations.
10. Refine the occlusion.
Conclusion:
A technique to effectively fabricate a predictable, interim, implant restoration is described. The shell is better than a vacuum-formed template that does not lend itself to occlusal verifications and adaptations. It is also superior to Bis GMA based interim restorations that are rigid and cannot be relined.

These provisionals can further be reinforced with a 22 gage orthodontic wire or using “e-fiber” (Preat Corporation, CA). They can also be relined and repaired in the event they need to be adjusted.

Editor’s Note: AAID News welcomes the submission of clinical pearls. The AAID does not endorse, warrant, or make any representations as to the efficacy or safety of the clinical pearl presented above, but only offers these submissions for potential consideration by our readers.
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CONTACT INFORMATION (Please write legibly.)

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Address: ___________________________________________________________  City: ____________________________
State: ____________________________  Zip: ____________________________  Country: ____________________________
Phone: ____________________________  Fax: ____________________________  Email: ____________________________________________
NPI#: ____________________________  Badge Name: ____________________________

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

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

Meeting Registration

☐ AID Associate Fellow/Fellow/Diplomate*  $ 1145  $1245
☐ AID General Member*  $ 1195  $1295
☐ AGD or AACD Member*  $ 1195  $1295
☐ AGD or AACD Member # required
☐ NonMember PLUS! Dentist *  $ 1345  N/A
☐ NonMember PLUS! Membership PLUS Registration  $1545  $1645
☐ Technician  $ 395  $ 445
☐ Life & Retired Member  $ 295  $ 295
☐ Office Staff  $ 395  $ 445
Doctor’s Name ____________________________
☐ Student  $ 150  $ 150
☐ Spouse Name ____________________________  $ 295  $ 295
☐ Guest Name ____________________________  $ 295  $ 295

* Includes one (1) President’s Celebration ticket

METHOD OF PAYMENT  Amount enclosed or to be charged $____________

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

☐ Card No. ____________________________  Card Exp. Date: __________________  Security Code: __________________

☐ Signature: ____________________________

Send check, payable in US$, and this form to the AAID:
American Academy of Implant Dentistry, c/o Delaware Place Bank, Dept. 350
190 Delaware Place, Chicago, IL 60611
Or register online at www.aaid.com. Or you may fax your form to 312.335.9090.
American Academy of Implant Dentistry
211 East Chicago, Ave., Suite 750
Chicago, IL 60611
P: 312.335.1550 or 877.335.AAID

All refunds are subject to a $50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by September 26, 2016 for a full refund (less the $50 administrative fee). Between September 26, 2016 and October 3, 2016, a 50% refund (less the $50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after October 3, 2016.
It’s hard to imagine a more exciting time to serve as President of the Academy. We are well on our way to achieving many of the objectives outlined in our strategic plan adopted in 2014.

The membership overwhelmingly approved streamlined Bylaws at the 2015 Annual Conference. Consistent with our objectives relating to Governance, Mary Byers, co-author of *Race for Relevance*, met with the Board of Trustees at our meeting in February in Charleston, SC. Her informative and interactive presentation concerning governing structure, specifically for professional membership organizations, such as ours, was well-received as witnessed by extraordinary participation of the Board. I suggested that our Executive Director, Sharon Bennett, head a task force comprised of staff to examine our current structure and make appropriate suggestions for change.

Another objective of the Strategic Plan is to enhance the quantity and quality of education offered by the Academy. The Annual Conference Education Committee met in January to finish planning the 2016 New Orleans Conference and began planning the 2017 San Diego educational programs. The Educational Oversight Committee met in Charleston as well on the day prior to the Board of Trustee meeting. At the request of the Committee, the Board of Trustees approved an ambitious plan to create an online educational curriculum through Dental Campus that will help standardize didactic learning for AAID MaxiCourses®. Students will be able to engage in online learning modules, challenge their treatment planning skills through Dental Campus case studies, and communicate with faculty and fellow students on prepared clinical cases. Each participating MaxiCourse® program has also agreed to donate a spot in that MaxiCourse® to the AAID Foundation’s silent auction.

The highlight of my presidential term so far has been our victory in the Texas court. This moves the Academy closer to another strategic objective — specialty recognition for implant dentistry. The plaintiff group, consisting of the American Academy Implant Dentistry, American Academy of Oral Medicine, see President’s Message p. 28
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President’s Message

continued from page 26

American Dental Society of Anesthesiology, and American Academy of Orofacial Pain, won the litigation in Texas that legally ends the ADA’s control of defining specialties for the Texas State Board of Dentistry. The decision rules unconstitutional a law in the State of Texas that allowed the Board of Dentistry to rely solely on the American Dental Association, a trade organization, for their dental specialty recognition process.

I was invited to attend the American Board of Dental Specialties (ABDS) Board meeting held in February in Chicago. As someone who had been critical of what I saw as an unacceptable lack of progress, I must say I was impressed with the commitment from the board members and with what was accomplished at the meeting. The ABDS is working to be self-funded and has established annual dues and an application fee for future applicants. They plan to have a full-time executive director, develop a marketing and public relations effort, and work closely with state dental boards to establish credibility. The ABDS has made significant progress towards their goal of creating an independent, reputable process for recognizing both specialty and subspecialty Boards in dentistry.

The ABDS also met with the ADA’s Council on Dental Education and Licensure (CDEL). CDEL expressed interest in further discussions to define a process for approving certifying boards for specialties in the dental profession. The Academy and ABDS, through AAID’s legal counsel, Dr. Frank Recker, has proposed the creation of a joint liaison committee comprised of members of the ADA and ABDS.

Dr. Recker has been invited to make a presentation in April to a group of attorneys who serve as legal counsel for the various state dental boards at the annual meeting of the American Association of Dental Boards.

The ABDS is drafting a letter introducing themselves to state dental boards. The letter will describe the high level of criteria for approval of new specialties and the applicant process.

There was some concern expressed about how the creation of an implant dentistry specialty might affect the Academy’s Associate Fellow and Fellow credentialed members. The AAID/ABOI Liaison Committee will meet to discuss possible considerations for enhancement of the status of AAID credentialed members in the ABOI/ID Diplomate process.

As the Academy draws closer to achieving many of the objectives outlined in our most recent Strategic Plan, it becomes time to consider the next version of the plan and in which direction the AAID should proceed in the future.

If you have any thoughts on this or other issues facing the Academy or the field of implant dentistry, please contact me.

Welcome to AAID’s Clinical Classroom

As Chair of the AAID Education Oversight Committee, I am delighted for members of the Academy to have now free access to AAID’s Clinical Classroom on Dental Campus. I encourage all of you to take advantage of this new educational benefit: www.aaid.com/ClinicalClassroom.

The Academy’s Clinical Classroom offers multiple avenues for you to increase your knowledge in implant dentistry. This is yet another outstanding offering in education from the AAID — the leader in implant dentistry education.

I would like to thank our President, Dr. Richard Mercurio, our Immediate Past President, Dr. John Da Silva, who initiated this project, and all the members of education committees for their work and effort to bring AAID’s Clinical Classroom to a reality.

Sincerely,

Dominque Rousson, DMD, FAAID, DABOI/ID
Chair, AAID Education Oversight Committee
“So versatile, it has optimized my implant practice.”

With Densah® Burs, implantology is smarter and simpler than ever before. Through a unique process called osseodensification, Densah burs facilitate increased bone density through compaction autografting, which allows implant surgeons to optimize site preparation for any implant, in any ridge, in either jaw.
The AAID MaxiCourses® are among the most respected and comprehensive training programs in implant dentistry. The Vancouver program began in 2010 under the direction of Dr. William Liang, an ABOI diplomate with over 25 years of experience in oral implantology. In addition to his passion for teaching, Dr. Liang runs a referral-based implant dentistry practice in Surrey, British Columbia.

In September 2010, the AAID Vancouver MaxiCourse® commenced its first year with a class of more than 20 eager dentists. The first class was filled with a large number of experienced implantologists. These were committed implant dentists looking to take their careers to the next level; eager to learn more of the science to better understand the complex cases and complications that arise in implant practices. They were enthusiastic about earning top credentials in the field, not only for the recognition, but also for the confidence that comes with a strong education.

The beginnings of the MaxiCourse® were humble. Lecture venues tended to vary, from hotel conference centers to small, private spaces. The staff worked hard to make this new program work, implementing new systems and taking generous support from other MaxiCourse® directors. Drs. Shane Samy, Rod Stewart, and Shankar Iyer were instrumental in providing a frame-
work for the fledgling Vancouver MaxiCourse®. A strong clinical component was always a priority, and Vancouver is still proud to host one of the most rigorous and all-inclusive surgical experiences of any MaxiCourse®. For that reason, the Vancouver MaxiCourse® secured the use of a private hygiene college in 2010 with an impressive open clinic that suited the needs of the students well.

In 2012, Andrew Gillies joined the staff as Education Coordinator for the program. This was a young man with absolutely zero background in dentistry. What Andrew lacked in a dental background, he more than made up for with his strong education background. A former grade-school teacher, Andrew could bring one important element into the program that had been missing—experience in and understanding of how people learn. He knows how to integrate educational theory, practical classroom experience, and student learning styles into the curriculum. The program has flourished in large part due to his recommendations and initiatives.

That same year, the program achieved a new level by forming a partnership with the University of British Columbia. Dean of Dentistry, Dr. Charles Shuler, long-time friend and colleague of Dr. Liang’s, has been one of the lead speakers since the program’s inception. He was eager to bring the Vancouver MaxiCourse® into a partnership with the UBC Continuing Dental Education department. The UBC has phenomenal facilities and a strong reputation for dental education. The Vancouver MaxiCourse® program would provide additional prestige to UBC as well as solidify the MaxiCourse®s’ position as leaders of continuing education in Vancouver.

The Vancouver MaxiCourse® moved out of its eclectic collection of lecture venues as well as the hygiene college. UBC boasts a brand-new student union building, nick-named “The Nest,” steps away from the dental clinic, as well as a beautiful, private lecture venue on campus. It is a serene space bordered on all sides by forest and the occasional coyote and deer. Even more exciting is the brand-new Graduate Specialty Clinic in the Dentistry Department, the ideal venue for surgeries as well as treatment planning and case discussion. Slated to open this summer, it will be an exciting new space for use by incoming classes.

Today, the program draws dentists from a wide range of experience, and the focus is to meet the individual needs of each new participant. Unlike at the beginning, a lot of students are brand new to implant dentistry or just starting out. This is a phenomenal program for that, as the program provides a strong foundation. Even the more experienced clinicians always discover, much to their surprise, that there is so much to learn; knowledge and wisdom they didn’t discover during smaller courses and surgical study clubs. You will often hear Dr. Liang say, “You don’t know what you don’t know.” Participants humbly embrace this credo.

The AAID MaxiCourses® have an exciting future ahead. MaxiCourse® directors and coordinators around the world come together to share and support each other and grow and streamline oral implantology continuing education. The Vancouver MaxiCourse® is proud to have both international speakers as well as six ABOI board-certified faculty mentors who provide one-on-one support for each surgery performed by participants. The program has a strong clinical component to build on the foundations of didactic instruction, providing over 12 days of surgical experience. This gives an opportunity for all participants to perform surgery on their own patients at the university dental school clinic.

For more information:
Vancouver MaxiCourse®
1959 152nd St., #225
Surrey, BC V4A 9E3
Director: William Liang, DMD, FAAID, DABOI/ID
Coordinator: Andrew Gillies
Telephone: (604) 541-8108
E-mail: andrew@implant.ca
vancouvermaxicourse.com
The future of dentistry is in the hands of today’s dental students. In 2010, AAID formed the “Electronics Member” program, through which students who attend AAID-sponsored events are able to sign up for AAID’s online-based benefits free of charge. With over 1,000 student members today, we took a poll of student members to see what plans they have to practice implant dentistry.

<table>
<thead>
<tr>
<th>Marcin Bednarski</th>
<th>Victoria Chiu</th>
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<tbody>
<tr>
<td>Midwestern University, Glendale, AZ</td>
<td>Arizona School of Dentistry &amp; Oral Health, Mesa, AZ</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>Class of 2017</td>
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### Do you feel dental school prepares you to treat basic-level implant cases?
- Dental school alone would not have prepared me to treat basic implant patients.
- I feel that I will have the fundamental thought processes for a very simple case.

### What would make you feel more comfortable to treat basic-level implant cases?
- Extra coursework and personally-funded courses in addition to surgical exposure on many cases at school.
- More confidence to place one myself.

### What makes AAID membership useful in achieving your current goals?
- The JOI has been a tremendous resource. The courses, mentorship, and conventions are invaluable.
- I really enjoy the Clinical Bite and videos that AAID has to offer. We had a speaker come from AAID and I thoroughly enjoyed it.

### What could AAID do to make membership more useful to dental students?
- Provide a mentorship program to those interested and serious about pursuing implant dentistry immediately after graduation.
- I personally would love to shadow or attend more in depth discussions during the weekend.

91% of student respondents reported that they plan to practice implant dentistry after completing dental school.
and what impact AAID has had on their goals. With responses from students at 40 different dental schools, 91% of student respondents reported that they plan to practice implant dentistry after completing dental school, and 76% had taken an implant-focused course as part of their undergraduate dental program. Almost one third of respondent students reported having taken a hands-on implant course. We thought you would find deeper insight from six students valuable.

Yes, but I have to attend more courses. The degree alone is not enough. Not really, because we only treat a limited number of patients with implants in our clinics. At this time, I am not competent although NYU offers many hands-on experiences that I hope to take advantage before graduating. No, because we don't get experience surgically placing implants. We only get experience restoring implants in the DMD student clinic.

Attend more courses to have a good knowledge to treat implant cases. Hands-on experience. Basic skills and simple implant placement don't go very far. Augment these skills through additional training after graduation. More first-hand exposure with implant placement and restoration techniques.

It helps me to be up-to-date with news in implantology, new treatments and puts me in contact with the field. It also motivates me to pursue my goal to work with implants after my degree. Being up-to-date with the current news and research about implants. AAID provides valuable literature on implants that really aids in allowing dental undergrads to understand the basics of implants. The research articles referenced in the emails provide a unique perspective on the efficacy of different dental treatments.

Make courses more affordable for students. (Editor’s note: AAID district meetings and Annual Conference offer discounted rates for students! Learn more at aaid.com.) Specialized dental student publications, free CE courses focused on hands-on implant dentistry skills. More videos. As a student our time is limited and I have found short videos to be key in learning additional topics. (Editor’s Note: AAID just launched its new Clinical Classroom – a free website with online education.) AAID should host events with food at dental schools and provide unique CE courses/experiences.
AAID ATTENDS AMERICAN STUDENT DENTAL ASSOCIATION ANNUAL SESSION

The Academy hosted a booth at the ASDA annual session in Dallas, Texas, on March 3, 2016. Lisa Villani-Gale, AAID’s Manager of Member Communications, was accompanied at the booth by Dr. Alan Paradis, an AAID fellow who practices just outside of Dallas. The pair talked to dozens of dental students about the prospect of practicing implant dentistry and the role AAID plays in any implant practice. As a result, AAID gained over 120 new electronic student members. In addition, AAID donated a subscription to Dental Campus as a prize in ASDA’s “Passport Game,” which was awarded to a student attendee.

WE HAVE A WINNER!

Dr. Richard Champagne has won a free registration to the 65th Annual Conference on October 26-29 in New Orleans, LA. Dr. Champagne was entered into the raffle for renewing his AAID membership before December 31, 2015. He was selected from among 2,221 members who paid their 2016 dues by the end of last year.

AAID MEMBERS IN THE NEWS

Dr. Edward Kusek and his Kusek Implant and Family Dentistry Practice was voted one of the Best of Sioux Falls, South Dakota. This award was chosen by a vote of local residents of Sioux Falls. Also, Dentistry Today published Dr. Kusek’s article entitled “Removable Prosthetics: Bad Attachments or Bad Design?” in its February 2016 edition.

Inside Dentistry published Dr. Jason Kim’s article “Maximizing Esthetics and Function with Immediate Implant Placement” in the February 2016 issue.

RESEARCH GRANT MONEY AVAILABLE

The AAID Foundation announces that applications for Student Grants are due by May 1, 2016. The grants are up to $2,500 each. Non-Student Research Grants, with stipends of as much as $25,000, are due by August 1, 2016. Applications and more information is available on the AAID Website — aaid.com — under the Foundation tab. Contact Afshin Alavi, CFO, by email at afshin@aaid.com or by phone at 312-335-1550.
The UCLA School of Dentistry has added the AAID Foundation as a Supporter on its Donor Wall displayed in the School’s Academic Building as a result of the Foundation’s generous support of implant research.

**FOUNDATION NEWS**

Just like the proverb “for want of a nail the kingdom was lost,” so it is with bone. Lack of bone can make implant treatment fail.

The Southern and Northeast Districts of the American Academy of Implant Dentistry present “Managing Bone Deficiencies,” a two-day conference to be held on Friday and Saturday, June 10 – 11, 2016, in St. Petersburg, Florida.

In addition to the opportunity to earn 14.5 hours of implant-specific CE, attendees can honor Dr. O. Hilt Tatum, one of the pioneers in the field of bone expansion, at a dinner in his honor.

The specific programs and presenters include:

- **Implant Solutions for Problem Areas**
  
  *Ralph A. Roberts, DDS, FAAID*

- **Blade Implants: You Don’t Know What You Don’t Know**
  
  *Richard Hughes, DDS, FAAID, DABOII/ID*

- **Occlusion in Full-Mouth Implant Reconstruction**
  
  *C. Benson Clark, DDS, FAAID, DABOII/ID*

- **Onlay Bone Grafting through Remote Incisions**
  
  *Bernee Dunson, DDS, FAAID, DABOII/ID*

- **Maxillary Bone Expansion**
  
  *James W. Gibney, DMD, JD*

- **Vascularized Ridge Split Procedure**
  
  *Rajiv Patel, BDS, MDS, FAAID, DABOII/ID*

- **Sinus Grafting**
  
  *Balwant Vekaria, BChD, AFAAID*

- **Up Close and Personal: An Interview with Dr. O. Hilt Tatum**
  
  *Theresa S. Gonzales, DMD*

- **Emerging Trends in the Diagnosis and Management of Orofacial Pain**
  
  *Robert J. Miller, DDS, MA, FAAID, DABOII/ID*

- **Biologic Strategies to Enhance Bone Grafting Success in Oral Implantology**
  
  *Touradj Ameli, MSc, DMD, FAAID, DABOII/ID*

- **When Titanium Becomes Toxic**
  
  *William Locante, DDS, FAAID, DABOII/ID*

The two-day conference will conclude with the popular “Case Studies: You Decide” program. Various clinicians present a case history and attendees are split into small groups to discuss the treatment options. Each group reports their approach and concerns about potential complications to the full audience. The clinician discusses the actual treatment plan and results.

The conference will be held at the classic Vinoy Hotel in St. Peterburg, Florida. Registration for the conference and more information is available at www.aaid.com.

**MANAGING BONE DEFICIENCY**

Thank you for referring a colleague to the Academy:

- Omar Hilal Al-Bayati, BDS, MDS, from San Antonio, TX
- Louie Al-Faraje, DDS, from San Diego, CA
- Mohamed Al-Janabi, DMD, from Truro, NS, Canada
- Craig Aronson, DMD, from Orangeburg, NY
- Norman Barbone, DDS, from Mansfield, OH
- J. Thomas Carroll, DDS, from Galveston, TX
- Todd Engel, DDS, from Cornelius, NC
- Kory R. Grahl, from Las Vegas, NV
- Jorge Martinez, DDS, from Mexicali, Mexico
- Jane Martone, DDS, from Westfield, MA
- Cheryl Pearson, DMD, from Lexington, KY
- David Resnick, DDS, from Ada, MN
- Dr. Rafal Sciegienny, from Gdynia, Poland

Thank you for referring three electronic student members:

- Jay Elliott, DDS, from Houston, TX

Encourage your colleagues to join the AAID and offer them a $50 discount on their first year’s membership dues by letting us know you referred them. Do so by November 1, 2016, and be entered into a drawing for 2017 AAID membership dues — up to a $600 value.

If you would like to request membership applications to share with colleagues, contact the Headquarters Office at info@aaid.com or by phone at 312-335-1550.

**AAID MEMBERSHIP AMBASSADORS**

AAID Membership Ambassadors know first-hand how membership in the Academy helps dentists establish or expand their expertise in implant dentistry and encourage their colleagues to join the AAID.

We would like to thank the Membership Ambassadors who have referred colleagues as new members between November 21, 2015, and February 29, 2016.

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If you would like to request membership applications to share with colleagues, contact the Headquarters Office at info@aaid.com or by phone at 312-335-1550.
The American Academy of Implant Dentistry (AAID) Annual Educational Conference will be held at Hyatt Regency New Orleans, October 26-29, 2016. This dynamic conference will feature more than 50 noted authorities in implant dentistry. Posters and Table Clinics are an important part of this event and an ideal opportunity for dental professionals and graduate students to participate and potentially win cash prizes.

AAID is now accepting applications for Posters and Table Clinics until September 12, 2016, or until we reach capacity. Applicants will receive an email within one month of submission to verify acceptance, provided the application is complete. Only accepted applications received by August 1, 2016, will be published in the Annual Conference Onsite Program Book.

Visit the Annual Conference tab on AAID’s website — www.aaid.com — for the online submission tool.

Complimentary conference registration is given to up to two full-time dental students or residents per accepted Poster or Table Clinic. Students are responsible for their own housing and all other expenses connected with attending the conference. Non-student authors of accepted Posters and Table Clinics (i.e., not full-time dental students or residents) 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.

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Description of Submission
A Table Clinic or Poster description (abstract) consists of the following components and is limited to 300 words, excluding citations:
• Descriptive Title
• Purpose of the Study
• Methods (The instruments utilized to develop the study)
• Results
• Conclusion (Please include any clinical relevance)
• Bibliography: Cite the references in the following format:
  Articles: English CE.
  Biomechanical concerns with fixed partial dentures involving implants.

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, please contact Julia Mikula at 312-335-1550 or julia@aaid.com.
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Optional AHA, ACLS, or PALS

For further information, contact:
Rick Ritt, EMT-P, MA
President – Consultant
@dentalsimulationspecialists@gmail.com
847-975-6554
The Admissions and Credentials (A&C) Board will hold its 2016 annual meeting and oral/case examination in Chicago on May 12 – 15. At this year’s examinations, 97 Associate Fellow candidates and 13 Fellow candidates will be considered for credentialed membership. As per AAID policy, the A&C Board publishes the list of candidates and invites comments from the voting members concerning the candidates as would bear upon their certification by the Board.

The 2016 candidates are:

**FOR ASSOCIATE FELLOW MEMBERSHIP**

- Faten Tawfiq Abdelhaq, DDS
  - Abu Dhabi, United Arab Emirates
- Sam Akhrass, DDS
  - Lenoir City, TN
- Zahraa Tarik Al Jubori
  - Abu Dhabi, United Arab Emirates
- Bader Sulaiman Albader, DDS
  - Loma Linda, CA
- Abdulkareem Alhumaidan
  - Alkabbani, Madinah, Saudi Arabia
- Mohammed Burhan AlKhatib, DDS
  - Al Madinah La Munawarah, Saudi Arabia
- Jeffrey Glen Allred, DDS
  - San Marcos, CA
- Hamad Saleh Alrumaih
  - Loma Linda, CA
- Sharif Alsabbagh, DDS
  - London, ON, Canada
- Mazin Sabah Mohammed Al-Sahrawardee
  - Abu Dhabi, United Arab Emirates
- Syed Khalid Altaf, BDS, MDS
  - Bangalore, Karnataka, India
- German Arzate, DDS, MS
  - Cancun, Mexico
- Mohammed Baig, DMD
  - Tallahassee, FL
- Nicholas Edward Baker, DMD
  - Bloomington, IL
- Prithvi Subbanna
  - Balepur, BDS, MDS
  - Bangalore, Karnataka, India
- Raghd Michel Bashour, DDS
  - Dubai, United Arab Emirates
- Jose Luis Beltran, DMD, MD
  - Temple Terrace, FL
- Mark Berger, DDS
  - Milwaukee, WI
- Aditya Bhawar
  - Loma Linda, CA
- Darrel L. Bischoff, DDS
  - Peoria, AZ
- Mohamed Wagdy Bissar, BDS, MSC
  - Cairo, Egypt
- Charles Ashley Clayton, DDS
  - Nashville, TN
- Gregory Allen Cyra, DDS
  - Minocqua, WI
- Meghna Dang, BDS
  - Mumbai, Maharashtra, India
- Shadrade Date, BDS
  - Pune, Maharashtra, India
- Amrita Suresh Deshpande, BDS, MDS
  - Dubai, United Arab Emirates
- Paul R. Downing, DMD
  - Columbia, SC
- Nathan Stephen Doyel, DMD
  - Sherwood, OR
- Ahmed Tawfik El Mahrouky, BDS
  - Shelby Twp, MI
- Ahmed Kazim Hamid Eslimnary, MDS
  - Jeddah, Saudi Arabia
- Andrew Erickson, DDS
  - Holladay, UT
- Patrick S. Foley, DDS
  - Denver, CO
- Paul B. Gabriel, DMD
  - Wexford, PA
- Allen Ghorashi, DDS
  - Ramsey, NJ
- Michael F. Grasso, DDS
  - Chesterfield, MO
- Sunil Han, DDS
  - Seoul, South Korea
- Paul D Herrera, DDS
  - Lawrence, KS
- Bizhan Heydari, DDS
  - Naghadeh, West Azarbayjan, Iran
- Nabeel Tamer Hidar, MDS
  - Makkah, Saudi Arabia
- Mohamed M. Hindiy, DDS
  - Oak Park, IL
- Michael Hrankowski, DDS
  - Mountlake Terrace, WA
- Terrence Hunt, DDS
  - Rocky River, OH
- Ihyon Jo, DDS
  - Seongnam, Gyeonggi-do, South Korea
- Thomas Charles Johnson, DMD
  - Napa, CA
- Kyanduktha B. Kalantari, BDS, DDS
  - Kennesaw, GA
- Greeshma Kanumuri, BDS
  - Bhimavaram, AP, India
- Jaehan Kim, DDS
  - Jin-Ju, Kyung sang nam-do, South Korea
- Sangse Kim, DDS
  - Seoul, South Korea
- Kanako Kondo, DDS
  - Nagoya-shi, Aich, Japan
- Frank Kuzmin, DMD
  - Torrington, CT
- Anh Le, DMD
  - Elmira, ON, Canada
- Byungjin Lee, DDS
  - Sejonsi, South Korea
- Helen Lester, DDS
  - Eugene, OR
- Jaeyu Lim, DDS
  - Uiwang-si, Gyeonggi-do, South Korea
- Satyanarayana Raju Mantena, BDS, MDS
  - Bhimavaram, AP, India
- Travis A. Markle, DDS
  - Tyler, TX
- Moemen Metwally, DDS
  - Laredo, TX
- Naren Kumar Mikkileneni, DMD
  - Richardson, TX
- Mohammad Mohammadi, DDS
  - Kerman, Iran
- Iraj Movahhedi, DDS
  - Oxnard, CA
- Dawud Abdul Muaimain, DDS
  - Vacaville, CA
- Yoo Chan Na, DDS
  - Seoul, South Korea
- Hygein Nam, DDS
  - Suwon-si, Gyeonggi-do, South Korea
- Vishali Nandiwada, DMD
  - Manaiaplan, NJ
- Paul Andrew Newitt, DMD
  - Vancouver, BC, Canada
- Tiberiu Oancea, DDS
  - Houston, TX
- Toshimitsu Okudera, DDS, PhD
  - Tokyo, Japan
- Garrett F. Orr, DDS
  - Winchester, TN
- Rujul Parikh, DDS
  - Manteca, CA

Over 100 candidates seek AAID credentials

The Admissions and Credentials (A&C) Board will hold its 2016 annual meeting and oral/case examination in Chicago on May 12 – 15. At this year’s examinations, 97 Associate Fellow candidates and 13 Fellow candidates will be considered for credentialed membership. As per AAID policy, the A&C Board publishes the list of candidates and invites comments from the voting members concerning the candidates as would bear upon their certification by the Board.
Nominations for Academy and Foundation Awards Sought

Honored Fellows:
The Honored Fellows Committee is seeking nominations of members to be denoted as AAID Honored Fellows in 2016. Members may self-nominate, nominate another member, or be nominated by their peers. To be eligible, members must have been voting members (Associate Fellow, Academic Associate Fellow, or Fellow) in good standing for at least eight years.

Nominees should have distinguished themselves through support of AAID, including committee, district leadership, and other activities. In addition, they should have distinguished themselves and colleagues through professional, clinical, research or academic endeavors. They should have achieved noteworthy accomplishments within the field of implant dentistry.

A list of eligible members and a nomination form is available at aaid.com. Nominations are due July 1, 2016.

Isaih Lew Memorial Research Award
The Isaih Lew Memorial Research Award is presented by the AAID Foundation to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isaih Lew’s spirit and enthusiasm for implant dentistry. Send your nominations and the CV for the nominee to Afshin Alavi at afshin@aaid.com by July 31, 2016.

Gershkoff/Goldberg Memorial
If you know a member of the Academy who exemplifies qualities of co-founders and past presidents Aaron Gershkoff and Norman Goldberg, please contact an AAID past president by May 31, 2016, to suggest his or her consideration as a nominee for the award. Winners of the award have demonstrated one or more of the following attributes:

• Documented, outstanding service to AAID
• An outstanding and recognized contribution to the field of implant dentistry
• National and/or international recognition as an outstanding implantologist
• Distinction in the field or allied sciences
• High degree of professionalism
Thank you to the 2015 Donors

The AAID Foundation extends its profound appreciation to the following 2015 calendar year donors for their generous contributions. With the support from these dedicated donors, the Foundation has established itself as one of the largest grant making organizations in implant dentistry. The AAID Foundation apologizes in advance to anyone whose name was inadvertently overlooked. Corporate donors are in bold.

Founders, $30,000 and more
AID

Diamond Club, $10,000 - $29,999
AID Central District
AAID Northeast District
Bicon Dental Implants
Henry Schein, Inc.
Implant Direct
Instradent USA, Inc.
Nobel Biocare
Straumann USA

Elite, $5,000 - $9,999
AID Southern District
AID Western District
BioHorizons Implant Systems, Inc.
Treloar & Heisel, Inc.

President, $1,000 - $4,999
Amet, Edward
Bennett, Sharon
Bush, James Larry
Cooper, Craig
Dunson, Bernee
Foleck, Adam
Gracia, Alvaro
Hochberg, David
lyer, Shankar
Jorgenson, Peter
Kinizsi, Istvan
Kroll, Philip
Martin, Emile
Mayberry, Rodney
Mercurio, Richard
Minichetti, John

Patron, $500 - $999
Alemzadeh, Reza
Aronson, Craig
Bachur, Nezih
Caplanis, Nicholas
Castracane, Robert
Clariozio, Louis
Da Silva, John
Featherstone, Richard
Flanagan, Dennis
Hui, Wally
Martin, Charles
Miller, James
Olsen, Gregory
Ong, Esther
Samborski, Charles
Tsang, Jonathan
Veenstra, Eric

Century Club I, $100 - $199
Akagi, Homare
Amin, Manoj
Ansari, Ryaz
Balogh, Peter
Balski, Juliann
Bhanji, Rahim
Brant, Dale
Bui, Phong
Burk, Guy
Creech-Glomis, Amy
Crowther, James
Davila, C. Edgar
Di'Antonio, Rocco

Century Club II, $200 - $499
Alavi, Afsin
Argeos, John
Ashraf, Khurram
Baker, Susan
Benninger, Richard
Berzin, Lion
Bork, George
Carroll, J. Thomas
Clepper, Douglas
Das, Pyuse
De Tolla, Daniel
Durham, Christopher
Faith, Matthew
Fiorito, Michael
Gutgarts, Eduard
Hughes, Christopher
Hungerford, Mark
Kalogiannis, Kirk
Krinsky, Harold
Malan, Max
Rodas, III, Leon
Rosenlicht, Joel
Rotsos, Aristides
Samy, S. Shane
Schwartzman, Boris
Setlur, Ram
Singer, Lawrence
Williamson, Jeffrey

Do, Hung
Domenicucci, Carmelo
Fagan, III, M. James
Fellmann, Alfred
Firdman, Vadm
Foust, Blake
Fraser, Maureen
Gendler, Joseph
Gholami, Mehran
Gillis, Michael
Glick, Richard
Guerra, Jr., Rolando
High, Philip
Hill, Kelvin
Hopkins, J. Eric
Hotta, Yasunori
Hu, Jerry
Hudson, Keith
Ito, Koji
Jannik, John
Keller, Michael
Kerr, David
Komatsu, Shinichi
Kubo, Noriyuki
Kurpis, Albert
Lapsi, Akash
Lawson, Keith
Martin, Peter
Matsushita, Kazuhiro
Meneses, Luis
Miller, Robert
Moore, Christopher
Morgan, Michael
Moses, Max
Munro, Scott
Osmanoff, Gary
Patel, Sanjay
Phillips, Roger
Pizdorno, Lyle
Rigali, Louis
Roberts, Ralph
Sattipunwaycha, Punnee
Schwartz, Sanford
Sherman, John
Soht, Michael
Sosnowski, Kyryyna
Stockwell, Mark
Sundvold, Eyvind
Suprono, Mony
Tarnow, Dennis
Tatum, Jr., Crawford
Tedders, Pierre
Theriot, Roy
Thurber, Mark
Tomida, Kayo
Toshimori, Hitoshi
Tozer, John
Tremblay, Il, Gilbert
VanDyk, Laura
Walldan, Carol
Weiner, Saul
Weiss, Arthur
Welland, James
Williams, Brad
Yasinovsky, Mira
Yasuoka, Hiroshi

Honor Roll, $50 - $99
Abdallah, Jihad
Abitbol, Thierry
Adams, Il, William
Alicia, Luis
Allen, IV, Matthew
Amin, Ramsey
Anderson, Karl
Andreana, Sebastiano
Antrim, Kinberly
Arakelian, Karen
Armstrong, Omar
Artley, Samuel
Atkinson, Stuart
Ayoub, George
Baghdasaryan, Karen

AADNEWS | SPRING 2016
40
The AAID is pleased to welcome the following new members to the Academy. The Following members joined between December 1, 2015, and March 16, 2016. If you joined the Academy recently and your name does not appear, it will be listed in the next issue. The list is organized by state and then alphabetically by city. International member list is organized by country, province (if available), and city. Contact your new colleagues and welcome them to the Academy.

<table>
<thead>
<tr>
<th>State</th>
<th>Name</th>
<th>City</th>
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<tbody>
<tr>
<td>ALABAMA</td>
<td>Devanshi Patel DDS</td>
<td>Fort Payne</td>
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<td>ALASKA</td>
<td>Chun Piu Man Anchorage</td>
<td>Anchorage</td>
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<td>Keusung Yun Anchorage</td>
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<td>ARIZONA</td>
<td>Frank M. Nelson Gilbert</td>
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<td>Richard Blackburn Glendale</td>
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<td>Darren Anderson Phoenix</td>
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<td>Ehsan Pourshirazi DDS Phoenix</td>
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<td>Erick Gonzalo Figueroa Perez DDS San Luis</td>
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<td>Brian McCartin Scottsdale</td>
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<td>Adam Haroon Temple</td>
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<td>ARKANSAS</td>
<td>Benjamin Hall DDS</td>
<td>Bentonville</td>
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<td>CALIFORNIA</td>
<td>Mark Simkins DDS Antioch</td>
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<td>Stanley Miller DDS Banning</td>
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<td>Shahriar H Agahi Chula Vista</td>
<td>Del Mar</td>
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<td>Travis Ludy DDS</td>
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<td>Robert Moretta DDS Huntington Beach</td>
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<td>Japneet Singh Dhillon Lodi</td>
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<td>Bader Sulaiman Albader DDS Loma Linda</td>
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<td>Muhnad Muhussin Ali BDS,PhD Loma Linda</td>
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<td>Hamad Saleh Alrumaiah Loma Linda</td>
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<td>Rebecca Paddock Tyson DDS Los Angeles</td>
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<td>Dean Brewer Modesto</td>
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<td>Hamed Ghorbanian DDS Norco</td>
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<td>Abdulkareem Alhumaidan Redlands</td>
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<td>Jose Torres DDS,MS San Bernadino</td>
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<td>Tina Beck DDS,MS San Diego</td>
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<td>Jennifer Neglerio DDS San Diego</td>
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<td>D. Craig Fitch DDS San Luis Obispo</td>
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<td>Kevin Ippisch DDS Santa Cruz</td>
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<td>Ravikiran Mara BDS Temecula</td>
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<td>Rupal Javia Westlake Village</td>
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<td>Ali Ali-Doori DDS Aurora</td>
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<td>Mostafa Koperly BDS,DDS Centennial</td>
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<td>Richard A Dvarskas DMD Wolcott</td>
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<td>FLORIDA</td>
<td>Darshan Patel DMD Deland</td>
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<td>Matthew Jackson DDS Eustis</td>
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<td>Edwin F. Johary DDS Gainesville</td>
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<td>Illya Y. Novikov DDS Gainesville</td>
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<td>Yunki Cho DDS Jacksonville</td>
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<td>Dennis B. Davis DMD,MS Lady Lake</td>
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<td>Nickelice Brand BDS Ocala</td>
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<td>Vikash Dahya DMD Okeechobee</td>
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<td>Jayraj Patel DMD Sanford</td>
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<td>Michael Hartley DMD Tallahassee</td>
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<td>Mainak A. Patel DMD Winter Park</td>
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<td>GEORGIA</td>
<td>Waleska Alfaro DMD Atlanta</td>
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<td>Mark Barr DDS Atlanta</td>
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<td>Sara Bess Baumrind DMD Atlanta</td>
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<td>Parul Jain DDS Atlanta</td>
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<td>Bobby Turner DMD Augusta</td>
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<td>Cathy L. Cook DDS Columbus</td>
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<td>Sidney Galloway DMD Dacula</td>
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<td>Peter Pomazon DMD Marietta</td>
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<td>Neely Thornton DMD Marietta</td>
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<td>IDAHO</td>
<td>Phil Harper Idaho Falls</td>
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<td>Jay Clayton Hansen DDS Moscow</td>
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</tbody>
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NEW MEMBERS

ILLINOIS
Richard Guerra DDS
Chicago
Paulxtonaro DDS, MS
Chicago
Steven Oltean DDS
Grayslake
Christos D. Baboulas DDS
Morton Grove
Aaron Osge DDS
Oak Park
Irbad Chowdhry DDS
Orland Park
Shalini Mohan DDS
Owego
James R. Chapko DDS
Schaumburg

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Avon
Tim Basca
Indianapolis
Abdelrahman Labib
Mohamed
Indianapolis
Chad L. Bailey DDS
Noblesville

IOWA
Steven Neville
Bengturant
Michael Main DDS
Des Moines

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Louisville
Steven R. Tucker DDS
Owensboro

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Baton Rouge
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Natalie S. Jackson DDS
New Orleans

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Calais

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Baltimore

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Quincy

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St. Paul
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Wabasha

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Hattiesburg
L. Randy Buntyn DDS
Ocean Springs

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Richard D Tallon
Branson
Adam Birk
Brentwood
Kenneth Ausmer DDS
Florissant
Qi Xiong
St. Louis

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Brandon Wilcox
Alliance

NEVADA
Anna Shagharyan
Henderson
Griffin Park DDS
Las Vegas
Jonathan Welch DDS
Las Vegas

NEW HAMPSHIRE
James Rochester
Manchester

NEW JERSEY
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Clifton
Mahnood Zaitr DDS, DDS
Clifton
John Mady DDS
Maywood
Fardad Teyebaty DDS
North Bergen
Vikas Gupta DDS
Saddle Brook
Peter Tsatsaronis DMD
Teaneck
Lawrence Kaplan DDS
Totowa
Elia Shuster DDS
Westfield

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Blasdell
German Jean-Charles DDS
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Farmingdale
Wai Kee Fung
Greenwood Lake
Lawrence Stein DDS
Hopedale
Navid Rahmani
New York
Michael Sinking DDS
New York
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Rochester
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South Salem
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Vestal
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West Hempstead
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J. Todd Martin DDS
Charlotte

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Fargo

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Anderson Company DDS
Canton
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Brenda Phillips DDS
Fairborn
Austin Hoffner
Findlay

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Miami

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Eugene
Daren Hunt DDS
Florence
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Hood River
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La Grande
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North Bend
Cindy O’Loughlin DDS
Portland

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Merce
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Warwick

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Collierville
Larry M. Smith DDS
Dayton
Dennis Sigman DDS
Lewisberg
Thomas F. Hadley DDS
Nashville

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Austin
Vicki Borowski
Dallas
Keith W Brewster DDS
Dallas
William E. Wyatt DDS
Flower Mound
Mack Snead
Fort Worth
Cam Ngoc Dong DDS
Houston
Terrence C. O’Keefe DDS
Houston
Srishar Sista
Houston
Helen Tsao
Houston
Hugh W. Oser DDS
Keller
Olgia Gil-Torrellas DDS
League City
Davis W. Morgan DDS
Midlothian
Sunil Kumar Reddy Guddeti DDS
Pampa

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Larry Leslie DDS
Pearland
Marylou Pfaffenberger DDS
Plano

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Aileez Sharafel DDS
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Young N. Baek DDS
Annandale
LaVika Mor DDS
Charlottesville
Dariusz P. Kot
Fairfax
Garland G. Gentry DDS
Forest
Kristin L. Mastros
Newport News
Abbas Abrabi DDS
Oakton
Craig M. Scimeca DDS
Oakton
John L. Singleton DDS
Roanoke

WISCONSIN
Antonio G. Cigno DDS
Greenfield

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Michael Zaninovich BDS
Perth

BRAZIL
Christian Rado Jarry DDS, MS
Aguas Claras, DF

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ALBERTA
Aldwin Chan DDS
Calgary
Chandni Parekh DDS
Calgary
Sheldon Au DDS
Edmonton
Winston Au DDS
Edmonton
David Coffin DDS
Edmonton
Linda Xie DDS
Edmonton
Jay Haraphongse DDS
Sherwood Park

BRITISH COLUMBIA
Patrick Kanda DDS
Delta
Jaafar Achkar

NEW MEMBERS

see New Members p. 46
AAID welcomes new student members

It’s never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. AAID’s electronic membership, open only to dental students, has been in place for several years, and we currently have over 1,000 dental student members who are entitled to online access to Academy information and resources. The following is the list of new electronic dental student members who joined between November 21, 2015, and March 28, 2016.

**Baylor College of Dentistry**
Christina Barry
Byanka Gonzalez
Olutosin Seriki

**Boston University**
Vaibhav Jagad

**Case Western Reserve University**
Noriel Garcia
Raquel Rios
Eli William

**Columbia University**
David Beard
Katelyn Cass
James Pizzo
Thomas Ulicny

**Creighton University**
Jorey Heit
Maria Nord

**East Carolina University**
T.J. Wilson

**Georgia College of Medicine at Augusta University**
Abby Halpern
Michael Ridlehoover
Brant Sandifer
Sheena Sharifzadeh
Phuong Spencer
Dana Thomas
David Urbanawiz
Rachell Velasco

**Indiana University**
Caillen Barts
Todd Butwin
Jeff Cartwright
Emily Hambel
Lauren Hippenmeyer
Kurtis Langdon
Reinhard Lugalia
Frankly Pino
Matt Vogt
Logan Wheeler

**LECOM School of Dental Medicine**
Kinnary Desai
Brittney Gallaher
Sable Muntean
Claire Papp
Sandra Wolf

**Loma Linda University**
Michael Cooley
Douglass Gammenthaler
Austin Owen
Timothy Prewitt
Danna Tamayo
Gaetan K Tchamba

**Louisiana State University**
Lauren Becnel
Katie Chang
Talia Crain
Martin Duplantier
Leon Fletrich
Stephanie Grise
Taylor Hayden
Morgan Hilton
Ainsli Holler
Brooks Hummel
Jeffrey Kerst
Stacey Peltier
Paul Pumilia
Hailee Rask
Anna Raymond
Candice St. Etienne
Sahar Talebloo
Mark Tinney
Kimberly Truong

**Marquette University**
Payton Canchola
Kaitlin Dougherty
Melanie Hoffman

**Meharry Medical College**
Audrey Fields

**Midwestern University, Arizona**
Cody Kramer

**Midwestern University, Illinois**
Michelle Aumann
Whitney Behm
Emma Smith

**Nova Southeastern University**
Shaileen Ejtemai
Preston Hansen

**Oregon Health Sciences University**
Sadaf Assadi
Michelle Crabtree
Travis Davis
Thomas Grass
Melany Mallett
William Rysenga
Alayna Schoblaske

**Roseman University of Health Sciences**
Keith Paskett

**Southern Illinois University**
Margaree Lachowiez

**State University of New York at Buffalo**
Emma Guzman
Gabrielle Leo
Sana Naeem

**State University of New York at Stony Brook**
Igor Lantsberg

**Tufts University**
Sandy Lor
Shayla Walker

**University of Barcelona**
Ana Martinez

**University of Colorado Denver**
Danny Adler
Kyle Lantz
Natalie Lesinski
Ryan Mickie
Liz Tremblay

**University of Connecticut**
Carolyn Bradford
Michelle Wesley

**University of Florida**
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Shahd Nawari
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continued from page 43
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Port McNiel
Mitra Hashemi DDS
Sidney
Jim Yeganegi DMD
Vancouver
Cristina Coca DDS
Victoria
Poojan Rai DMD
Westbank
NOVA SCOTIA
Stasey Doncaster DDS
Truro
ONTARIO
Manjula Duhan DDS
Ancaster
Rick Pereira DMD
Baden
Tamarah Mohammed DDS
Burlington
Ryan El-Majzoub DMD
Corwall
Sajid Syed DMD
Dunville
Gavin Tse DDS
Etobicoke
Eva Adam DDS
Guelph
Parampreet Kaur DMD
Guelph
Joseph Hasso DDS
Keswick
Janet Chan DMD
Kingston
Lucia Ambrochi DDS
London
John Daniel BDS
London
James Chin Ko DDS
Markham
Jordan Alley DMD
Mississauga
Jimmy Duong DDS
Mississauga
Ahmad Hafez BDS
Mississauga
Maha Toamah BDS
Mississauga
Ryan Kirschner DMD
Newcastle
Hooman Katbab BDS
North York
John White DDS
Orangeville
Nabil Achache DDS
Ottawa

Mahmoud Khojasteh DDS
Parry Sound
Maria Morales DDS
Sault Ste Marie
Paul Faerman DMD
Thorndill
Matthew Laski DDS
Toronto
Jaemin Lee DDS
Woodbridge

SASKATCHEWAN
Brian David Kilduff
Saskatoon

COLUMBIA
Odel Chediak
Bogota

EGYPT
Hazem Galal Morsy Farag
Giza

Mohammed Gamal
Alexandria

INDIA
Priyanka Somani MDS
Ahmgdabad
Rahul Malhotra
Delhi
Kirin Kumar
Hospet
Sangeeta Singh BDS, MDS
Pune
Seddharh Swarup DDS
Pune
Kavitha Kandukuri BDS
Visakhapatnam

IRAN
Alireza Norouzali
Tehran

JAPAN
Motoyasu Atsumi DDS
Fujimino-shi,
Saitama-ken
Tomomi Ito DDS, PhD
Gifu-shi,Gifu-Ken
Terutoshi Naito DDS
Kawasaki-shi,
Kanagawa-ken
Eri Umemura DDS, PhD
Nagoya-shi, Aichi-ken,
Shizuoka-shi,
Nagoyas-shi, Aichi-ken,
Kanagawa-ken
Kazuya Kusunoki DDS
Yamaguchi-shi,
Yamaguti-ken

MEXICO
Xochipilli Bojorquez DDS
Los Algodones

OMAN
Adil Khamene Al Shibu
Sohar

POLAND
Rafal Sciegienny
Gdynia

SAUDI ARABIA
Fairas M. AL Al Aloula BDS
Riyadh
Abdulaziz Yousef Ibrahim
Al Shamlan DDS
Riyadh
Abdulrahman M.H.
Braighish BSC
Riyadh

SOUTH KOREA
Geunmo Kim
Busan City
Joon Young Jeon
Seoul

TURKEY
Mete Citir
Tekirda

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Doaa Mahmoud Abu
Khaterg BDS
Abu Dhabi
Wedad Hatif Al Janabi
BDS,PhD
Abu Dhabi
Ahmed hani Al
Ramani BDS
Abu Dhabi
Wid Haider Abbas Al-Hussain BDS
Abu Dhabi
Malita Abdalla
Mohammad AlNaqbi
Abu Dhabi
Mohammed Sulaiman
Balbahaith BDS
Abu Dhabi
Sara Omar Baselailb
Abu Dhabi
Geeti Gupta BDS
Abu Dhabi
Molaika Izzat Kanaan
Abu Dhabi
Megha Naithany BDS
Abu Dhabi
Bhagyashree Namjoshi
BDS,MDS
Abu Dhabi
Nada Mohsen Mubarak
Obaid BDS
Abu Dhabi
Ragheed Tawfeeq Salman
Abu Dhabi
Hind Sinan BDS
Abu Dhabi
Ahmed Abdelaziz
Taalab BDS
Abu Dhabi
Sam Thomad BDS, MDS
Abu Dhabi
Ayoub Amjad Saber
Al-Alousi DDS
Ajman
Esraa Hatem Jabar DDS
Ajman
Rasha Farouk
Abushaban DDS
Alain
Adbulrhman Al Kaai DDS
Dubai
Minie Annie Philips BDS
Dubai
Nithin Kumar BDS
Muahisinah

New Student Members
continued from page 44
Roberto Ramirez
Claire Sayoc
University of Illinois
at Chicago
Nasim Lasemi
University of Iowa
Taylor Austin
Sophia Chen
Macaire Leahy
University of Louisville
Sean Aiken
Clayton Jackson
Brooke Shelton
University of Michigan
Keri Eberhardt
Carly Warden
University of Mississippi
Coury Zachary
University of Missouri
at Kansas City
Julianna Harman
Abby Jewell
Kirthi Tata
Camden Tokunaga
University of Pennsylvania
Dasha Donado
University of Pittsburgh
Thomas Backeris
Kristen Goble
Nathan Kalinowski
University of Southern California
Karen Sierra
University of Tennessee
Kathryn Beil
Jim Hollingsworth
James Raines
University of Texas at Houston
Monica Anderson
Clifford Houston
Devon Kooi
Andrew Loiselle
Olivia Merandi
Rana Shammas
Marisa Zitterich
University of the Pacific Arthur A. Dugoni
Amro Elkhatieb
University of Washington
Christine Chen
Julian Nguyen
Virginia Commonwealth University
Margaret Jones
Quan Nguyen
West Virginia University
Donovan Godwin
Kevin Sivaneni
Western University of Health Sciences
Jennifer Chung
Kelly Nelson
Jacqueline Tran

INDIA
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Ahmgdabad
Rahul Malhotra
Delhi
Kirin Kumar
Hospet
Sangeeta Singh BDS, MDS
Pune
Seddharh Swarup DDS
Pune
Kavitha Kandukuri BDS
Visakhapatnam

IRAN
Alireza Norouzali
Tehran

JAPAN
Motoyasu Atsumi DDS
Fujimino-shi,
Saitama-ken
Tomomi Ito DDS, PhD
Gifu-shi,Gifu-Ken
Terutoshi Naito DDS
Kawasaki-shi,
Kanagawa-ken
Eri Umemura DDS, PhD
Nagoya-shi, Aichi-ken,
Shizuoka-shi,
Nagoyas-shi, Aichi-ken,
Kanagawa-ken
Kazuya Kusunoki DDS
Yamaguchi-shi,
Yamaguti-ken

MEXICO
Xochipilli Bojorquez DDS
Los Algodones

OMAN
Adil Khamene Al Shibu
Sohar

POLAND
Rafal Sciegienny
Gdynia

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Fairas M. AL Al Aloula BDS
Riyadh
Abdulaziz Yousef Ibrahim
Al Shamlan DDS
Riyadh
Abdulrahman M.H.
Braighish BSC
Riyadh

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Geunmo Kim
Busan City
Joon Young Jeon
Seoul

TURKEY
Mete Citir
Tekirda

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Khaterg BDS
Abu Dhabi
Wedad Hatif Al Janabi
BDS,PhD
Abu Dhabi
Ahmed hani Al
Ramani BDS
Abu Dhabi
Wid Haider Abbas Al-Hussain BDS
Abu Dhabi
Malita Abdalla
Mohammad AlNaqbi
Abu Dhabi
Mohammed Sulaiman
Balbahaith BDS
Abu Dhabi
Sara Omar Baselailb
Abu Dhabi
Geeti Gupta BDS
Abu Dhabi
Molaika Izzat Kanaan
Abu Dhabi
Megha Naithany BDS
Abu Dhabi
Bhagyashree Namjoshi
BDS,MDS
Abu Dhabi
Nada Mohsen Mubarak
Obaid BDS
Abu Dhabi
Ragheed Tawfeeq Salman
Abu Dhabi
Hind Sinan BDS
Abu Dhabi
Ahmed Abdelaziz
Taalab BDS
Abu Dhabi
Sam Thomad BDS, MDS
Abu Dhabi
Ayoub Amjad Saber
Al-Alousi DDS
Ajman
Esraa Hatem Jabar DDS
Ajman
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OUTSIDE NORTH AMERICA LOCATIONS

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CE Courses Survey of Surgical and Prosthetic Implant Care
Drs. Jihad Abdallah & Andre Assaf
Contact: Mahia Chehab
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Fax: +961 1 747652
E-mail: beirutdcd@hotmail.com

AAID Affiliated Study Clubs*

CALIFORNIA

Bay Area Implant Synergy Study Group
San Francisco
Matthew Young, DDS, FAAD, DABOI/ID
Contact: Kimberly
Phone: 415-392-8611
E-mail: info@dentalimplantssc.com
Web site: www.drmatthewyoung.com/
BayAreaImplantSynergyPage.htm

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

FLORIDA

Central Florida Dental Implant Study Group
Altamonte Springs, FL
Don Preble, DMD
Contact: Sharon Bruneau
Phone: 407-831-4008
Fax: 407-831-8604

Mid-Florida Implant Study Group
Palm Harbor, FL
Rajiv Patel, BDS, MDS
Phone: 386-738-2006
E-mail: info@delandimplants.com

NEW JERSEY

Bergen County Implant Study Club
John C. Minichetti, DMD
Contact: Lisa McCabe
Phone: 201-871-3555
Web site: www.dentalimplantlearningcenter.com

Lincroft Village Dental Implant Study Group
Treatment planning, bonegrafting, prosthetics
Richard J. Mercurio, DDS
Contact: Martha Gatton
Phone: 732-842-5005
E-mail: lincroftimplant@aol.com

NEW YORK

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

New York Study Club
Edgard El Chaar, DDS
John Minichetti, DMD
Phone: 212-695-5133
E-mail: info@edgarvelchaar.com

NORTH CAROLINA

Clemmons North Carolina Study Club
Andrew Kelly, DDS
Clemmons, NC
Phone: 336-766-7966
E-mail: dctr2th@msn.com

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

Every year, A.T. Still University’s Missouri School of Dentistry & Oral Health (ATSU-MOSDOH) holds a class-wide debate among second-year students as part of the school’s curriculum in evidence-based dentistry. This year, the prompt for the debate was a current controversy: “Implant dentistry should be a recognized dental specialty.” The 42 second-year students were divided into three groups of 14 students each: one group affirmed the prompt; one group rejected the prompt; and the third group acted as judges.

After several weeks of research and preparation, the teams debated to an audience of ATSU-MOSDOH faculty, staff, and first-year students.

In a split vote, the judges voted that the team arguing that implant dentistry should be a recognized dental specialty won the debate. Many of the judges admitted that they entered the debate with a slight bias against implant dentistry being a recognized dental specialty, but that the arguments and evidence presented in the debate changed their mind.

A.T. Still University’s Missouri School of Dentistry & Oral Health is America’s newest dental school. The student-centered curriculum integrates evidence-based dentistry into all aspects of the students’ education.

Editor’s Notebook

continued from page 4

Our profession also give us the right to operate in an arena that is a great privilege but that carries with it the ethical and legal responsibilities of which we are all aware.

As implant dentists, we have a huge effect on people’s lives. Patients’ comfort, appearance, self-confidence and even their ability to function in their daily lives can be impacted.

Because of this we are fortunate to experience the kind of gratitude and trust that few others encounter in their working lives.

I am frequently humbled when I pause to ponder the trust our patients have in us. How many people would YOU let approach you with scalpels, rongeurs, and handpieces with sharp burs spinning at 300,000 rpms not to mention a plethora of other fearsome devices? We are paid well, but a large part of our daily compensation is the trust and confidence we enjoy from those we are privileged to treat.

We must hone our skills, keep up with changes in our profession, and prudently resist changes by outside forces that seek to interfere with our professional obligation to do our best.

The AAID, a group primarily devoted to education, plays a significant role in helping us to deserve that trust.
Tatum Bone Block EZ-Fixation Screw Kit

The Tatum EZ-Fixation System offers a unique blend of clinical simplicity, advanced features, precision and affordability that is unmatched in the dental market.

- Color coded screws to quickly identify length
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- Unthreaded & tapered self-drilling screw design

Screw lengths offered - 1.75mm x 8 (Silver), 10mm (Blue), 12mm (Gold), 14mm (Green), and 1.55mm x 15mm, 18mm, 21mm, and 24mm Bone Screws. Kit includes 18 Screws.

Tatum Sinus Instrument Kit

The Tatum Sinus Instrument Kit is designed to access any anatomical configuration the surgeon may encounter when performing maxillary sinus augmentation.

All of the instruments are tempered to permit them to be bent and shaped so that the tip is always touching bone while the curved back of the instrument can always be parallel to the lining it is elevating.

These specialized instruments are ideal to safely elevate the sinus membrane, and allow removal of bone buttresses.

Tatum Tapered Implants

Tatum Surgical offers Traditional Tapered, One-Piece Tapered and Integrity Tapered Implants. They are clinically proven designs that are the result of over 40 years of surgery experience. Dr. Hilt Tatum has developed predictable and successful implant techniques for patient care.

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