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I have always found if I look backward rather than forward, it’s easier to make time for important things. For example, if I want to take two weeks off for some kind of trip, I can find unlimited reasons not to go if I look ahead and think about the trip competing with all of the day-to-day tasks that I really have to do. The plans for the trip may be abandoned due to the ever-present, pressing tasks that seem so indispensable. On the other hand, though, if I project ahead, say six months or a year, and anticipate what I will think about having gone several months earlier, I will usually realize the value of the experience and not regret those other tasks being delayed a bit.

So, when I think about continuing education experiences, I take the same approach. Having devoted the time to take a number of intense and time-consuming educational experiences, I have nearly zero regrets in spite of the time and expense involved. I can see the benefits clearly. Whether you are assessing the feasibility of attending the American Academy of Implant Dentistry 67th Annual Conference coming up in Dallas, September 26 to 29, or a year-long MaxiCourse®, the strategy of looking backward instead of forward may make the decision easier. For example, if you read a course description and see serious potential value, don’t be too reluctant to commit. The experience itself becomes part of you going forward. The colleagues you meet, the new ideas to which you are exposed, and the skills you will be developing are part of what will make you a superior practitioner going forward. As I was counseled long ago, “What you learn is something that no one can take away from you.”

As I was counseled long ago, “What you learn is something that no one can take away from you.”

And it’s not just for professional decisions, either. At least in my case, the above strategy works for taking vacations, as well. Time spent relaxing or exploring with friends or family can be crowded out by the intimidating number of tasks a dentist always has in his or her must-do list. Barbara Bush, and probably many other wise speakers, once gave a commencement speech suggesting that when your final days have arrived, you probably won’t be regretting that you spent too little time at the office. No, you won’t be thinking, “Oh, if only I could have done a dozen more root canals (or implants).”

It all revolves around balance. Establish what your wishes are for the decision you think is right for you, and then, if you find yourself talking your way out of legitimate plans, try the retro approach as described above. ☺️
AAID ANNUAL CONFERENCE 2018

Optimize the Site - Optimize the Outcome

Lecture by Dr. Salah Huwais
Thursday, September 27, 2018
Landmark ABC • 8:00 AM - 9:00 AM
Osseodensification: Optimize the Site - Optimize the Outcome

Hands-On by Dr. Salah Huwais
Saturday, September 29, 2018
Cumberland L • 8:00 AM - 12:00 PM
W13: Create More with Less - Any Implant, Any Ridge, in Either Jaw

Join Us for Extensive Discussions on Osseodensification

Prof. Ziv Mazor
Lecture: Thursday, September 27
Landmark ABC 1:30 pm - 2:30 pm
Paradigm Shift In Subcrestal Sinus Augmentation: Innovative Approaches

Hands-On: Friday, September 28
Cumberland J 1:30 pm - 5:30 pm
W12: State-of-the-Art with Sinus Augmentation

Dr. Howard Gluckman
Lecture: Wednesday, September 26
Landmark ABC 4:00 pm - 5:00 pm
Partial Extraction Therapies

Dr. Chuck Schwimer
Lecture: Friday, September 28
Landmark ABC 9:00 am - 10:00 am
Site Preservation of Tissue (S.P.O.T) to Optimize Implant Treatment

Dr. Burnee Dunson
Hands-On: Sunday, September 30
Cumberland A-C 8:00 am - 5:00 pm
W17: Hands-on Implant Placement and Bone Grafting on Cadavers

Dr. Carlos da Rosa
Lecture: Thursday, September 27
Landmark ABC 11:00 am - 12:00 pm
Immediate Dentoalveolar Restoration (IDR)- Technique and Bone Biology: 12-year Follow-up

Hands-On: Friday, September 28
Cumberland L 1:30 pm - 5:30 pm
W09: Immediate Dentoalveolar Restoration (IDR) 12-year Follow-up: The Step-by-Step Technique

Dr. Rodrigo Neiva
Lecture: Wednesday, September 26
Landmark ABC 1:30pm - 1:30pm
Dealing with Ridge Deficiencies: Current Options

Dr. Richard Martin
Lecture: Wednesday, September 26
Landmark ABC 1:30 pm - 2:30 pm
Digital Simplified Approved

Dr. Samvel Bleyan
Lecture: Thursday, September 27
Landmark ABC 2:30 pm - 3:30 pm
Total Site Optimization: Expanding Horizons

Dr. Armando Ponzi
Lecture: Thursday, September 27
Landmark ABC 9:00 am - 10:00 am
Role of Socket Shield (SS) and Osseodensification on Single Day Visit

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As the year continues to fly by, it’s gratifying to know that the American Academy of Implant Dentistry (AAID) continues to prosper and grow. To keep our fellow AAID members in the loop, I wanted to take a moment to update you on our Board of Trustee meeting held on June 9, 2018, in Washington, D.C., at the historic Mayflower Hotel, which is the longest continuously operating hotel in the area. The Board meets three times per year for an entire day to provide the AAID leadership an opportunity to review progress on ongoing initiatives and discuss new ones.

We began by discussing our new and finalized strategic plan. These plans are typically developed every three years and provide us with the opportunity to evaluate the organization’s goals, modify them as needed, and set new goals that will help propel us into the future. The leadership uses this strategic plan to help with implementation of goals. We keep our eyes on our progress and discuss achievements and modifications, as needed, throughout the year. Such planning helps AAID officers know our direction and remain on track so that we can keep the members informed of our progress.

Some highlights of our Strategic Plan over the next three years include:

- **Enhancing our members’ experience** by broadening our educational offerings, developing study clubs, creating tools to help members grow their practices, expanding mentorship, providing the tools to network virtually with other members, and increasing opportunities to volunteer on committees.

- **Creating a modern, state-of-the-art, infrastructure** to ensure that we are technologically current and able to have the databases and design necessary to communicate in today’s high-tech world.

- **Increasing the visibility of the AAID** as we continue to not only be a preeminent resource to those professionals interested in implant dentistry, but also to become the source for the general public to learn about implants and the value of our AAID members’ education. We’ve begun with the introduction of our new patient website. A second step...
in this plan entails offering AAID members as a resource for speaking, education, and the like to other professional dental organizations that want to incorporate courses on implant dentistry into their conferences or curricula.

• **Raising our educational platforms** with webinars, digital programs, training dental teams, exploring residency programs, and scholarships.

These initiatives are all designed to help advance the status the AAID in the eyes of the public and the profession. Our time with Mary Byer, a professional facilitator who has worked with the AAID for many years, focused on increasing the efficiency and effectiveness among our Executive Committee, our Board, and our hard-working AAID staff. As the AAID strives to maintain its position as the leader in implant dentistry, your officers, the Board, and staff work together as a team to add value to your membership and the AAID credential.

Prior to the Board meeting in D.C., the Southern District held its conference on June 8 and 9. The theme of the program was “Decoding Digital Dentistry” and focused on CAD-CAM, 3D technology. The procedures and protocols presented help us deliver more accurate and predictable results for our patients. We appreciate those who presented, our members who attended, and our sponsors who helped make the meeting possible. I would like to thank all involved in putting together this wonderful meeting for the AAID and the Southern District in particular.

The highlight of the weekend was an evening set aside to honor Dr. C Benson Clark, who received a Lifetime Achievement Award for his service to the AAID. He has influenced the lives of countless members throughout the years and has exemplified the AAID spirit and dedication to his patients.

We now set our sights to Dallas, Texas, where, from September 26 to September 29, we will hold our 2018 Annual Meeting, “Implant Dentistry—The Future is Now.” The time is quickly approaching, and we have planned an outstanding event. There are not only educational opportunities for members, but also the Dental Implant Team Network, a two-day, specialized learning track for team members. On Wednesday, we are honored to have Dr. Sanjay Gupta, CNN Chief Medical Correspondent, who will deliver the keynote address. He also will participate in a fundraiser to benefit the AAID Foundation. If you haven’t registered yet, take a moment to visit our website to learn more about our exciting 67th AAID Annual Conference; we look forward to seeing you there!

It continues to be an honor to serve you, the AAID members.

Dr. Clark receives his AAID Lifetime Achievement Award at the Southern District conference.
Dentists are always looking to find effective avenues to market their full-arch services, including the Internet, newspaper ads, radio, television, direct mail, or some other marketing. Here are some suggestions that may help you with marketing full-arch dentistry.

**Don’t rely solely on Internet marketing**
While Internet marketing is necessary, it is the most competitive. This is the reason that creating a good website is important to find patients. The elements necessary to help receive good response from your Internet marketing may include an offer or consultation; information on the affordability of the procedure; text attracting the patient to your practice; and the use of hot buttons. Another idea is to use phrases about a product or service that have been found through market research surveys. These can be found in headlines, subheadings, captions, copy, and imagery to engage the reader and encourage a response.

**Use marketing that gets in front of your target market**
To get the number of full-arch patients you would like, you need to do offline marketing, as well. There are still a lot of potential people who don’t realize there are great solutions for their failing or missing teeth—other than dentures. Marketing sent to target markets for full-arch implants is very effective in attracting these cases. A custom direct mail program can appeal and elicit response from potential patients.

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The patient on the right, who presented with untreated dentition, had both arches restored with the BruxZir® Full-Arch Implant Prosthesis following a straightforward treatment protocol. The prosthetic design was verified with the PMMA implant provisional prior to fabrication of the final prosthesis, ensuring an accurate design for the durable solid zirconia implant restoration.

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LOCATOR, the restorative technique, and the predictability they have come to expect remains the same. LOCATOR R-Tx is another world-class overdenture attachment option—the fourth generation for Zest—so we are offering this 100 percent satisfaction guarantee to demonstrate our confidence in the product.

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Tatum Integrity Implants Internal Pentagon feature offers 5 secure, and positive abutment positions.

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Every day, your patients are bombarded by advertising promoting implant dentistry. They’re told dental implants will change their lives, they can have a new smile in a day, go back to eating corn on the cob, and that the procedure is easy and pain free. While all of that may be true, what the barrage of consumer information out there today doesn’t tell them is how to make an informed decision about this very important medical procedure and the value of choosing an American Academy of Implant Dentistry (AAID)-credentialed dentist.
Noise
The need for information

The AAID leadership understood this lack of information for consumers but wasn’t sure where to start. AAID President David Hochberg, DDS, FAAID, DABOI/ID, explains, “Many years ago, we thought that the AAID needed to educate the public about what implants are, but today because of corporate dentists’ advertising, we no longer have to fill that large informational void.” He adds, “It saves us an incredible amount of time and marketing dollars.”

The focus, then, shifted: Instead of educating the public about just implants, AAID leadership realized that sharing information about the AAID as an organization is the best way to help patients learn not only about implants, but also about the AAID’s role in furthering dentists’ education, and ultimately improving patient care. Dr. Hochberg says, “In my personal experience, I thought ‘How come no one calls my office looking for a dentist who is AAID-credentialed?’ This has happened maybe once or twice in all of my years in practice.” AAID President-Elect Natalie Wong, DDS, Cert Prosth, FRCD(C), FAAID, FACP, DABOI/ID, DABP, adds, “Patients don’t know which qualifications their dentists have, and they don’t often ask. It’s important for us as dentists to not only let our colleagues in the profession know, but to be proactive in letting our patients know what the AAID credentials mean.”

Not only do dentists need to be proactive in educating their patients, but AAID leadership and staff also realized that patients should be asking their dentists about their credentials, which is not always the easiest or most comfortable thing to do. AAID Executive Director Cheryl Parker, CAE, explains, “Sometimes patients can feel intimidated to question their dentists’ credentials, and dentists may not think to ask whether their patients know what the credentials mean.”

Those credentials are extremely important and the process by which AAID members earn them is
equally as important to share with patients. Most patients don’t understand exactly what the AAID is, and they also aren’t always aware of the fact that just because any dentist can place an implant, there are those who take advanced training and earn credentials that make them particularly qualified for this procedure. Larry Nalitt, DDS, DABOII-ID, chair of the AAID Public Relations Committee, says, “With the ever-increasing demand for dental implants and several legal victories regarding specialty status of credentialed members of the AAID and the American Board of Oral Implantology [ABOI], we felt the time was right to implement a new marketing campaign, with one of the primary goals to raise public awareness of the AAID and the significance of our bona fide credentials, and to distinguish ourselves as the implant experts.”

Thus, started the wheels in motion several years ago, with discussions focused on developing a strategy to address the challenge of elevating public recognition of the AAID credential. The AAID needed to provide consumers—your patients and potential patients—with the important and necessary facts to help them when choosing an implant dentist. Dr. Nalitt says, “We wanted to provide patients with a resource to help guide them through the process of researching information about dental implants, what to expect during and after treatment, and ultimately, in the selection of an experienced and AAID-credentialed dentist.”

Planning and strategy: Focus on the patient

Ultimately, this entire campaign is about patients. Dr. Hochberg says, “Every dentist and every implant dentist has one thing on the top of their list of priorities: Patients. And the AAID credential has great value to patients, but they need to be educated to understand the value. A dentist has a piece of paper hanging on his or her wall that doesn’t really advance the value of the credential. So, if patients know about the organization and learn about the value of the credential, it will translate into patients in the chairs of our credentialed dentists. Which will make other dentists say, ‘I think I want that credential because I’d like new patients and I want them to come to my office or treatment.’ It just makes sense.”

Following a comprehensive proposal process, AAID leadership ultimately chose NeigerDesign, a Chicago-based marketing and communications agency, to develop and implement a communications campaign to improve the overall public awareness of AAID and teach the public and dentists about the true value of the AAID credential. Dr. Nalitt explains, “We felt it was important to revamp our marketing strategy and the public relations image of the AAID, as well as promote the AAID credentials to patients. We were very
impressed with NeigerDesign’s vision and their suggestions to achieve our goals.”

To develop the AAID consumer communications plan, the team at NeigerDesign conducted intensive research, which included reviewing all current communications processes and materials, including conducting a web content audit. Then they traveled to the 2017 AAID Annual Conference, where they interviewed more than 25 AAID-credentialed doctors and ABOI/ID diplomates, following up with phone interviews with PR Committee members, AAID leadership, and staff. From this work, they identified two key objectives to set the AAID on the path to achieving its communications goals:

• Increase web visits (especially on the “Find an Implant Dentist” tool) via inbound marketing to help the AAID attract patients, distribute helpful information, and ultimately get patients to the offices of AAID-credentialed members.

• Improve the overall public awareness marketing effort for the AAID, with a consistent brand voice and image, and a more compelling and memorable message to teach the public and dentists about the true value of the AAID credential. NeigerDesign, AAID leadership, and staff also identified three pillars for the brand strategy with patients in mind:

• Trust: Knowing your doctor has an AAID credential and/or ABOI certification provides a level of trust and confidence that your doctor has achieved a gold standard in dental implant expertise.

• Skill: The AAID provides courses and training to take a dentist from basic dental implant knowledge and skill to expertise and leadership.

• Big Picture: Implant dentists are “big picture” people. Rather than focusing on a particular tooth implant, they’re focused on a patient’s overall, long-term goals. The extensive education required and rigor of the AAID credential ensures this.

In order to carry out these plans, the AAID and NeigerDesign have worked to create a variety of resources for AAID members and their patients to use to increase awareness of the AAID, the AAID credentials, and how patients can access the AAID as the go-to resource for all things implant dentistry. Dr. Nalitt explains, “As PR Committee chair, I have worked very closely with Carol Neiger and her staff at NeigerDesign to help advance our vision. It’s really been on-the-job training for me and has been a lot of fun learning the intricacies of marketing strategies and implementation.” He didn’t do it alone, though; Dr. Nalitt says, “The PR Committee members, Dr. Vince Vella, Dr. Jasmine Sung, Dr. Craig Aronson, and I have been intimately involved in the development of these resources, including the blogs, videos, infographics, and the look and feel of the consumer website.” Dr. Hochberg adds, “Credit for a great deal of the vision behind this campaign and the momentum for moving it forward

Consumers can find all the information they need to learn about AAID credentialed dentists.

AAID Credentialed Dentists: The Dental Implant Experts

AAID credentialed dental implant experts are passionate about helping you live your life the way you want to. You can count on them to give you the smile you deserve, the ability to eat what you want and teeth that feel and act like your natural ones.
goes to Dr. Nalitt and AAID Treasurer Dr. Adam Foleck. I want to express my personal thanks on behalf of the entire AAID membership.”

The consumer website
The first step in this integrated communications plan was the development and launch of the AAID consumer website (aaid-implant.org) where consumers can get the facts about dental implants, how they work, and how much they cost. The site also features the “Find an Implant Dentist” tool where patients can locate an AAID-credentialed dentist nearby, and the consumer-focused blog, “LifeSmiles,” which features articles on topics of interest to someone considering implants, such as “Teeth in a Day—Myth or Reality? How the Dental Implant Process Works” and “Considering Dental Implants? Here Are 5 Things You Should Know.” Compelling videos on the site explain topics such as “Why Replace Missing Teeth” and “A New Lease on Life: Finding Happiness with Dental Implants” to patients. The expert content in the blog posts is based on interviews with AAID-credentialed dentists from around the country. Social media channels—including the AAID consumer-focused Twitter account @Aaid_LifeSmiles—are being used to drive consumers to the new website. When AAID members’ patients inquire about dental implants, this new consumer site is a terrific resource to help them as they make their decisions about their oral health.

Dental Implant Awareness Month: September 2018
To support the overall consumer campaign, the AAID will once again this year celebrate Dental Implant Awareness Month, moving it to September to coincide with the AAID Annual Conference, which will be held September 26 to 29, in Dallas, Texas. This is a prime opportunity for AAID members to raise consumer awareness of how to make informed decisions about dental implants in their local communities.

The AAID and NeigerDesign will develop and share on the website a free marketing toolkit for AAID members to use in their practices. Resources will include brochures and posters emphasizing the value of the AAID credential that can be customized and shared digitally or in print. In addition, the toolkit will provide AAID members with ideas and tips for launching their own social media campaigns in September, leveraging content from the AAID consumer website, blog, and social media outlets. These tools provide AAID members with a launching pad for raising awareness in their practices and communities. Dr. Nalitt hopes that “with the development of the new consumer website and marketing outreach to educate and raise public awareness of the AAID, existing members will take advantage of all the wonderful resources available and incorporate them into their practices and ultimately their interaction with patients.”
From a PR perspective, NeigerDesign and the AAID will develop and distribute a national press release to targeted media outlets around the country. AAID Board and PR Committee members will also be asked to be local spokespersons during Dental Implant Awareness Month. NeigerDesign and the AAID will pitch news stories featuring these members and Dental Implant Awareness Month to broadcast and print media outlets in the communities where they live. In addition, stories featuring AAID leadership will be pitched to Dallas media in conjunction with the AAID 67th Annual Conference in September.

Looking ahead: Measuring success
Key to any successful marketing and communications campaign is measuring success throughout the process. Because the AAID consumer campaign has a firm foundation in technology, there are many tools available to measure its success. NeigerDesign and AAID leaders and staff will look at data such as the search engine ranking of the AAID website, clicks in to the consumer site, AAID-implants.org, and other online analytics. In addition, the number of media impressions and placements—particularly during Dental Implant Awareness Month—will be evaluated, as well as traditional sources of measurement, such as AAID records of phone inquiries and emails from patients, and use of the Find an Implant Dentist tool. This data will be used to both evaluate the success of the campaign and inform new strategies moving forward, which could focus on AAID membership.

Not only is the AAID consumer campaign designed to both raise awareness of the AAID credential with the public and, even more importantly, to help patients around the world make informed decisions about the approach to and doctor for implants that will best meet their needs, it could serve as a recruitment tool. Dr. Hochberg explains, “The payoff of this campaign is two-fold: Patients will be able to make an educated decision about where to turn for dental implants and, as the demand for the AAID credential grows, more young dentists interested in implant placement and restoration will want our credential.”

Dr. Nalitt echoes this idea: “I would expect that through learning about the AAID through this consumer campaign, any non-AAID members will appreciate the benefits of joining the AAID and ultimately becoming credentialed.”

As Dr. Hochberg said in his inaugural address at last year’s AAID Annual Conference, “The AAID has been around for 67 years and we have launched this consumer campaign to ensure that patients know who we are. Wouldn’t it be music to your ears to hear from your front desk that a new patient is in your book because they want to see an AAID-credentialed dentist?”

Dr. Nalitt concludes, “It is said that an educated consumer is a good consumer. Our new website and marketing goes a long way toward achieving that.”
Becoming an AAID-Credentialed Dentist

With the AAID making a significant investment in building consumer awareness of its credential, it is time to think about what it could mean for you and your practice. Click on the “Find an Implant Dentist” tool on the AAID consumer website and you can search hundreds of colleagues from around the country who are AAID credentialed. Are you on that list? If not, you might want to consider starting the credentialing process. The AAID credential demonstrates to colleagues and patients that you are dedicated to providing the best possible dental implant treatment.

A great way to begin the process of becoming an Associate Fellow Member of the AAID is to complete the AAID MaxiCourses®. MaxiCourses are appropriate for doctors with no dental implant experience at all, as well as doctors who have been placing implants for years and want to enhance their knowledge. They are among the most respected and comprehensive training programs in implant dentistry. Offered in various settings throughout the United States and internationally, the course presenters are renowned university faculty, world-class clinicians, and the country’s top authorities in implant dentistry. The AAID MaxiCourses will provide you with the more than 300 hours of CE necessary to fulfill the education requirement of the Associate Fellow Member process.

As one AAID-credentialed dentist shared, “I was in awe of how much I could learn in the AAID MaxiCourses about the quickly moving field of implantology from world-class faculty. It put me on a different playing field in my practice. The AAID walks you through being a beginner to becoming an expert in implant dentistry.”
There is understandably a great deal of confusion about advertising as a “specialist in implant dentistry.” As the case law evolves and dental boards respond to both judicial decisions and guidance from the American Dental Association (ADA), it can be very difficult to stay abreast of where things stand. I will attempt to summarize the current status of state advertising restrictions relative to advertising as a specialist. I should note at the outset that many ADA-recognized specialists—particularly in periodontics and oral surgery—advertise themselves as specialists in implant dentistry. Such ads are false under either the ADA or American Board of Dental Specialties (ABDS) criteria.

It is important to note that advertising is a form of commercial free speech, protected by the First Amendment. In order for a state to lawfully impose restrictions on such speech, it must demonstrate that harm or potential harm to consumers—which it seeks to prevent—would in fact result without such restrictions. To date, no state has been able to meet this burden. Consumers are largely unaware of what a dental specialist is and providing more information to the public is preferred over state-imposed gag orders. But in my view, any dental advertisement that references either a credential or a title such as "specialist" should also indicate the name of the credential and its source, including a legitimate source (website or official published document) for information about the credential or its predicate requirements.

To its credit, the ADA has taken the position that other entities such as the ABDS should be recognized as specialty-certifying boards, in addition to ADA-recognized boards. Although the ABDS is a relatively new entity, it was created to represent areas of dentistry that could never meet the ADA criteria for specialty recognition. Indeed, such areas of dentistry could well deserve to have future specialists, such as cosmetic dentistry, geriatric dentistry, laser dentistry, forensic dentistry, special needs dentistry, and family dentistry, to name a few. At a minimum, dentists who have earned credentials based on education, training, experience, and psychometrically based testing should make the public aware of their achievements. The more information a dentist can provide to consumers, the more readily they can make a truly informed choice about a dental practitioner.
PERFECTLY SOFT

Sometimes you need a membrane pliable enough to contour to its environment but substantial enough to maintain its architecture. Introducing Zmatrix™ - a natural, porcine peritoneum collagen membrane with a perfectly soft consistency that drapes without the usual self-adherence experienced with other natural collagen membranes.

- Designed to drape without adhering to itself
- Natural peritoneum collagen structure provides for elasticity
- Processed to preserve extracellular components including laminin, fibronectin, elastin, and glycosaminoglycans

Zmatrix™ is a natural, native collagen membrane; cross-linking chemicals and agents are unnecessary. Proprietary processing technology allows preservation of collagen as well as extracellular components including laminin, fibronectin, elastin, and glycosaminoglycans.


CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician.

osteogenics.com | 888.796.1923
Legal Bite
continued from p. 22

Read on for important advertising rules throughout the country.

Florida and California
After court victories by the American Academy of Implant Dentistry (AAID) in Florida (2009) and California (2010), those states repealed their statutes that had been declared unconstitutional. Neither Florida or California have replaced their specialty advertising restrictions, so it is safe for a credentialed member of the AAID to advertise as an implant specialist in either state. In doing so, I would suggest publishing the credential earned and the AAID source where underlying prerequisites for that credential can be found (either AAID.com or ABOI.org). It should be noted that some false credentials also are being advertised as specialty credentials in the complete absence of any regulatory framework, but dental boards all have statutes prohibiting “false and misleading” advertising, which could be invoked to regulate such behavior.

Texas
The 2017 Texas federal court decision, upheld by the 5th Circuit Court of Appeals, determined that the plaintiffs (American Board of Oral Implantology/Implant Dentistry [ABOI/ID]) had successfully argued that restricting specialty advertising to only ADA-recognized specialties was unconstitutional. So it is certainly permissible for licensed ABOI/ID Diplomates in Texas to advertise as specialists in that state. Other AAID-credentialed members can advertise their credentials earned but would be wise not to classify themselves as specialists.

New Jersey
Last year, after a request by the AAID and the ABDS, the New Jersey Board of Dentistry refused to expressly recognize the ABDS dental certifying boards as specialty certifying boards. The ABDS currently recognizes Diplomates of the ABOI/ID, American Board of Orofacial Pain, American Dental Board of Anesthesiology, and American Academy of Oral Medicine as specialists in their respective areas. Although New Jersey refused to expressly recognize or accept the ABDS boards as specialty boards, the state also announced a moratorium on enforcement of its own specialty advertising regulations. Therefore, it is currently permissible to advertise as a specialist in New Jersey. But again, I would urge that such ads include the name of the specific credential and the website or official source where consumers can obtain further information about the underlying criteria for that credential.

Ohio
In Ohio, a federal lawsuit is pending in the District Court in Columbus. The Ohio Board announced that during its current rule-making process addressing the rule at issue, it would allow ABDS-recognized Diplomates (Diplomates of the ABOI/ID, American Board of Orofacial Pain, American Dental Board of Anesthesiology, and American Academy of Oral Medicine) to advertise as specialists in their respective areas. Of course, this position could change as a result of the pending litigation.

Indiana
In Indiana, litigation has been pending for more than a year. The Board similarly announced that it was placing a moratorium on enforcement of its existing specialty advertising restrictions during the litigation. Therefore, it is also currently permissible to advertise as a specialist in implant dentistry in Indiana. The Indiana Board is also in the process of amending its specialty advertising regulations, but the final decisions on any changes have not been made as of this writing. ☀
OsteoGen Plug
One Step Bone Grafting Solution for Socket Preservation Without the Need for a Membrane

OsteoGen® Non-Ceramic Bone Graft

Type I Bovine Achilles Tendon Collagen

At only $50 per piece, the Implant Ltd OsteoGen® Bone Grafting Plug combines bone graft with a collagen plug yielding the easiest & most affordable way to deliver bone graft for socket preservation and ridge maintenance, all without the need for a membrane!

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

1. Tooth #15, set to be extracted.
2. The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon.
3. Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb.
4. Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain. No membrane is required.
5. OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiopaque on the day of placement.
6. As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque.
7. The collagen promotes keratinized soft tissue coverage while the OsteoGen® resorbs to form solid bone. In this image, a core sample was retrieved.
8. Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation.

Contact 800-526-9343 or Shop Online at www.impladentltd.com
In our work with dentists across the country, we spend a lot of time talking about the importance of disability income insurance. Once a dentist understands how important it is to put this insurance in place, the next question is how to obtain it.

**How do I know whether I qualify for insurance?**

Determining whether you are insurable depends on three major factors: your health, age, and income. An evaluation of your personal and business tax returns will allow the insurance company to identify your income to determine the amount of coverage you can obtain. Later, as your income increases, you have the option to increase your coverage.

**What can I expect when applying?**

After conducting an interview with you (no need to prepare, this is just a friendly conversation), an insurance agent will take your application for disability income insurance. This application will ask for basic information like your name, phone number, address, as well as questions about your health history. This process generally takes 15 to 30 minutes.

**The medical exam**

As scary as this may sound, the medical portion is (mostly) painless. Your application is submitted to the insurance company, and the company then orders a medical exam. Someone from the insurance company contacts you to set up a day and time that works for your schedule. The best part is that you will not need to go anywhere to complete it: The nurse or paramedic will come to...
your home or to your place of work. He or she will draw some blood, measure your height and weight, take your blood pressure, and ask you some medical questions.

The offer
The medical exam is complete. Now can you buy the insurance? Not yet. From this point, the insurance company will review the results from your medical exam and request your medical records from your primary care physician. (If there is any delay in obtaining these records, know that the approval process may also be delayed.) After the insurance company receives and reviews the medical records, the insurance company makes you its “offer.” In simplest of terms, the offer is the insurance company’s way of telling you how much they can insure you and how much it will cost. If you like the terms of the offer, all you have to do is sign the paperwork, accept the policy, and pay the insurance company for your first month of coverage.

What happens if I decide not to purchase the policy?
You are not required to purchase the policy, nor are you required to pay anything, nor will it affect you in any way. The medical exam that you completed will be good for 6 months, so you can reapply later with that company if you change your mind.

Christian Pearson is the National Director of Dental Partnerships at Treloar & Heisel, Inc.

About Treloar & Heisel
Treloar & Heisel is the premier financial services provider to dental and medical professionals across the country. We assist thousands of clients from residency to practice and through retirement with a comprehensive suite of financial services, custom-tailored advice, and a strong national network focused on delivering the highest level of service. For more information, contact us at 800.345.6040, info@th-online.net, or visit us at treloaronline.com.

How much does the application and underwriting process cost?
Absolutely nothing. The insurance company pays for the entire underwriting process and you will not be required to pay for your policy until underwriting is 100 percent complete and you accept the insurer’s offer.
Dental implants are the standard of care for replacing missing teeth and their long-term clinical success is dependent upon the quality and volume of bone and degree of osseointegration that can be achieved. Bone height and volume is often diminished in patients due to periodontal disease and/or trauma and the patho-physiological bone loss that occurs with time after tooth extraction. The lack of sufficient bone height and volume is a major limitation impacting dental implant treatment success. Several surgical techniques and biomaterials have been developed for dental implant site augmentation.

**Improved and more predictable vertical bone augmentation using synthetic dicalcium phosphate block grafts containing a novel bisphosphonate-EP4a conjugate drug (C3)**

By Zeeshan Sheikh, BDS, Dip.Dh, MSc, PhD

Michael Glogauer, DDS, Dip.Perio, PhD

**Background & Objectives**
- The use of bone grafts is an essential component in modern esthetic implant dentistry. However, the efficacy of bone regeneration by conventional bone vectors relies on the quality and volume of bone and the degree of osseointegration that can be achieved. Bone height and volume is often diminished in patients due to periodontal disease and/or trauma and the patho-physiological bone loss that occurs with time after tooth extraction. The lack of sufficient bone height and volume is a major limitation impacting dental implant treatment success. Several surgical techniques and biomaterials have been developed for dental implant site augmentation.

**Methods**
- Methods for bone regeneration are described.

**Results**
- Figure 1: ePoster presented at the AAID 66th Annual Conference

**Conclusions & Clinical Relevance**
- This biomaterial was shown to be effective in improving bone regeneration and osseointegration.
development in the resorbed alveolar jaw\textsuperscript{2,3}. Some of the commonly used surgical techniques used are:
1. Osteoperiosteal flap technique (OPF);
2. Distraction osteogenesis (DO);
3. Block grafting;
4. Guided bone regeneration (GBR) using membranes;
5. Subperiosteal tunneling for minimally invasive approach to GBR.

The material options for bone augmentation procedures are divided into natural transplants (autografts, allografts and xenografts) and synthetic biomaterials (alloplasts).\textsuperscript{4,5} These grafting materials are used for clinical applications because they are osteogenic, osteoinductive, osteoconductive or possess a combination of these properties.\textsuperscript{2,6} Although preclinical and clinical investigations using various surgical techniques in combination with the available bone replacement graft materials have reported promising results, vertical ridge augmentation procedures still continue to be unpredictable and experience a high rate of failure in clinical dental practice.\textsuperscript{7} Distraction osteogenesis produces greater bone height than GBR and onlay block grafting, but it has a higher rate of complication associated with it.\textsuperscript{8} Although the results of GBR for vertical ridge augmentation are promising, clinical success is limited due to the procedure being highly technique-sensitive, and often failing due to wound dehiscence.\textsuperscript{9} Onlay block grafting to increase the vertical height of the mandible and maxilla usually requires extraction of an autologous bone block from donor site and its fixation with screws onto the recipient site.\textsuperscript{10} Autologous onlay grafting is associated with complications such as donor site morbidity and are also vulnerable to rapid resorption in sites that receive mechanical load and soft tissue tension.\textsuperscript{7} Difficulty in creation and maintenance of space in the defect area where bone regeneration is intended also proves to be detrimental. Bone loss often generates non self-containing defects covered by soft tissues which ultimately collapse onto a grafting site if not supported.\textsuperscript{2} Also, epithelial cells have a higher turnover rate than bone tissue, resulting in the defect space being filled with soft tissue if barrier membranes are not used.\textsuperscript{11-13} Hence, in larger defects, barrier membranes are used in combination with graft materials to allow for migration of osteoblasts and ingrowth of blood vessels from adjacent see Clinical Bite p. 30
Clinical Bite
continued from p. 29

osteogenic tissues. Tenting screws, titanium-reinforced membranes or titanium meshes are and can also be used in conjunction with graft materials to increase mechanical support.

A requirement for bone regeneration is the presence and/or recruitment of osteoblast precursors and growth factors at sites of bone augmentation. Osteoblast precursors can be provided by the graft material (e.g., cancellous autografts) or by the recipient bed. Growth factors can come from the graft, recipient bed and vasculature and it is believed that intra-marrow penetration of the recipient bed favours both cellular and growth factor migration into the sites where bone is required to be regenerated. Host osteoprogenitor cells infiltrate the graft materials within seven days and the early phase of bone regeneration at grafted sites is dominated by active bone resorption and formation throughout the graft. The latter phase of incorporation is characterized by osteoconduction and a process known as creeping substitution. Many of the bone graft materials used today are able to contribute to new bone formation through this biological process. The osteoblast precursors differentiate into mature osteoblasts under the influence of osteoinductors and synthesize new bone during the first weeks after. Growth factors involved in bone formation act on fibroblast and osteoblast proliferation, extracellular matrix deposition, mesenchymal cell differentiation and vascular proliferation. Research on bone augmentation and regeneration is currently focused on molecular, cellular, and gene therapeutics. Bone morphogenetic proteins (BMPs) are differentiation factors and have the ability to differentiate osteoprogenitor cells into mineral forming osteoblasts and stimulate vascular proliferation. BMPs have shown promise for intraoral applications such as ridge preservation and sinus augmentation. Platelet derived growth factor (PDGF) has also shown potential for use in bone regenerative applications. However, optimal dosage and carriers for PDGF are still to be determined and extensive preclinical and clinical trials are required in future. A new approach to achieve bone augmentation is the addition of platelet rich plasma (PRP) from the patient blood to graft materials. Initial results have shown more and denser bone compared to autografts used alone for ridge augmentation procedures. In addition, the seeding of constructs with mesenchymal stem cells also holds great promise and merits further in-depth investigation.

There are many surgical techniques with various combinations of natural and synthetic graft materials that are currently used in an attempt to successfully achieve ridge augmentation in the vertical dimension. However, there exists no single ideal technique or graft material which consistently provides reproducible results in all case types. There is a need to develop treatment modalities that involve less invasive vertical ridge augmentation procedures that provide reproducible results. The existing biomaterials require the addition of supplemental pharmacotherapeutics that are able to promote improved bone quality in the resulting grafted site thereby leading to a more predictable long-term result for the dental implant placed into that newly developed bone. The development of these new chemical modulators of bone development will facilitate the fine-tuning of the physico-chemical properties of the bone graft materials and should improve the predictability of bone regeneration therapeutics.

A novel approach for achieving more predictable alveolar ridge augmentation: Calcium phosphates are similar to bone in composition and hence considered as good bone substitutes graft options. Dicalcium phosphate cement based biomaterials (brushite and monetite) have been shown to be osteoconductive and have improved resorption profiles when compared to other calcium phosphates. Brushite has been investigated for vertical bone augmentation, but they tend to re-precipitate as insoluble HA after implantation which limits resorption and graft replacement by bone tissue ultimately. The anhydrous form of brushite is monetite, and this after implantation does not to transform to insoluble hydroxyapatite and resorbs more than brushite graft materials.

Prostaglandin E2 (PGE2) has been previously shown to induce anabolic bone effects in animals and humans through agonism at the EP4 receptor but its clinical usefulness is limited by systemic side effects. Potent EP4-selective agonists (EP4a), while being more potent than PGE2, still possesses the side effects that limit their utility in bone augmentation therapy. Our collaborative group has identified two bone targeting EP4a-bisphosphonate conjugates (C1 and C3) which link the EP4a via a linker group which is in turn bound to a bone targeting bisphosphonate such as alendronate. These conjugates bind strongly to bone tissue to provide sustained release (half-time in vivo of 4-7 days) of active EP4a via action of local esterase enzymes. C1 releases alendronate (a proven inhibitor of bone resorption) but the C3 does not owing to its amide-capped alendronic acid, hence allows for localized bone and graft remodelling to take place. Due to the bisphosphonate component, this C3 conjugate can be bound to bone substitutes in vitro to form a very stable complex and the loading of conjugate can be varied essentially at will.
GROWTH FACTOR • ANTI-BACTERIAL • PAIN RELIEVER • OCCLUSIVE BARRIER

The Next Evolution
The rise of placental tissue is forever changing medicine and Snoasis Medical has pioneered this development for over 11 years. Its Purion® processed deepithelialized amnion-chorion allograft (BioXclude) delivers multiple extracellular matrix proteins, growth factors, and cytokines to provide a barrier membrane that enhances healing. The FDA allows this special, minimally manipulated tissue, to be used as a barrier, conduit, connector, or cushion in a variety of dental implant, endodontic, oral maxillofacial, and periodontal regenerative procedures.

Growth Factor
226 Confirmed Biologically Active Growth Factors and Cytokines

- TGFβ
- PDGF
- FGF
- VEGF
- IL-4
- IL-6
- TIMP-1
- TIMP-4

Anti-Bacterial
A.a., S.m., & S.o., Microbial Counts • Comparative In-Vitro Study

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Pain Reliever
VAS Scores • Intra-Patient Comparative Clinical Studies

Site Preservation
- BioXclude
- dPTFE

Less Pain (P < 0.0001)
24 - 48 Hours

Third Molar Extraction
- BioXclude
- CollaPlug

Less Pain (P < 0.035)
24 - 192 Hours

Occlusive Barrier

#4 buccal fenestration
Non-primary closure
1 week healing
4 month re-entry

AAID 2018
New Trends Session: Weds. 10:40 - 11:00 AM - Dr. Dan Holtzclaw - Rise of Placental Tissue Products: Implications in Dentistry & Medicine
Workshop: Thur. 8:00 - 12:00 PM - Dr. Mark Lucas - How to Integrate Deepithelialized Amnion-Chorion Allograft into Your Dental Implant Practice to Improve Productivity & Increase Patient Satisfaction

Come Visit Us At Booth 306

Adoption of BioXclude represents a "simple and inexpensive, yet highly effective, means to improve practice productivity and patient satisfaction".
Clinical Bite
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We have confirmed that loadings of from 0.1 to 5% (w/w) can be achieved for binding of C3 to brushite and monetite during the preparation of the cements from its components. The conjugate not only binds successfully to the grafts, it remains unchanged over time and EP4a released without chemical structure degradation. Implantation of monetite grafts preloaded with C3 conjugate can therefore offer a method to localize the anabolic effects of the conjugate and improve alveolar bone augmentation.

Our research study investigated the monetite grafts fabricated with and without C3 conjugate and implanted on rabbit calvarium to evaluate the ability to integrate and grow bone vertically into the graft area. Our hypothesis was that monetite block grafts loaded with the C3 conjugate would result in greater and more predictable de novo bone formation in the vertical dimension when compared with the grafts without the drug. After the study was completed and results analyzed, it was revealed that the monetite graft materials containing the C3 in their matrix resulted in significantly greater and more predictable de novo bone formation when compared with their counterpart grafts without the conjugate. The increase was statistically significant and would be clinically important if reproduced in human subjects. The novel bone anabolic conjugate drug released via the matrix of the biodegradable monetite grafts was shown the potential to achieve rapid, enhanced and significant bone regeneration in the vertical bone augmentation model. In the long-term, this research is expected to allow development of clinical treatments using conjugate-loaded graft materials that provide more predictable bone regeneration results for patients undergoing bone augmentation, and implant placement procedures.

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45. Billot, X., R. Young, and Y. Han, 1, 5-distributed pyrrold-2-one derivatives for use as ep4 receptor agonists in the treatment of eye diseases such as glaucoma. 2003, Google Patents.


Editor’s Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the Journal of Oral Implantology. In this section of AADN News, we selected a few articles that have broad applicability to the daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 44, Issue 2 (April 2017).

LITERATURE REVIEW
Peri-implantitis: A Comprehensive Overview of Systematic Reviews
The objective this article was to perform a comprehensive overview of systematic reviews and meta-analyses pertaining to peri-implantitis in humans, including the prevalence and incidence, the diagnostic findings, microbial findings, effects of systemic diseases, and treatment of peri-implantitis. The authors searched electronic databases for systematic reviews and meta-analyses of peri-implantitis. In view of the limitations the authors note in the article of the included systematic reviews, the outcome of this overview suggested that (1) occurrence of peri-implantitis was higher in patients with periodontitis, in patients who smoke, and after 5 years of implant function; (2) the microbial profile of peri-implantitis was different from periodontitis; (3) risk for peri-implantitis was higher in patients with uncontrolled diabetes and cardiovascular disease; (4) there was no strong evidence to suggest the most effective treatment intervention for peri-implantitis, although most peri-implantitis treatments can produce successful outcomes; and (5) postimplant maintenance may be crucial in patients with a high risk of peri-implantitis.

The conclusions derived from most of the peri-implantitis systematic reviews needed to be interpreted with caution as stated by the individual systematic reviews included above. In general, the included systematic reviews had the following limitations inherent in their selected studies: variation of the study designs, different implant systems used, and varying duration of follow-up periods, as well as the lack of standardization in reported outcomes at participant and implant levels. Other limitations were from the inability to control co-existing confounding factors in the pre-existing studies, and from restricting the search to English, as studies published in other languages were overlooked. Finally, the definition used for peri-implantitis was different across studies and all variations of peri-implantitis definitions were included in this overview.

CASE LETTER

Customized Titanium Lattice Structure in Three-Dimensional Alveolar Defect: An Initial Case Letter

This Case Letter presents a customized patient-specific lattice structure that was used for horizontal and vertical augmentation in the posterior mandible. It offered a precise fit and high stability after screw fixation as already proven in recent studies for preformed meshes. A customized mesh shortens duration of surgery and offers all benefits of reduced time for intervention and improved surgical management, as well as a decreased exposure time to general anesthesia, decreased blood loss, and shorter wound exposure. With its advantages such as biocompatibility, corrosion resistance, and three-dimensional stability, titanium meshes have proven to be useful in the reconstruction and augmentation of oral and maxillofacial defects. Studies have demonstrated that the inherent rigidity of stiff titanium mesh supports the grafted space and prevents soft tissue collapse. Six months after removal of the mesh, osseous grafts protected by a titanium mesh showed significantly less bone resorption compared with an overlay bone graft alone.

Thus, the titanium lattice structure stabilized the defect area and its augmentation material and helped to rebuild the osseous defect to provide enough bone for implant placement procedures. The bony level remained stable even after a longer period, which may be due to the formation of “real new” bone. In addition, histologic examination revealed these new, mature bony structures tightly adherent to the residual bone. The presented technique included three-dimensional planning and printing, allowing an easy application and convenient removal, together with a stable formation of local bone with no peri-implant bone loss.

Marcus Seiler, DDS, Peer W. Kaemmerer, MD, DDS, PhD, MA, Michael Peetz, PhD, Amely G. Hartmann, DDS.

RESEARCH

Improved Dental Implant Drill Durability and Performance Using Heat and Wear Resistant Protective Coatings

The dental implant drilling procedure is an essential step for implant surgery, and frictional heat in bone during drilling is a key factor affecting the success of an implant. The aim of this study was to increase the dental implant drill lifetime and performance by using heat and wear-resistant protective coatings to decrease the alveolar bone temperature caused by the dental implant drilling procedure. Commercially obtained stainless steel drills were coated with titanium aluminum nitride, diamond-like carbon, titanium boron nitride, and boron nitride coatings via magnetron-sputter deposition. Drilling was performed on bovine femoral cortical bone under the conditions mimicking clinical practice. Tests were performed under water-assisted cooling and under the conditions when no cooling was applied. Coated drill performances and durabilities were compared with those of three commonly used commercial drills with surfaces made from zirconia, black diamond, and stainless steel. Protective coatings with boron nitride, titanium boron nitride, and diamond-like carbon have significantly improved drill performance and durability. In particular, boron nitride-coated drills have performed within safe bone temperature limits for 50 drillings even when no cooling is applied. Titanium aluminum nitride coated drills did not show any improvement over commercially obtained stainless steel drills. Surface modification using heat- and wear-resistant coatings is an easy and highly effective way to improve implant drill performance and durability, which can improve the surgical procedure and the postsurgical healing period. The noteworthy success of different types of coatings is novel and likely to be applicable to various other medical systems.

How the Law Affects Dental Insurance

Repealing the McCarran-Ferguson Act

By James E. Ference, DMD, MBA, AFAID, DABOI/ID
Editor, AAID News

Mind years ago, I found that many local dental meeting attendees were cautioned that any sort of fee or insurance participation discussions were taboo. Speakers explained that any hint of this sort of action could bring accusations of collusion and lead to antitrust action by the government. Accordingly, I have never witnessed those restricted types of topics discussed at any dental event. On the other hand, insurance companies seem to have the opportunity to deal together without the same restraint thereby effectively acquiring an advantage over the dental community, which is diverse and separated, since dentists generally work in individual offices and have little “bargaining power.”

So how is it that insurance companies seem to operate with less regard for accusations of collusion?

A central facet of our government is the built-in system of checks and balances, which tends to counter excessive accumulations of power or influence. Many have heard the saying the saying that “power corrupts, and absolute power corrupts absolutely.” So how is it that insurance companies seem to operate with less regard for accusations of collusion?

For those who don’t know, there is an historical basis in the legislative world that allows it: Believe it or not, insurance companies are favored over practitioners by the McCarran-Ferguson Act, legislation that was passed in 1945.

Some think that the predictable result has been the gradual self-serving accumulation of power by the insurance industry which, of course, maintains formidable political lobbying clout.

But has it served the public well? And if not, is it time to change the rules?

In 2017, legislation (H.R. 372) introduced and passed in the House of Representatives attempted to remove or reduce this imbalance. Introduced by Paul Gosar (R-Ariz.), it was supported by Republicans, Democrats, dentists, physicians, patients, and consumers, but largely opposed by the very powerful insurance industry. Nevertheless, it passed in the House by a vote of 416 to 7.

Landslide passage sometimes means little since opposition can be mounted in the Senate.

The McCarran-Ferguson Act protects state supremacy in insurance regulation and gives states the flexibility to allow some types of regulated coordination between insurance companies. Regulators have allowed insurance companies to share actuarial and loss information in order to calculate risk assessments. Some argue that the act provides for unfair methods of competition with respect to the business of health insurance and effectively establishes state cartels.

The partial repeal of McCarran-Ferguson is expected to restore the application of federal antitrust and competition laws to the health insurance industry. It should be noted that H.R. 372 is not seeking to repeal the entire McCarran-Ferguson Act.

Note: Portions of the information presented here originally appeared in the August 2017 AGD Impact article “The McCarran-Ferguson Act: What a Repeal Could Mean for Dentistry” by Jeanie Kennedy. It is referenced here with permission from the Academy of General Dentistry. This is an important issue that affects our profession—sometimes adversely. If you have an opinion about this, a note or call to your U.S. representative or U.S. Senator may be worthwhile.
The purpose of the “repeal” would be to ensure that the conduct of the health insurance insurers is subject to the same antitrust and unfair trade laws as the conduct of other types of businesses. If H.R. 372 is passed, dental insurers would be subject to federal laws against bid rigging, price fixing, and market allocations.

The carve-out from competition exists even though the insurance market has changed dramatically since 1945. The McCarran-Ferguson Act is credited with creating artificially higher premiums, unfair insurance restrictions, policy exclusions, and a lack of choice. Since the passage of the Affordable Care Act in 2010, health insurance markets have become less competitive and lack transparency, while providing consumers with fewer choices. State and federal regulation of healthcare insurers is extensive. Nonetheless, almost no other sector—not dentists, physicians, hospitals, or pharmacies—is shielded from antitrust rules.

H.R. 372 also makes clear that the Federal Trade Commission would have greater oversight on unfair or deceptive practices in the health insurance industry rather than relying on state insurance commissioners to investigate consumer complaints. State oversight is presently inconsistent. Only a few states—such as Florida and California—aggressively pursue consumer insurance grievances.

When considering healthcare reform, H.R. 372 is one part of a broader reform effort in the United States. The partial repeal could assist in allowing free-market principles to begin to permeate health insurance, and would be a key step to providing more competition in the state insurance markets.

While the partial repeal of the McCarran-Ferguson Act would not be the solution to all dental insurance difficulties, it could play a role in leveling the playing field and making the sometimes nearly absurd “world” of dental insurance more fair to both dental practitioners and consumers.

As Academy of General Dentistry Dental Practice Council member Myron Bromberg, DDS, explains, “For a long time, third-party payers have held a competitive advantage over other types of business, thanks to the McCarran-Ferguson Act. Repeal of the Act will compel insurance companies to act within the bounds of antitrust laws, just as dentists and other professions have had to do.”

WWW.AAID.COM SUMMER 2018 37
IMPLANT DENTISTRY
THE FUTURE IS NOW

SEPTEMBER 26–29, 2018
HYATT REGENCY DALLAS | DALLAS, TEXAS
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AAID 67TH ANNUAL CONFERENCE

Continuing Education Opportunity
Earn up to 20 hours of implant-specific CE over four days.
• Enhance your skills through hands-on workshops
• Identify, treat, and avoid complications
• Picture patient treatment clearer through digital dentistry
• Experience the future of implant dentistry

Bring your Dental Team
The Dental Implant Team Network will take place September 27-28. It includes more than 20 presentations including practice growth, treatment planning, and the team’s role in case presentations. Friday offers specific break-out sessions for each of your office staff.

Distinguished Keynote Experience
Sanjay Gupta, MD
Chief Medical Correspondent
CNN
Wednesday, September 26
5:00 pm – 6:00 pm

Dr. Gupta is an Emmy® award winning chief medical correspondent for CNN. This session is included as a part of your meeting registration.

REGISTER NOW

American Academy of implant Dentistry (AAID) is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. AAID designates this activity for 20 continuing education credits.
The D.C. Maxicourse® prepares the participants to take the written portion of the AAID Associate Fellow Examination and provides the 300+ hours necessary to fulfill the CE requirement of the AAID Associate Fellow process.

For more information please visit our website at dcmaxicourse.com or contact our Administrator, Mrs. Keonka Williams
404-897-1699
DCMaxiCourse.com
DCMAXI@dunsondental.com

Dr. Bernee C. Dunson, Director
AAID, Vice President

Howard University
School of Dentistry

Approved PACE Program Provider FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. June 1, 2014 to May 31, 2022.
In 1985 as a recently accepted graduate student of the Implant Dentistry Program at Loma Linda University, I had the opportunity to collaborate with then-program director, Dr. Robert James, in the Loma Linda University (LLU) Implant Dentistry Study Club. It was a continuing dental education program that ran two days per month for 10 months. The format for the study club included lectures by Dr. James, guest speakers, and presentations by the residents in the program. Clinicians also had an opportunity to place implants under supervision.

At that time Dr. James said he had been running this type of study club for 10 years. This study club format ran from 1976 to 2006, and as such, it was one of the oldest continuing dental education implant dentistry study clubs in the country. In 1994, I was named program director of the Advanced Education Program in Implant Dentistry after the Dr. James passed away. At some point during that time, members of the American Academy of Implant Dentistry (AAID) Education Committee asked me to convert the study club into a formal AAID MaxiCourse.

Since 2007, the LLU/AAID MaxiCourse® consistently enrolls between 40 and 60 participants each year. This MaxiCourse provides a clinical component for the participants, allowing them to place implants under supervision of the faculty of the Advanced Education Program in Implant Dentistry, one of the first MaxiCourses to offer this training opportunity.

Some of the speakers who also are LLU faculty members are Drs. Joseph Kan, Aladdin Al-Ardah, Nick Caplanis, Mathew Kattadiyil, Charles Goodacre, Istvan Urban, Antoanela Garbacea, Matteo Chiapasco, Pascal Valentini, Brian Goodacre, and Christopher Church. Other invited speakers are Drs. Shankar Iyer, John Rutkowski, Chandur Wadhwani, and Michael Mashni. The LLU/AAID MaxiCourse continues to offer a clinical component, as well as the academic curricula by all of these renowned speakers, with the added benefit of the support of the Advanced Education Program in Implant Dentistry. ©
PROVEN EFFECTIVE MARKETING FOR FULL-ARCH AND DENTAL IMPLANT CASES

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Through our proprietary marketing techniques clients average up to 9 full-arch cases per month, plus many other dental implant cases, at a low cost per case.

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- Nadar Hawa, DMD

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We’ll be happy to help answer any of your marketing questions and share what is currently successful to increase implant and other high-production cases.

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Slate of Officers

The AAID Nominating Committee, chaired by Dr. Shankar Iyer, presents the following slate of officers for consideration at the Academy’s 2018 Annual Business Meeting on Saturday, September 29, 2018, during the 67th Annual Conference.

**President**—Natalie Wong, DDS, FAAID, DABOI/ID  
(Automatic succession from President-Elect)

**President-Elect**—Bernee Dunson, DDS, FAAID, DABOI/ID

**Vice President**—Adam Foleck, DMD, FFAID, DABOI/ID

**Treasurer**—Brian Jackson, DDS, FAAID, DABOI/ID

**Secretary**—Shane Samy, DMD, FAAID, DABOI/ID

In accordance with Article IX, Section 7 of AAID’s Bylaws, members not nominated by the Nominating Committee may be nominated by petition as follows:

“3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chairman of the Nominating Committee or that person’s designee at least 30 days in advance of the election at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election.

“4) A nominee not announced by the Nominating Committee must include the signatures of at least 5 percent of the voting membership on the petition.

“5) The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and make this information available to the voting members.”

**Meet Shane Samy, DMD, FAAID, DABOI/ID**

Dr. Shane Samy has a private practice in Eugene, Oregon. He did his undergraduate education at the University of Utah and earned his doctor of dental medicine from Oregon Health Sciences University in 1994. Dr. Samy is a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID). He is also an Honored Fellow of the AAID.

Dr. Samy has extensive leadership experience, serving on the AAID Board of Trustees since 2013, the Western District Board since 2009, and as a member of the MaxiCourse® Director’s Committee. Previously, he served as president of the Oregon Academy of General Dentistry from 2009 to 2010, president of the Lane County Dental Society from 2007 to 2008, was a member of the American Dental Association Council on Annual Sessions from 2010 to 2014, and was a member of the AAID Education Oversight Committee. He received the Dentist of the Year award from the Oregon Academy of General Dentistry in 2014.

Dr. Samy and his wife, Samaneh, reside in Eugene, Oregon. They have two daughters, who keep them occupied during their time off. Dr. Samy enjoys numerous outdoor activities, including hunting, fishing, snowboarding, and golfing. 🏌️‍♀️
ALL-ON-4 AND FULL-ARCH IMMEDIATE LOADING COURSE CURRICULUM

This 6-day comprehensive All-on-4® and Full-Arch Immediate Loading LIVE patient program covers the treatment planning, surgical, prosthetic, and laboratory phases of the full-arch immediate loading procedures for edentulous patients and those with terminal dentition.

Curriculum Highlights:

- Evidence-based protocols for proper treatment planning of full-arch immediate loading cases, including treatment planning for All-on-4® cases
- Proper implant placement in the All-on-4® configuration
- Taking impressions for the All-on-4® prosthetic solution
- Performing occlusal registrations
- Prosthetic design
- Biomechanics for the All-on-4® protocol
- Fabricating provisional and definitive prosthetic options
- Addressing potential complications and how to solve them
- Hygiene requirements and protocols for long-term success

Location: Rosarito Beach, Mexico. Twenty-eight miles south of the border.

Speaker: Dr. Louie Al-Faraje

Clinical Instructors: Dr. Steven Hurst, Dr. Barry Hillam, Dr. Judd Boehme, Dr. Chad Slocum, Dr. Richard Howes.

2018 Dates: September 10-15, 2018 | December 3-8, 2018

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**AAID BYLAWS UPDATE**

At its June 2018 meeting, the AAID Board of Trustees approved circulation to the membership of two proposed Bylaws changes with a vote at the 2018 Business Meeting in Dallas, Texas. The proposed amendments are below with deletions noted with strikethrough and additions with underline.

**Attendance at Annual Conference Rule Change**

In its report to the Board, the Bylaws Committee discussed the merits of the three-year rule, the option to use a district meeting to satisfy the rule, and that this rule is not enforced consistently. The current list of three-year rule violators includes around 400 members who are mostly Associate Fellows. The Committee felt there may be other options that more effectively address the need for ongoing education (e.g., accumulation of points to document lifelong learning). Because the Committee felt that this rule was ineffective, it is recommending deletion of Article XI—Meetings and Sessions, Section 3. Attendance at Annual Meeting. Below is the section proposed for deletion, (lines 546-556 on attachment 10A).

1. Deletion of Article XI—Meetings and Sessions, Section 3. Attendance at Annual Meeting:

   **Section 3—Attendee at Annual Meeting.** Except for Student, Life, Retired, Honorary, Affiliate Associate Fellow and General Members, all Academy members are required to attend at least one of every three consecutive regular annual scientific and business meetings. The failure of such member to comply with this attendance requirement shall constitute a violation of the Bylaws, and the member may, by majority vote of the Board of Trustees, either have his/her membership revoked or suspended, unless excused because of extenuating circumstances by the Board of Trustees, provided the Executive Director has provided a written notice ninety (90) days prior to the next Annual Meeting, informing the member of their delinquency. All petitions for exception, due to extenuating circumstances, must be submitted in writing to the Executive Director prior to the Board of Trustees meeting following the Annual Meeting that constitutes delinquency.

**Updated Language to Address Quorum Definition**

The second referral from the Board requested the Committee address guidelines for conflicts of interest, officer qualifications, and how a quorum is defined in the Board section of the Bylaws and to seek assistance from a Parliamentarian. The Bylaws Committee was informed of the problems that arose at the February meeting related to a vote involving AAID MaxiCourses®. Because the Board section states “present,” some Board members needed to leave the room to allow the number of non-conflicted Board members to be the majority in the room. The wording in the Committee section states “present and voting,” thus allowing a majority to be determined based on those voting rather than those present. To address the problem, the Committee is recommending changing the Board section to mirror the Committee’s “present and voting” verbiage. The section would now read (addition underlined and in red, lines 330-331 on attachment 10A):

2. Addition of “… and voting” to ARTICLE VI—Board of Trustees, Section 3. Meetings, G) Manner of Acting.

   G) Manner of Acting. Except as otherwise expressly provided by statute, the Articles of Incorporation, or by these Bylaws, action of a majority of the members present and voting at a meeting of the Board of Trustees at which a quorum is present shall be the action of the Board of Trustees. see AAID Bylaws p. 45

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**APPLY FOR AN AAID FOUNDATION RESEARCH GRANT**

There is still time to apply for an AAID Foundation Research Grant! For more information go to aaid.com/aaidgrants. The deadline is August 1, 2018. Last year, the Foundation supported the following research projects:

- “Dual-Ink 3D Printing of Pre-Vascularized Scaffolds for Vertical Bone Augmentation,” by Dr. Luiz Bertassoni of Oregon Health & Science University
- “New Anti-Bacterial Mesoporous Bioactive Glass Coating on Titanium Implants: In Vitro Study,” by Dr. Christie Lung Ying Kei of the University of Hong Kong
- “Comparison of Dimensional Changes in Peri-Implant Buccal Bone and Soft Tissue in Grafted and Native Bone: A Prospective Clinical Study in Humans,” by Dr. Yumi Ogata of Tufts University
- “BONE D AMAT: Bioactive Printed Substitute for Bone Regeneration: Preclinical Study,” by Dr. Ludovica Parisi of Università degli Studi di Parm.

Congratulations to the class of 2018! Check out our Fall edition of AAID News to see a list of all our 2018 Dental Student Award winners! 😊
What Happens When the Case Gets Complicated?
We Make Sure You Never Need to Go It Alone

Who has your back when the unexpected challenge arises? It’s a question you need to have an answer for before it’s ever asked.

At Implant Direct, our Customer Care and Support Center opens at 5 in the morning and doesn’t shut down until 5 in the evening. During those 12 hours, we answer questions, supply solutions and provide insight to anyone who asks. Even if they’re not using an Implant Direct system. We don’t mind helping, even if the caller is using a competitor’s system. We just want every procedure to go well and every patient to love their results. So getting back to who has your back? That would be us, Implant Direct, no matter what the name on your implant system might be.

CLINICAL CLASSROOM OFFERS ONLINE LEARNING AT YOUR FINGERTIPS

The AAID Clinical Classroom provides AAID members with implant-specific education through a platform of online lectures, case planning studies, and surgical videos. And all of the content is peer-reviewed by a global panel of renowned experts. Modules are cumulative, are added quarterly, and can be viewed multiple times. The material is reviewed and selected by AAID members and is available to all members at no charge. From initial case planning to final treatment, you’ll leave equipped with the valuable knowledge of generating long-term results for your patients. Additionally, the Forum section gives you the opportunity to communicate, ask questions, and explore new treatment options with your fellow colleagues all over the world.

Currently the following five modules are available:

• **Module 1: Treatment Planning**—Professor Zadeh discusses the planning and distribution of implants in both partially and fully edentulous patients.
• **Module 2: Soft Tissue Management**—Dr. Zuhr shows the handling of soft tissues after implant placement including techniques for submucosally healed implants, both for esthetic and non-esthetic sites.
• **Module 3: Hard Tissue Management**—Professor Dahlin dives into principles of minor bone regeneration procedures.
• **Module 4: Implant Placement**—Professors Schneider and Benic explain the planning and preparation of surgical procedures as an essential part of treatment with dental implants.
• **Module 5: Complications**—Dr. Sailer shows you how to make evidence-based decisions in your practice.

The Clinical Classroom’s immersive learning environment is yet another exceptional and practical benefit for AAID members. This program is coproduced with Dental Campus. Log in to the AAID website (*aaid.com*) to take advantage of this free educational platform today!

AAID Bylaws

*continued from p. 44*

Per the Bylaws, Article XIII Amendments, Section 1. Amendments, these Bylaws may be amended at any Annual Membership Meeting of the Academy, by a two-thirds vote of the attending eligible voting members, in good standing, and D) Copies of the proposed amendments shall be transmitted to the voting members by the Executive Director at least 30 days prior to the meeting.
AAID CHANGES REQUIREMENTS FOR ASSOCIATE FELLOW PART 1 (WRITTEN) ON SEPTEMBER 1, 2019

The number of continuing education hours to qualify remains the same: 300 hours within the past 12 years. To apply for the Associate Fellow examinations held after September 1, 2019, the AAID has specified that at least 75 of the 300 hours must have a participatory format.

General Guidelines
Applicants must be licensed dentists who have completed at least 300 hours of postdoctoral or continuing education in implant dentistry and related sciences within the past 12 years that include at least 75 hours with a participatory format. The 300 hours must be divided among the sciences related to implant dentistry and clinical implantology.

Determining Participatory Hours
The continuing education certificate will indicate the format, whether it is a lecture, participation, online, self-study, etc. For example, a participation/hands-on course will have the following description:
A presentation intended to teach a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials and/or devices, or practice clinical skills or techniques under the live or electronically-mediated supervision of a qualified instructor. When live patient treatment is involved, live instructor direct supervision is required. The participation activities must represent a minimum of 30 percent of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

Need to get your examination in before the requirement change? See the schedule of upcoming examinations at aaid.com/examSchedule.

Need more information about what courses qualify as “the sciences” related to implant dentistry? Visit the AAID website at aaid.com/writtenexam.

AAID MEMBERSHIP AMBASSADORS

AAID Membership Ambassadors know how membership in the Academy helps dentists establish or expand their expertise in implant dentistry. We would like to thank the Membership Ambassadors who have referred colleagues as new members.

Alaa Yassin  Seattle, WA  Marco Holgado  Cherry Hill, NJ
Janice J. Wang  Walnut Creek, CA  Ralph J. Zonies  Cherry Hill, NJ
Michael Wehrle  Hurst, TX  Monty Buck  Rowlett, TX
Gordon J. Christensen  Provo, UT  Jack Piermati  Voorhees, NJ
Lyle Pidzarko  Burnaby, Canada

ASSOCIATE FELLOW EXAMINATION SCHEDULE  For a full schedule and applications, visit aaid.com/credentialing.

<table>
<thead>
<tr>
<th>Examination Date</th>
<th>Location</th>
<th>Application Deadline</th>
<th>Exam Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, October 20</td>
<td>Houston, TX</td>
<td>September 20, 2018</td>
<td>Part 1 (Print)</td>
</tr>
<tr>
<td>Sunday, November 4</td>
<td>Waterloo, ON Canada</td>
<td>October 04, 2018</td>
<td>Part 1 (Print)</td>
</tr>
<tr>
<td>Saturday, November 10</td>
<td>Augusta, GA</td>
<td>October 10, 2018</td>
<td>Part 1 (Print)</td>
</tr>
<tr>
<td>December 3 to 7</td>
<td>Pearson Vue Testing Centers</td>
<td>August 24, 2018</td>
<td>Part 1 (Computer-Based)</td>
</tr>
<tr>
<td>Thursday, December 6</td>
<td>Loma Linda, CA</td>
<td>November 6, 2018</td>
<td>Part 1 (Print)</td>
</tr>
<tr>
<td>Sunday, December 9</td>
<td>Washington, DC</td>
<td>November 9, 2018</td>
<td>Part 1 (Print)</td>
</tr>
<tr>
<td>February 26 to March 9, 2019**</td>
<td>Pearson Vue Testing Centers</td>
<td>November 1, 2018</td>
<td>Part 1 (Computer-Based)</td>
</tr>
<tr>
<td>April 11 to 14, 2019</td>
<td>Chicago, Illinois</td>
<td>February 1, 2019</td>
<td>Part 2 (Oral/case)</td>
</tr>
<tr>
<td>August 13 to 17, 2019**</td>
<td>Pearson Vue Testing Centers</td>
<td>May 8, 2019</td>
<td>Part 1 (Computer-Based)</td>
</tr>
<tr>
<td>December 3 to 7, 2019**</td>
<td>Pearson Vue Testing Centers</td>
<td>September 1, 2019</td>
<td>Part 1 (Computer-Based)</td>
</tr>
</tbody>
</table>

** The dates are tentative.
The Part 2 examination is held once each year. The dates for 2019 examination will be April 11 to 14 in Chicago, or April 12 and 13 in Dubai, UAE.

Chicago
Candidates must travel to Chicago for the in-person examinations. Each candidate is assigned an examination appointment of approximately two-and-a-half hours. Each candidate is responsible for his/her own travel arrangements.

Applications for the 2019 Chicago examination are due in the AAID Headquarters office by February 1, 2019. A $250 application processing fee is payable at the time of application. Cases reports for the examination are due March 1, 2019.

Dubai: Web Conference
If traveling to Dubai is more convenient, the 2019 examination will offer a web conference option. The candidates will be asked to travel to a web conference facility in Dubai with the examiners in Chicago. The candidates are responsible for their travel arrangements. Examinations will be held in the evening and early morning to correspond with the Chicago examination times.

Applications and fees are due to the AAID Headquarters office by December 1, 2018. Due to additional facilities and equipment, those who choose the web conference examination are subject to an additional $1,700 facilities fee (total application and facilities fee of $1,950.) Case reports for the examination are due February 1, 2019.

Case Reports
Associate Fellow candidates must submit and present three case reports on three different patients for Part 2 (oral/case). For ALL cases submitted:
- The candidate must have provided surgical and/or restorative treatment for each of the submitted cases.
- The cases presented for the examination must include implants that are at least 3mm in diameter.
- Each case must be on a different patient.
- Each case must be complete with the final prosthesis of the candidate’s choice.
- The case must be in function for at least one year by the beginning of the examination period. For the 2019 examinations, the final prosthesis was delivered to the patient before April 30, 2018.

Required Case Types
Case 1: Single tooth
Case 2: Edentulous segment of two or more adjacent teeth with a minimum of two implants
Case 3: Candidate’s choice of:
  a) An edentulous arch: The presence of non-clinically relevant impacted teeth is acceptable, e.g., horizontally or bony impacted third molars. If root-form or plate-form implants are used, the case must include a minimum of four implants
  b) Immediate placement of one or more implants in the maxillary anterior segment, i.e., cuspid to cuspid
  c) A horizontal onlay graft of at least 1 cm in ridge length that results in a net increase of ridge width of at least 3 mm facial to lingual (minimum 1 implant)
  d) A vertical onlay graft, which is at least 1 cm in ridge length, that increases the vertical height of the ridge at least 2 mm superior to inferior (minimum 1 implant)
  e) Lateral wall sinus augmentation which results in an increase of at least 5 mm height (minimum 1 implant)

Case report templates, photo and radiograph requirements, and sample cases can be found online at aaid.com/casereports.

SAVE THE DATE FOR THE 2019 AAID DISTRICT MEETINGS
The AAID has four District organizations, which allow members to network in venues that are convenient to their homes and offices. Mark your calendars for the following:

Northeast District
Montreal, Canada
May 17 to 18, 2019

Central District
Chicago, Illinois
June 7 to 9, 2019
Join Us in Dallas!
AAID 67th Annual Conference set for September 26 to 29

Dental professionals from around the world will be moseying down to Dallas, Texas, in September to learn the most innovative and important techniques and topics in implant dentistry from world-renowned speakers and leaders in the field. The schedule is packed with more than three full days of workshops, seminars, exhibits, and networking and social events, along with cutting-edge research presented in the Table Clinics and ePosters. We also have a full track of education for each member of your dental team, along with a great program of sponsored workshops and seminars.

If you haven’t registered yet, make sure to visit the AAID website (aaid.com/aaid2018) and reserve your spot before rates go up on September 6, 2018. See the full schedule of education, exhibits, and social events, and book your hotel room today!

Education
From main podium presentations to sponsored workshops, the AAID 67th Annual Conference offers plenty of opportunities to learn from the best. Here are a few of the courses we’ve got in store this year:

Main Podium
• Dealing with Ridge Deficiencies: Current Options
• New Digital Full-Arch Implant Supported Dentistry Using Proven Prosthetic Principles
• Skilled Surgical Aspects for Bone Grafting Procedures
• Role of Socket Shield (SS) and Osseodensification on Single-Day Visit
• Paradigm Shift in Subcrestal Sinus Augmentation: Innovative Approaches
• Total Site Optimization: Expanding Horizons
• Osseodensification: Optimize the Site, Optimize the Outcome
• Site Preservation of Tissue (SPOT) to Optimize Implant Treatment
• Implant-Supported Provisional Restorations for Soft Tissue Shaping: Facilitating Esthetic and Functional Restorative Success
• Peri-Implantitis Management: How Should We Prevent It? How Should We Treat It?
• Strategies to Manage Implant Complications: Short- and Long-Term Considerations
• Guided Prosthetics: The Next Generation of “All-on-X”

Live Surgery Broadcast
• Surgical Immediate Implant Placement with an Immediate Provisional Restoration: The Result of the Digital Workflow

Workshops and Seminars
• Diagnosis and Decisions in Treatment Planning
• Implant Solutions for the Edentulous Patient
• The Synergistic Effect of L-PRF and Advanced Clinical Procedures: Enhancing Your Clinical Outcomes in Implant Surgery
• Guided Prosthetics: Simplified Conversions for Full-Arch Immediate Loading
• Anterior Implant Esthetics: Refining Your Workflow to Get Exceptional Results
• Sterile and Aseptic Technique for the General Dentist’s Implant Practice: Two Choices Depending on the Size and Extent of the Case
• Advanced Ridge Augmentation and Bone Graft
Crystal Ultra Based Hybrid Restorations

Patent-pending design features a one-piece Crystal Ultra nano-ceramic arch supported by a Trilor techno-polymer matrix bar. Beautiful, light, flexible, and durable, the Crystal Ultra All-on-X restoration creates the ideal combination of high-aesthetics and incredible functionality.

- 70% lighter than Zirconia-based arches
- 6x stronger than Acrylic-based arches
- Highly durable and resistant to chipping
- No sintering required
- Replicates shock absorption characteristics
- Soft bite creates the feel of natural dentition
- Impervious to liquids
- Easily relined
Annual Conference
continued from p. 48

• Planning and Execution of Guided Surgery
• Surgical Techniques Including Suturing
• Immediate Dentoalveolar Restoration (IDR)—Twelve-Year Follow-Up: The Step-by-Step Technique
• IV Access, Tips, and Tricks
• Experience the Brilliance of a Revolutionary Implant and Tooth Delivery System
• State-of-the-Art with Sinus Augmentation

Sponsored Workshops and Seminars
• An Innovative Approach to Full-Arch Rehabilitation: Guided, Surgical, and Prosthetic Hands-On
• Comprehensive Review on the Guided Implant Surgery Using the Latest Technology: Two Hands-On Courses
• Creating the Ultimate Internet Presence for Your Dental Practice
• Predictable Transcrestal Sinus Floor Elevation Using Hydraulic Lift
• It’s Not You, It’s the Screw
• How to Integrate Deepithelialized Amnion-Chorion Allograft into Your Dental Implant Practice to Improve Productivity and Increase Patient Satisfaction
• One-Step Alveolar Ridge Preservation Without the Need for a Membrane Plus Advanced Surgical Concepts in Bone Regeneration
• Guided Surgery and Emergency Implant: Two Hands-On Courses
• Management of Ridge Deformity: Maximizing Long-Term Esthetic Outcomes with a Triangular Neck Design Implant and Ossifying Scaffold
• A Human Living Tissue Graft to Enhance Osseointegration and Tissue Regeneration
• Lateral Sinus Lift Bone Grafting for Dental Implants

Post-Conference Cadaver Course
• Hands-On Implant Placement and Bone Grafting on Cadavers

Dental Implant Team Network
• This year we will have two full days of courses for your dental team. Thursday will feature the following courses for the whole team:
  • Providing the Best Experience for Implant Patients: It’s Show Time!
  • Review of Emergency Medical Skills: Dental Team Role
  • Create New Value Now: Team Role
  • Treatment Planning for Implant Dentistry
  • Case Acceptance: The Positive Approach

Then, on Friday, we have the following courses for each specific dental team role:
Administrative Track
• The Team’s Role in Case Presentations
• Why Medical Insurance Billing Should Be a Key Part of Today’s Dental Practice Model
• Treatment Planning for the Successful Dentist
• Blueprint to Increase Practice Growth
• Blueprint to Increase Implant Practice
• Overcoming Financial Objections

Dental Assistant Track
• Implant Procedure and Latest Options
• Surgical Implant Motor Setup and Troubleshooting
• Aseptic Technique
• Aseptic Technique and Surgical Setup
• Post-Operative Care and Techniques

Dental Hygienist Track
• Ensuring Implant Longevity
• Lumps and Bumps in the Mouth
• Prevention of Peri-implant Diseases: A Hygienist’s Perspective

see Annual Conference p. 52
Indications for stud attachments:
• Improving quality of life with only two implants in lower arch, functional capacity increased from 10% to 60%
• Allows independent servicing of attachments
• Provides retention and improved prostheses stability

Locator
• Lowest profile, 2.73mm x 5.5mm
• 8 different retention levels
• Self-aligning function 40°
• Nylon male stays in contact with abutment, housing pivots around nylon male, to reduce abutment wear

Clix
• Small size, 4 x 4mm
• 3 different retention levels
• Angle correction up to 30°
• Great for patients with hygiene issues
• Female makes patient pleasing audible Clix when engaged for security and confidence.
• Ideal for anterior maxillae

Locator R-Tx
• Low profile, 3.1mm x 5.6mm
• 4 different retention levels
• Self-aligning function 60°
• Nylon male stays in contact with abutment, housing pivots around nylon male, to reduce abutment wear

O-Rings
• 6mm x 4.5mm tall
• 2 retention levels
• Minimal angulation correction, 10°
• The most resilient attachment system, protects weaker abutments

Magnets
• 2.4mm x 3.9mm
• One retention level per size
• No path of insertion; corrects up to 48° of divergence
• Ideal for patients with limited dexterity

Images courtesy of PREAT Corporation Technical Team

PREAT manufacturers and technically supports the largest selection of attachments and implant parts in North America. Whether you use Straumann, Nobel, Astra, Zimmer, etc. PREAT manufactures thousands of compatible implant components. Let the PREAT Technical Team assist you in making your next overdenture a success!

CONTACT PREAT AT 1-800-232-7732 • www.PREAT.com
Keynote Speaker: Dr. Sanjay Gupta, Chief Medical Correspondent, CNN

Named a “pop culture icon” by USA Today, Dr. Sanjay Gupta is perhaps the most media-savvy physician working today. Dr. Gupta is a journalist, writer, podcaster, and web contributor—all of which places him in a unique position to examine why certain health-related stories make the headlines and others don’t. In this presentation, entitled “Medicine in Media,” he takes a hard look at the media’s role in conveying sometimes frightening information, such as the H1N1 global pandemic and the post-9/11 incidents involving anthrax.

Social Events and Networking Opportunities

Take a break from formal learning to continue discussions with colleagues and suppliers during the twice-daily refreshment breaks. Examine what is available to implant dentists at the Implant World Expo in the Exhibit Hall.

Continental Breakasts

Start each day of the meeting with a continental breakfast. Share a cup of coffee with your peers before heading into the educational sessions.

Welcome Reception

Reconnect with old friends and make a few new ones in a relaxed atmosphere at the Welcome Reception. Mingle while enjoying light appetizers and two complimentary drinks.

First-Time Attendee and Student Meet-Up

Start growing your professional network with others attending the AAID Annual Conference for the first time at this unique networking event. AAID leadership will be present to welcome you.

District Caucus Lunches

Meet with colleagues who practice in the same geographical area while discussing AAID business. District Caucuses are open to both credentialed and general AAID members. This is an excellent way to become involved in the workings of the AAID while developing new contacts in the profession.

Implant World Expo Reception

Network with colleagues and exhibitors and develop relationships with the suppliers who help make your practice successful!

Women in Dentistry Reception

Meet colleagues who share similar experiences during an event of fellowship and fun.

President’s Reception and Celebration

Join AAID President, Dr. David Hochberg, and Mrs. Eleanor Hochberg, for a Western-themed celebration to close the AAID 67th Annual Conference. After a hosted bar and hors d’oeuvres at the reception, honor the accomplishments of newly credentialed members and award recipients followed by an exceptional dinner. Live music will be provided by one of Dallas’ premier bands playing both country and Top 40 hits—the fiddler is guaranteed to get you moving! Feel free to add a touch of Western flair to your party attire.

AAID Foundation Silent Auction

One of the many highlights of the 67th Annual Conference is the excitement and fun that surround the AAID Foundation Silent Auction. This fundraising event benefits the Foundation’s ongoing programs. The Silent Auction will provide an opportunity for
participating industries and AAID members to come together in a joint effort to generate funding for the Foundation, while at the same time enjoy some wonderful auction items. This year’s auction will offer a new, fully mobile system, which will allow all 67th Annual Conference registrants to access the Foundation auction items prior to the meeting. Any interested bidders can then sign up for mobile bidding and bid on items as soon as the conference begins. Stay tuned for more details regarding how to donate items and sign up for the auction! If you have any questions in the meantime, please contact AAID Headquarters at 312.335.1550 or email foundation@aaid.com.

Hotel Information
Hyatt Regency Dallas
300 Reunion Boulevard
Dallas, TX 75207
214.651.1234
The AAID has negotiated a discounted group rate of $219, single or double, plus applicable taxes, for attendees of the 67th Annual Conference. Rooms are limited. The deadline for this rate is Wednesday, September 5 or sooner, if the block is filled. Reserve your room online at aaid.com/2018.

What to Do in Dallas
Bring your friends and family and make time to visit these Dallas points of interest:
• Reunion Tower
• The Sixth Floor Museum at Dealey Plaza and John F. Kennedy Memorial
• Historic West End Entertainment District
• Dallas Zoo
• Dallas Museum of Art
• Perot Museum of Nature & Science
• AT&T Performing Arts Center
• Klyde Warren Park
• Dallas World Aquarium
• Bishop Arts District
• Trinity Groves Restaurants & Shops

State Fair of Texas
This year’s State Fair of Texas kicks off September 28, which conveniently coincides with the AAID 67th Annual Conference! The theme of the fair this year is “Celebrating Texas Innovation,” and highlights some of the cool things to come from Texas, including America’s first self-contained modern shopping center, stadium nachos, handheld calculators, and corn dogs. Conveniently located less than 6 miles from the Hyatt Regency Dallas, the State Fair of Texas is a great way to extend your stay in Dallas and enjoy a unique, fun, family-friendly event. 🍳
Wish a Smile

The Wish a Smile concept began because a group of dentists wanted to provide a life-changing procedure to those who most deserved the assistance and those who were least likely to receive it—for example, those in a low socio-economic situation and veterans who have devoted their lives to protecting the country. The task was, and still is, a big undertaking because of the necessity to find a lab that is willing to donate its services as well as the need to find implant dentists willing to provide the services.

Recently Dr. Michael Potts, FAAID, ABOI/ID helped Shana, a recipient of this program. She is the daughter of a long-time assistant. Shana was born with a cleft palate and had a number of surgeries to help repair the birth defect. Dr. Potts watched her grow from a young girl. While most of the cleft palate was fixed, she retained a primary tooth. He knew that it would affect her life as she got older. Because Shana didn’t make a lot of money, she was a great candidate for the program. Dr. Potts asked if Shana would like to participate and she said, “Yes.”

Since the surgery, Shana is so happy that she had the procedure. She was always a quieter, back-stage type of person. Now, she has come into her own and is more sure of herself. “I love placing implants and love helping other people. This Wish a Smile program gives me an avenue to help. By having my costs covered, I can then donate my time. It’s a wonderful thing to give, especially since the person who receives the care also realizes the value in the smile that they share with others,” says Dr. Potts.

Dr. Potts encourages others to get involved in the Wish a Smile program because “the patient is appreciative of what you do, and you can improve someone’s smile too. As implant dentists we are talented and should share this ability with someone who needs it.”

For more information on the program, email foundation@aaid.com.

Wish A Smile is looking for participant patient and dentists.

The AAID Foundation is looking for volunteers through its Wish a Smile Program. If you are interested in volunteering, please contact foundation@aaid.com for information. Or, if you have a patient who qualifies for this service, email the information to see if a match exists between the patient and the program.

This month, the Foundation is highlighting two patient profiles who are in need of and requesting services. If you are able to provide care, email foundation@aaid.com with “Wish a Smile” in the subject line or call 312.225-1550 for details.

Case No. 1
Female patient (Mary) is an 18-year-old high school senior living with her parents and little brother in Cape Coral. She excels in school and will start college next fall as a pre-medical student. She was accepted at two state schools and will come home for dental appointments as needed. Mary’s family lives on limited income because her father is only able to work sporadically due to Rheumatoid Arthritis. Her parents assist their property management company as their main source of income. Mary was born without teeth numbers 7 and 11 and reports that missing those teeth makes her timid and she doesn’t like to smile. She and her family appear genuinely grateful for any help they might receive through the Wish A Smile program.

Case No. 2
Female patient (Sallie) is a 29-year-old single mother living in Rockford, IL. She currently is staying with a friend who is helping during her housing transition. She works part time at Rosewood Care Center as a CNA and is going to school to become a surgical tech. She has a 10-year-old son and a five-year-old daughter. She is hopeful that she will be able to work full time once school is completed. Sallie is embarrassed to show her smile because of missing teeth. She is worried that it will affect her changes to make a good impression on future employers. Sallie’s mother lives nearby and is able to help with childcare and transportation so that she can make dental appointments. She currently sees a dentist at Dental Dreams for regular cleanings. Sallie is very excited that she is being considered for help through the AAID Wish a Smile program.
The Truly Digital Full-Arch Protocol

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“The Hybridge XD protocol allows me to complete a full arch case in just two weeks with only four clinical hours. That includes just one appointment post-surgery to deliver the final prosthesis. Hybridge provides the support I need to ensure my cases are predictable and I exceed my patient’s expectations.”

Dr. Adam Kimowitz, Hybridge Certified Provider

To learn more: call 585-319-5400 or visit HybridgeXD.com
District Attendees Gain Knowledge and Much More

“Decoding Digital Dentistry” was presented by the AAID Southern and Northeast Districts on June 8 and 9, 2018, at the Mayflower Hotel in Washington, D.C. The conference presenters offered innovative and practical information about digital dentistry. Finally, the roast honoring Dr. C. Benson Clark highlighted his service to the profession—thank you for everything that you have done to advance implant dentistry. Below are just a few snapshots from the two-day event. The AAID thanks all of the presenters and exhibitors who attended.
at "Decoding Digital Dentistry"
ABOI/ID Highlights 2018 Diplomates

The American Board of Oral Implantology/Implant Dentistry (ABOI/ID) Board of Directors and staff would like to congratulate the following doctors who have joined 500 other dentists in the United States, Canada, and internationally in becoming Diplomates of the ABOI/ID.

Mohamad Taisir Albik, DDS, Elk Grove, CA
Fadi Alhrashi, DDS, Herndon, VA
Jeffrey G. Allred, DDS, San Marcos, CA
Alaa W AlQutub, BDS, M.Sc, Malden, MA
German Arzate, DDS, Cancun, Mexico
John M. Barksdale, DDS, Baton Rouge, LA
Bhavesh B. Bhakta, DDS, Austin, TX
Steven E. Brock, DDS, Knoxvile, TN
Andrea M. Company, DDS, Canton, OH
Robert V. Costello, DDS, Monroe, LA
Omar E. ElBanawy, DDS, MS, West Bloomfield, MI
Katherine Ferguson, DMD, Weston, FL
Russell D. Fitton III, DDS, Barrington, IL
Eric M. George, DMD, Newport, RI
Amir S. Guorgui, DMD, Woodbridge, Ontario, Canada
Raouf Hanna, DDS, MS, Houston, TX
Gregg C. Hendrickson, DDS, Henderson, NV
J. Eric Hopkins, DDS, Shawnee, OK
Gregory Kammeyer, DDS, MS, Sun City West, AZ
Russell Kiser II, DDS, MS, Mansfield, OH
Alina Krivitsky, DDS, Los Angeles, CA
John J. Perna, DDS, Oak Park, IL
Craig A. Schlie, DDS, Redding, CA
Trevor R. Shew, DMD, Vancouver, BC, Canada
Mario A. Silvestri, DDS, Vestal, NY
Samantha Aysegul Siranli, DMD, PhD, Washington, D.C.
Robert J. Stanley, DDS, Cary, NC
Sarat Chandra Ummethala, DDS, MBA, Loma Linda, CA
Gurinder S. Wadhwla, DDS, MA, Albany, NY
Peter Zahedi, DMD, San Rafael, CA
Mahmood M. Zaiter, DDS, BDS, Clifton, NJ

ABOI/ID Diplomate Induction Luncheon at the AAID Annual Meeting

The ABOI/ID will be celebrating the accomplishments of the 2018 Diplomates at the Diplomate Induction Luncheon on Friday, September 28, 2018, from 12 to 1:30 p.m. in Dallas, Texas, at the AAID 67th Annual Conference. Space is limited, so to ensure entry for all individuals in your party, please make sure to purchase tickets early. The cost for the ABOI/ID Induction Luncheon is $100 per ticket. Please contact the AAID for more information at (312-335-1550 or aaid.com)

Purchase your tickets early—space is limited!
The Newport Biologics® line of bone grafting materials and resorbable barrier membranes represents one of the highest quality collections of regenerative products available. By assembling some of the most versatile and frequently used regenerative materials the industry has to offer, we provide clinicians a simplified buying experience, unparalleled value, and the confidence to efficiently and reliably treat the majority of grafting indications.

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**Buy 5 or More and Get 20% Off**
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*Buy 5 or more of any mix of products and get 20% off entire order*
The AAID is pleased to welcome the following new members, who joined between March 14, 2018, and June 26, 2018. If you joined the AAID recently and your name does not appear here, it will be listed in the next issue. The list is organized by state and then alphabetically by city. The international member list is organized by country, province (if available), and city. Contact your new colleagues and welcome them to the AAID.

ARIZONA
Igor Kaplansky, Gilbert

CALIFORNIA
Mahfuzur Rahman, Carlsbad
Victoria Faynshtayn, Fremont
Dane Nelson, Glendale
Jessica Lee Stroud, Glendora
Viviane Haber, Huntington Beach
Catherine Haviland, Palm Springs
Nina Mehranfar, Sacramento
Jeremy Alfred, San Francisco
Theodore Kerry Chamberlain, South Lake Tahoe
Amogh Naik, Walnut Creek

COLORADO
Dane G. Mishler, Aurora

FLORIDA
Abhinav Kalra, Altamonte Springs
Brooke Totty Jordan, Clearwater
Adam Richard Van Leeuwen, Lake Mary
Steven Grant Rabedeaux, Royal Palm Beach
Treneice Mangram, South Miami

GEORGIA
Eric J. Palte, Atlanta
Douglas Green, Grovetown

IOWA
Jacob Greaves, Ankeny
Mitulkumar Patel, BDS, Ankeny
Sunil Kumar Arunagiri, Newton
Daniel M. Ditch, Solon

IDAHO
Vilija M. Zandi, Post Falls

ILLINOIS
Layla Arab Yassin, Benton
Jonathan Sanderson, Champaign
Todd Gentling, Chicago
Sun H. Kim, Chicago
Adam J. Lankford, Chicago
Khader S. Habash, Chicago Heights
David Anthony Noles, Clinton
Vladimir Melnikov, La Grange
Kristina Varga, Lincolnwood
Alyssa Nielubowicz, Peoria

INDIANA
Amanda Figueroa-Acevedo, Avon
Michael Joseph Reider, Crawfordsville

KANSAS
David Wilson, Leawood

MICHIGAN
Naveed Aman, Greeneville
Julia Rachele Loecker, Jackson
Safanah Dabbagh, Royal Oak
Luke Bauserman, Troy

MINNESOTA
Christopher J. Koechner, Blaine
Rebecca Rightmer, Duluth
Mira Diora, Pelican Rapids

MISSISSIPPI
Hyun Myung Ha, Cleveland

MISSOURI
Tara Meachum, Blue Springs
Jorge R. Blanco, Brentwood
Jeffrey Buxton, Saint Louis

NEW HAMPSHIRE
Michael Louis Jumes, Windham

NEW JERSEY
Wyn Steckbauer, Cherry Hill
Kellie Kawasaki, Monroe Township
John F. Como, Woodland Park

NEW YORK
Mark Alan Hobbie, Brooklyn
Veena Anathasayanam, Camillus
Jason Matthew Jennings, Gasport
Eric J. Ruiz, New Rochelle

OHIO
Krunal C. Patel, Marietta

OKLAHOMA
Samuel D. Kang, Broken Arrow

OREGON
Mark Breese, Portland

PAWNEE
Brandon William Millard, Allentown
Mark Martinsen, Erie
Kevin Hintz, Pittsburgh

PUERTO RICO
JeongJoo Chung, Guaynabo
John L. Potter, San Juan
Mohammad K. Zaman, BDS, San Juan

SOUTH DAKOTA
Jeffrey William Garcia, Parker

TENNESSEE
David W. Tapani, Clarksville

TEXAS
Tigran Gyokchyan, Dallas
Rebecca Van Miller, Dallas
Joanna Y. Wang, League City
Jonathan Zuniga, Magnolia
Matthew Anness, Plano
Winston Feng, Rowlett

UTAH
Arjun Patel, Murray
Vaibhavi S. Patel, North Ogden
Duncan Puffer, Salt Lake City
Khalid Sajjad, Salt Lake City

VIRGINIA
Ashwani Sharma, Danville

WASHINGTON
Jane Myung, Seattle
Daniel A. Zavallos, Seattle

WISCONSIN
Tanzania Davis, Cudahy
Ramon A. Duran, De Pere
Quynh-Trang Pham, Madison
Czarina Al N. Baloy, Oconomowoc
Kory Kirkegaard, Oshkosh

CANADA
Ali Behmard, Aurora
Michael Hansmann, Brampton
Ahmed Samir Ahmed Helmy, Brampton
Mahmoud Fawzy Abd El Wanes Rizk, Brampton
Mohammad Ehsan Hakimi, Buckhorn
Qian Su, Calgary
Kavinder Jodhka, Dryden
New Student Members

Canada

Alberta
Marcus Lo, DMD, Red Deer

Ontario
Amandeep Kaur, Toronto

United States

Alabama
Christopher Bannon, Birmingham
David Wayne Davis, Birmingham

Arizona
Justin Firth, Glendale
Justin K. Stanford, Glendale

California
Rishad Taraporewalla, Alta Loma
Andrea Numbers, Chino
Trisha T. Trang Vo, Fountain Valley
Jerdie Ale, Loma Linda
Jane Cho, Loma Linda
Daniel Saizara, Loma Linda
Brandon Talmood, Loma Linda
Nicolete Mahboubian, Orangevale
Aaron Coyoca, Riverside
Renz Antonio, San Francisco
Peggy Chen, San Francisco
Tawon Jung, San Francisco
Taylor Roemelt, San Francisco

Colorado
Colleen Leong, Denver

Connecticut
Evan Woodford, New Britain

Florida
Caltiln Wild, Davie
Eric Rabinowitz, Gainesville
Carson Smith, Winter Springs

Georgia
Lincoln Fantaski, Augusta

Indiana
Elliot Humiston, Indianapolis

Kentucky
Anesha Reddy, Lexington

Louisiana
Gerard Scannell, Jefferson

Massachusetts
Albert Kim, Boston

Christian Ford, MS, Brookline

Minnesota
Suemeet Lee, Columbia Heights

Missouri
Halie Moltoza, Branson
Sarah Flowers, Kansas City

Michael Gulley, Kansas City

Brianne Schmiegelow, Kansas City

Claire Nguyen, Kirkville

Nevada
Ryan Gov, Las Vegas

New York
Anushka Prabhu, Belle Meade
Nicole Donato, Eden
Johnny Junhong Kim, New Jersey
Kelly Smith, Tuckerton

New York
Lucy Hovanisyan, Brooklyn
Rachel Kim, Buffalo
Rebecca Dunniger, Lindenhurst

Bianna Hines, Maspeth
Lauren Heisinger, Massapequa
Jack Luper, Medford
Anthony Powers, Mount Sinai

North Carolina
Tariq Jah, Carrboro
Jackson Boone, Chapel Hill

Jonathan Aikibe, Montoya, Chapel Hill

Ohio
Danica Mallari, Cleveland
Hilary Allen, Columbus
Adel Hasan, Columbus
Payton Laws, Columbus

Oregon
Anahita Javadpour, Beaverton

Austin Erler, Bend
Casey Thein, Burns
Paul Lamoreau, Hillsboro
Ryan McCormick, North Plains
Bradley J. Thomson, Portland

Pennsylvania
Veronica Brandley, Philadelphia

Steven Mastropole, Philadelphia

Lauren Miller, Philadelphia

Davis Mullen, Pittsburgh
Dominic Raggi, Washington

South Carolina
Ahmed Aldulaimi, Charleston

Tennessee
Morgan Rebeck, Memphis

Zelexis Morse, Nashville

Texas
Cailtin Miller, Carrollton

Hailey Hyeri Ahn, Dallas

Timothy Estrada, Dallas

Riley Renee Edmister, Lubbock

Kyle Johnson, Plano

Utah
Jaren Thueson, Salt Lake City

Tate Trujillo, Salt Lake City

Marina Pitcher, South Jordan

Washington
Ryan Tam, Kent

Clara Felker, Mercer Island

Anna Beers, Vancouver

David Chi, Woodinville

Sarah Lee, Yakima

West Virginia
Maya S. Mathai, Fairmont

Wisconsin
Bryce Dunathan, Milwaukee

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**CONTINUING EDUCATION BITE**

**U.S. and Canada AAID MaxiCourses®**

- **Augusta University MaxiCourse®**
  - Augusta, GA
  - Director: Michael E. Pruettt, DMD, and Douglas Clepper, DMD
  - March – November
  - Contact Name: Bret Sedar
  - Phone: 803-725-8997
  - Website: www.aaid-maxicourse.org

- **Chicago Midwest AAID MaxiCourse®**
  - Chicago, IL
  - Co-Directors: Natalie Wong, DDS, and Adam Foleck, DMD
  - January – August
  - Contact: Linda Shoudice
  - Phone: 416-566-9855
  - Website: www.chicagomaxicourse.com

- **Las Vegas MaxiCourse®**
  - Englewood, NJ
  - Director: John Minichetti, DMD
  - Co-Director: Shankar Iyer, DDS, MDS
  - September – June
  - Contact: Esther Yang
  - Email: esther.englwooddental@gmail.com
  - Phone: 201-871-3555
  - Website: www.aaid-maxicourse.org

- **Loma Linda University/AAID MaxiCourse®**
  - Loma Linda, CA
  - Director: Jaime L. Lozada, DMD
  - Co-Director: Mathew T. Kattadiyil, DDS, MDS
  - March – December
  - Contact: Annabelle Galvan
  - Phone: 909-558-4685
  - Website: www.llumaxicourse.com

- **New York MaxiCourse® in Implant Dentistry**
  - Bronx, NY
  - Co-Directors: John Minichetti, DMD, and Joseph C. D’Amore, DDS
  - September – June
  - Contact: Esther Yang
  - Email: esther.englwooddental@gmail.com
  - Phone: 201-871-3555
  - Website: www.aaid-maxicourse.org

- **Nova Southeastern University Implant MaxiCourse®**
  - Fort Lauderdale, FL
  - Director: Jack Piermatti, DMD
  - October – June
  - Contact: Linnette Dobbs-Fuller
  - Email: flinnett@nova.edu
  - Phone: 609-314-1649
  - Website: www.dental.nova.edu/ce/courses/2017-2018/maxi-implant-course.html

- **Oregon-AAID Implant MaxiCourse®**
  - Eugene, OR
  - Director: Shane Samy, DMD
  - September – June
  - Contact: Jamie Christianson
  - Email: jamie.maxicourse@gmail.com
  - Phone: 503-603-7617
  - Website: www.oraaidmaxicourse.com/

- **Puerto Rico MaxiCourse®**
  - San Juan, PR
  - Director: Hilt Tatum, DDS
  - Co-Director: Jose Pedroza, DMD, MSC
  - September – June
  - Contact: Miriam Montes
  - Email: maxicourse@gmail.com
  - Phone: 787-642-2708
  - Website: www.theaddii.com

- **Rutgers University of Dental Medicine MaxiCourse®**
  - Newark, NJ
  - Director: Jack Piermatti, DMD
  - September – June
  - Contact: Janice Gibbs-Reed, MA, CMP
  - Email: gibbs@sdm.rutgers.edu
  - Phone: 973-972-6561
  - Website: sdm.rutgers.edu/CDE(Maxi-Course

- **TexMAX® Dental Implant Education MaxiCourse®**
  - League City, TX
  - Director: Jay Elliott, DDS
  - November – October
  - Contact: Jackie Martinez
  - Email: Jackie@texasimplanteducation.com
  - Phone: 281-703-9468
  - Website: www.texasimplanteducation.com

- **TI-MAX Institute Maxicourse®**
  - Waterloo, ON
  - Director: Rod Stewart, DDS
  - Co-Director: George Arvanitis, DDS
  - November – November
  - Contact: Chantel Furlong
  - Phone: 905-305-1006
  - Email: info@timaxinstitute.com
  - Website: www.timaxinstitute.com

- **AAID Vancouver MaxiCourse®**
  - Vancouver, BC
  - Director: William Liang, BSc, DMD
  - September – June
  - Contact: Andrew Gillies
  - Email: andrew@implant.ca
  - Phone: 604-330-9933
  - Website: www.vancouvermaxicourse.com

- **Washington, D.C. (Mid-Atlantic) MaxiCourse®**
  - Washington, D.C.
  - Director: Bernee Dunson, DDS
  - March – December
  - Contact: Keonka Williams
  - Email: dcmaxi@dunsondental.com
  - Phone: 404-897-1689
  - Website: www.dcmaxicourse.com

- **Outside U.S. and Canada MaxiCourses®**
  - Japan MaxiCourse®
    - Nagoya, Japan
    - Director: Yasunori Hotta, DDS, PhD
    - April – November
    - Email: info@timaxinstitute.com
    - Website: www.timaxinstitute.com

- **MaxiCourse® Asia**
  - Abu Dhabi, United Arab Emirates
  - Bangalore, India
  - March – January (Abu Dhabi)
  - February – January (Bangalore)
  - Contact: Dr. Syed Khalid
  - Email: drsyedkhalid@hotmail.com
  - Website: www.maxicourseasia.com

- **Egypt MaxiCourse®**
  - Cairo, Egypt
  - Co-Directors: Kim Gowey, DDS; Shankar Iyer, DDS, MDS
  - July – March
  - Contact: Dr. Syed Khalid
  - Email: anshindental@gmail.com
  - Phone: +86 21-61364835 or 909-558-4685
  - Website: www.college.dental360.cn/zhongzhimg

- **MaxiCourse® Malta**
  - Kalkara, Malta
  - Co-Directors: Dennis Flanagan, DDS, MSc; Shankar Iyer, DDS, MDS
  - Contact: Dennis Flanagan
  - Email: dfdds@comcast.net

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Courses presented by AAID credentialed members*

U.S. LOCATIONS

24 Hour Teeth
Spring Hill, FL
October 4-5, 2018; March 28-29, 2019
Contact: James W. Gibney, DMD, JD
Phone: 352-686-4223
Email: jwgibney@atlantic.net
Website: jamesgibneydmd.com

Live Surgical Mini-Residency & Live Surgery Weekend
John C. Minichetti, DMD
Contact: Esther Yang
Phone: 201-871-3555
Email: andrew@implantconnection.ca
Website: www.implantconnection.ca

California Implant Institute
1 Year Comprehensive Program in Implant Dentistry
San Diego, CA
3 sessions; 6 days each 300 CE credits
April 15-20, May 20-25, June 24-29, 2019
Dr. Louie Al-Faraje, Academic Chairman
LIVE patient courses also offered by the Institute
Phone: 858-496-0574
Email: info@implanteducation.net
Website: www.implanteducation.net

Foundations in Implant Dentistry
Dr. Michael Gillies
Session 1: October 25-27, 2018
Halifax, Nova Scotia
Contact: Denise Robicheau
Phone: 902-405-0077
Email: admin@gillisdentalimplants.com

Midwest Implant Institute
Drs. Duke & Robert Heller
Advanced Courses:
(305) Implant Prosthetics
(601) Bone Grafting & Sinus Elevation
(602) Digging Out of Problems
Contact: 614-505-6647
Email: samantha@mil980.com
Website: www.midwestimplantinstitute.com

Implant Mini-Residency program, for dentists in any state
NJ State Board approved for live surgery training - 150 hours CE credits
Course Director: Shankar Iyer DDS, MDS
September through July, biweekly
Contact: terri@smileusacom
Phone: 908-527-8880
Website www.smileusacourses.com

Pikos Implant Institute
Michael A. Pikos, DDS
Soft Tissue Grafting
Sinus Grafting
Advanced Bone Grafting
Guided Full-Arch Immediate Implant Reconstruction
Contact: Alison Thiede
Phone: 727-781-0491
Email: learn@PikosInstitute.com
Website: www.pikosinstitute.com/programs-and-courses/course-continuum-overview

University Implant Educators
Director: Francis Jones, DDS, MBA, AFAID
San Diego, CA
1,3,4 Day Courses
All courses are intensive surgical externships with live patient care.
Contact: Grace Terranova
Phone: 877-709-6623
Email: info@universityimplanteducators.com
Website: www.universityimplanteducators.com/implantology-courses-schedule

CANADA

The D.M. Vassos Dental Implant Centre Introductory & Advanced Surgical & Prosthetic Programs
Dr. D.M. Vassos
Mentor Program – Hands-on Program over six Saturdays
Location: Edmonton, Alberta, Canada
Contact: Rosanna Frey
Phone: 780-488-1240
Email: rosanna@dmvassos.com
Website: www.dmvassos.com

The BITE Club
For those not ready for the AAID Vancouver MaxiCourse®, Didactic study club to introduce you to the world of oral implantology.
Contact: Andrew Gillies, Education Coordinator
Phone: 604-330-9933
Email: andrew@implantconnection.ca
Website: www.thebiteclub.ca

“Hands-On” Introductory to Advanced Surgical and Prosthetic Implant Courses with Live Surgery,
Dr. Robert E. Leigh, Director
Custom Tailored and 4-Day Mini Residency Courses
Location: Leigh Smile Center, Alberta, Canada
Contact: Corie Zeise
Phone: 780-340-6700 (Toll Free)
Email: coriemanager@gmail.com
Website: www.leighsmilecenter.com; www.westernimplanttraining.org

Implant Connect: Prosthetic Course
William Liang, DMD, Director
One-year program that will cover patient selection, treatment planning, occlusal considerations and how to incorporate implants into your practice.
Email: andrew@implantconnection.ca
Website: www.cdltc.ca

Pacific Implant Institute
Dr. Ron Zokol
Comprehensive Training in Implant Dentistry
Ongoing dates
Location: Vancouver, B.C., Canada
Contact: Kim
Phone: 800-668-2280
Email: kimber@piidentistry.com
Website: www.piidentistry.com

Toronto Implant Institute
Dr. Natalie Y. Wong, Director
Advanced Hands-On Courses
Contact: Linda Shoullice
Phone: 416-566-9855
Email: linda@ti2inc.com
Website: www.torontoimplantinstitute.com

Vancouver Implant Continuum
Continuing your MaxiCourse® journey
One-year program that incorporates live patient surgery on your own patients with a review of everything within the AAID Vancouver MaxiCourse®
Contact: Andrew Gillies, Education Coordinator
Phone: 604-330-9933
Email: andrew@implantconnection.ca
Website: www.cdltc.ca

AAID Active Study Clubs*

US

AAID Bergen County Dental Implant Study Group
Location: Englewood, NJ
Director: John Minichetti, DMD
Contact: Lisa McCabe
Phone: (201) 926-0619
Email: lisamccabe@gmail.com
Website: https://bit.ly/2rwfl9c

AAID Lake Superior Implant Study Club
Location: Ada, MN
Director: David Resnick, DDS
Phone: (218) 784-7119
Email: ddz@arvig.net

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

Alabama Implant Study Club
Location: Brentwood, TN
Director: Sonia Smithson, DDS
Contact: Norma Jean Applebaum
Phone: (615) 337-0008
Email: docnj4aisg@aol.com
Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group
Location: San Francisco, CA
Director: Matthew Young, DDS
Phone: (415) 393-8611
Email: young.mattdds@gmail.com
Website: http://youngdentalsf.com

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

DHI Study Club of Georgia
Location: Atlanta, GA
Director: David Han, DDS, MS
Contact: Frank Butler
Phone: (770) 624-3000
Email: drfrankbutler@bellsouth.net
Website: www.dhii.org/our-fees

Hawaii Dental Implant Study Club
Location: Honolulu, HI
Director: Michael Nishime, DDS
Contact: Kendra Wong
Phone: (808) 732-0291
Email: mnishimedds@gmail.com
Website: www.honoluludentaloffice.com

Hughes Dental Implant Institute and Study Club
Location: Sterling, VA
Director: Richard E. Hughes, DDS
Contact: Victoria Artola
Phone: (703) 444-1152
Email: dentalimplant201@gmail.com
Website: http://www.erhughesdds.com/

Implant Study Club of North Carolina
Location: Clemmons, NC
Director: Andrew Kelly, DDS
Contact: Shirley Kelly
Phone: (336) 414-3910
Email: shirley@dentalofficesolutions.com
Website: www.dentalofficesolutions.com

Mid-Florida Implant Study Group
Location: Orlando, FL
Director: Rajiv Patel, BDS, MDS
Contact: Director
Phone: (386) 738-2006
Email: drpatel@delandimplants.com
Website: http://www.delandimplants.com/

Monmouth Dental Implants Study Group
Location: Lincroft, NJ
Director: Richard Mercurio, DDS
Contact: Marth Gatton
Phone: (732) 504-6913
Email: marty@lincroftvillagedental.com
Website: www.Lincroftvillagedental.com

SMILE USA® Center for Educational Excellence Study Club
Location: Elizabeth, NJ
Director: Shankar Iyer, DDS, MDS
Contact: Terri Baker
Phone: (908) 527-8880
Email: dentalimplant201@gmail.com
Website: http://malosmileusaelizabeth.com

CANADA
Vancouver Implant Continuum
Location: Surrey, BC, Canada
Director: Williams Liang, DMD
Contact: Andrew Gillies
Phone: (604) 330-9933
Email: andrew@implant.ca
Website: www.implant.ca

INTERNATIONAL
AICHI IMPLANT CENTER
Location: Nagoya, Aichi-Ken, Japan
Director: Yasunori Hotta, DDS, PhD
Email: hotta-dc@fl.ii4u.or.jp
Website: www.hotta-dc.com/

Beirut AAID Study Club
Location: Beirut, Lebanon
Director: Joe Jihad Abdallah, BDS, MScD
Email: beirutidc@hotmail.com
Website: http://www.beirutidc.com

Cyprus Implant Study Club
Location: Nicosia, Cyprus
Director: Nicholas Papadopoulos, DDS
Email: Info@nicosiadientalcenter.com
Website: http://www.nicosiadientalcenter.com/index.php

Korean Dental Implant Institute
Location: Seoul, Korea
Director: Jaehyun Shim, DDS
Contact: Kyungim Yeom
Email: ykimichelle@gmail.com
Website: www.kdi-aaid.com

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