I am very pleased that we are continuing some new initiatives in AAID News that we started in the past year. Our featured MaxiCourse® — the Rutgers School of Dental Medicine/AAID MaxiCourse® — can be found on page 8. This issue’s “Rising Star” is Dr. Danny Domingue. His story is on page 10. In our continuing effort to add more clinical and research information to AAID News, we are pleased that Dr. Keerthi Senthil, winner of the 2013 Table Clinic Competition, has shared with us her 82-page presentation. We aren’t publishing it all here, but you can download a pdf or powerpoint file from the AAID web site. See page 30 for the URL and a QR Code you can scan. Hope our new features are enjoyed by all.

Foundation awards $60,000 in research grants

The AAID Foundation awarded $60,000 to three researches to help them continue their work in dental implant-specific research. This brings to $600,000 the amount awarded by the Foundation over the past few years since the inception of the Endowment Fund.

**TITLE: APTAGEN – Biometric Surfaces for Tissue Regeneration**

**PRINCIPAL INVESTIGATOR:** Carlo Galli, University of Parma, Italy

**ABSTRACT:** The presence of localized bone defects is a common occurrence in a maxillofacial and oral bones. Bone defects usually require the use of bone grafts or biomaterials to be treated. Available biomaterials are an established therapy approach, although they present with important limits. The purpose of the present project is to test the effectiveness of biomaterials with specific binding properties, that is, biomaterials coated with aptamers that can specifically bind to and enrich the biomaterial surface with biological molecules of interest from the host and therefore promote and direct specific cell responses, by de facto, sequestering the biological molecules on the biomaterial surface. Aptamers are small, single-stranded biomolecules, typically oligonucleotides (either DNA, RNA or their levo isomers), which specifically bind to a target molecule. Preliminary in vitro results have shown that scaffolds coated with anti-human Fibronectin aptamers specifically enriched the biomaterial for Fibronectin and improved adhesion of human primary osteoblasts. The present project has two Specific Aims (SA): the goal of SA1 is to investigate whether 3D hydrogel scaffolds containing anti-rat Fibronectin aptamers can promote cell colonization and tissue integration in an in vivo-rat soft-tissue model. The goal of SA2 is to investigate whether 3D hydrogel scaffolds containing anti-rat Fibronectin aptamers can promote tissue healing and regeneration of critical calvaria defects in rats. To accomplish SA1, aptamers binding to rat Fibronectin will be selected by an industry partner company. Polyethylene glycol-thiolated Hyaluronic Acide (PEGDA-tHA) hydrogel discs with or without aptamers will be inserted in bilateral subcutane pouches in 16 adult male rats. Each animal will receive three hydrogel discs with aptamers in one pouch and three hydrogel discs without aptamers in the contralateral pouch. The animals will be sacrificed after 1, 2, 3 and 4 weeks, biopsies of the implanted area will be taken, and the samples will be recovered and processed for histological analysis or gene expression analysis at Real Time PCR. To accomplish SA2, small, 0.5 cm

see Grants p. 5
The Tapered Internal family of dental implants provides excellent primary stability, maximum bone maintenance and soft tissue attachment for predictable results. All implant diameters from 3.0 to 5.8 can be placed with the same instrument kit providing you surgical convenience and flexibility to choose the ideal implants for each patient’s needs. With all these features, you no longer have to accept the clinical compromises that come with other implant systems.

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President’s Message
Inaugural Address presented October 26, 2013, at 62nd Annual Meeting

John Minichetti, DMD, FAAID, DABOI/ID
President, American Academy of Implant Dentistry

Mr. President, Board of Trustees, Fellow Academy members, newly creden-tialed members, friends and guests. It is with great honor that I accept the Presidency of the American Academy of Implant Dentistry.

Associates
I would first like to once again congratulate the new Associate Fellows and Fellows. You will remember this day for the rest of your career. Your achievement is well deserved and quite an accomplishment.

The pursuit of your credentialed status has challenged you to learn more and work harder to become a better implant dentist. Today you see a sign on every street corner advertising implant services. Search for “implant dentist” on Google and you will find about 3,000,000 results. However, what do you think is the first non-paid result? It’s AAID which takes you to the “Find a Dental Implant Expert” web site. Yes, by achieving your bona fide AAID credentials, you have separated yourselves from the others.

Today you should celebrate your academic achievement, but do realize that in this ever advancing discipline of implant dentistry, your work is not over. The Academy will help you in your journey of clinical advancement and knowledge. The benefits will be both professionally and personally rewarding.

The AAID is a special Academy. We have a level of camaraderie that extends through our sharing of knowledge and support of each other to become the best we can be. Never forget the Academy is here for you.

Now we ask you to continue in your journey. For those of you who have taken the first step in credentialing as an Associate Fellow, set your goal to become a Fellow. For those Fellows and Diplomates, become mentors and encourage your colleagues to enter into Associate Fellowship. To all of you, let your patients know the true value of your credentials. Encourage your professional friends and colleagues within the Academy to learn more and test themselves further.

Volunteer to help the AAID by serving on a committee or forming an AAID Study Club. There is so much you can do to help yourself and our Academy continue to grow.

President Commitments
As your incoming president, I promise my commitment to the best interests of the Academy. The AAID Mission reads “To advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for Implant Dentistry for the benefit of mankind.”

Our Academy has always been about sharing. Within the next few months the Academy will hold a Strategic Planning Session at which the Board of Trustees and key Academy members will address future goals and objectives for this great organization. This will enable us to develop a new 5-year plan.

Our Academy is financially sound, but the number one challenge every organization faces is sustainability and growth. Today’s reality is that there are many competing dental implant organizations throughout the world.

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Like many businesses, general and surgical specialty practices have been adversely affected by the recession and a slow recovery. An elective service such as implants is particularly vulnerable in a difficult economy. For that reason, the entire process for implant case presentations must be reinvented to meet the needs of patients who are more conscious about spending.

The 5 Stages of Closing™ is a case presentation system for doctors and implant treatment coordinators (ITCs) that has been designed expressly to achieve higher results in the new dental economy. This step-by-step process has been extremely effective for closing more than 90% of implant candidates during consultations.

This case presentation method for increasing implant case acceptance creates an entirely new approach to implant case presentations. It comprises the following steps:

Stage 1 - Awareness
Stage 2 - Interest
Stage 3 - Seriousness
Stage 4 - Conditions
Stage 5 - Closing

STAGE 1 - AWARENESS
Awareness is always the first step. Only when patients are aware of implants can they want them. Building awareness requires the efforts of everyone on the team.

Marketing
Awareness is generated through the practice’s internal and referral marketing programs. In the GP office, implant candidates could be current patients or people they have referred. In the case of specialists, referrals generally come from GPs. Strong internal marketing programs and sound referral relationships ensure a steady interest in implant treatment.

The New Patient Experience
The New Patient Experience starts with a patient or, for specialists, a referring office calling your practice. The team uses Value Creation Scripting to build confidence for the doctor and practice. This approach includes customized language that focuses on attributes of the practice and transfer of trust to the doctor. The target is to have 98% of all callers schedule an implant consultation.

STAGE 2 - INTEREST
Some doctors and ITCs assume that patients will close once patients are interested during this stage. In the new economy, this is no longer the case. Remember, the way people make their purchasing decisions has changed. The case is actually a long way from closing.

Education
The doctor and ITC should be positive and informative so that the patient develops a full understanding of the remarkable benefits of implant treatment. Implant candidates are impressed when they:
• Are included in the conversation
• Fully understand the situation

STAGE 3 - SERIOUSNESS
Practices that attempt to move patients directly from Stage 2 to a close will find many implant cases rejected or indefinitely on hold because patients are not yet serious about making a decision to have treatment.

Business Bite
A New Approach to Implant Case Presentation
By Roger P. Levin, DDS
Grants
continued from page 1

PEGDA-tha hydrogel discs, with or without anti-Fibronectin aptamers, will be created, and will be gently inserted in bilateral calvaria defects of 16 adult male rats. Each animal will receive one hydrogel disc with aptamers in one defect and one hydrogel disc without aptamers in the contralateral defect. The animals will be sacrificed after 1, 2, 3 and 4 weeks, biopsies of the implanted area will be taken, and histomorphometry will be performed. Bone formation will be quantitated, and architectural parameters will be measured.

TITLE: Effect of Anti-hyperlipidemic Therapy on Implant Osseointegration
PRINCIPAL INVESTIGATORS: Tara Aghaloo, DDS, MD, MphD; Flavia Pirih, DDS, PhD; UCLA School of Dentistry

ABSTRACT: Cardiovascular disease and osteoporosis are the two major causes of increased morbidity and mortality affecting the aging population. Hyperlipidemia, because of dietary intake or genetic mutations in cholesterol uptake and clearance, has adverse effects on the vasculature, including development of atherosclerotic cardiovascular disease. In bone, osteoblast differentiation is directly inhibited by hyperlipidemia, and osteoclast differentiation is increased. Moreover, bone mineral content and bone mineral density are decreased in vivo. Evaluation of statins have revealed beneficial effects on bone metabolism, specifically an increase bone formation, bone mineral density, a decrease in hip fractures, and promotion of repair at bone healing sites. In our preliminary data, we have shown a significant decrease in femur implant integration, as well as lower bone to implant contact in hyperlipidemic mice as compared to mice with normal serum levels at both four and eight weeks. Published studies have further demonstrated that statins increase osteogenesis, suppress osteoclast formation, increase bone volume around implants and increase the push-in strength in comparison to control treatment. Because of the deleterious effects of hyperlipidemia on bone and implant healing and the beneficial effects of statins, we hypothesize that hyperlipidemia also significantly affects implant osseointegration in the mandible and that statins can counteract these negative effects. Our short-term goal is to evaluate early mandibular implant healing and osseointegration in the mandible and that statins can counteract those negative effects. Our short-term goal is to evaluate early mandibular implant healing and osseointegration in hyperlipidemic rats and their response to statins. Our long-term goal is to identify and understand factors that can affect implant placement, stability and therefore implant success. With the knowledge and tools we expect to acquire as a result of the studies described herein, we will begin to understand the role of hyperlipidemia and commonly utilized therapy on mandibular implant osseointegration in vivo. Understanding the effects of hyperlipidemia and atherosclerotic cardiovascular disease on implant healing and the role of cholesterol lowering medications may influence our clinical practice in our implant patients who suffer from these issues.

TITLE: The Effect of Bacterial Biofilm and Micromotion on Corrosion of Dental Implants
PRINCIPAL INVESTIGATOR: Danieli BC Rodrigues University of Texas at Dallas, Department of Bioengineering

ABSTRACT: Corrosion of titanium dental implants has been associated with implantation failure and is considered one of the triggering factors for peri-implantitis. Corrosion is concerning because a large amount of metal ions and debris are generated in this process, which over time may lead to adverse tissue reactions in the oral environment. Understanding the triggering mechanisms for corrosion in the oral environment and finding ways to mitigate degradation processes in vivo is of great importance. The goal of this study is to define the role of bacterial biofilm and micromotion induced by occlusal forces, and their joint effects in producing corrosion and permanent breakdown of the titanium oxide layer on the surface of dental implants. Two specific aims will be addressed in this study:
(1) To determine whether the presence of bacteria can create the ideal conditions for oxidation of dental implants made of titanium grade 4. It has been hypothesized that bacteria present in the medium and/or forming biofilm colonies will reduce the pH surrounding a dental implant to the levels required to trigger oxidation and dissolution of the metal.
(2) To verify whether the conjoint effects of micromotion and an acidic environment caused by bacteria can result in permanent breakdown of the titanium oxide film, inducing corrosion. Here, the conjoint effects of bacteria and micromotion are suggested to induce and exacerbate corrosion processes on the surface of dental implants leading to a permanent disruption of the titanium oxide film and active dissolution of the bulk metal. These questions will be addressed by in vitro testing of dental implants subjected to different testing conditions that will involve immersion in bacteria broth under relevant physiological loads in order to mimic the oral environment. Determining the roles of oral bacteria and normal occlusal forces in this phenomenon can lead to more targeted prevention methods and will contribute for a better understanding of their impact in the initiation of bone loss.
Legal Bite

What Is a Dental “Specialist?”

By Frank Recker, DDS, JD

You can’t turn on a television or read a newspaper without seeing a multitude of “specialists” advertising their services in fields as diverse as air conditioning, hair coloring, remodeling, computer sales, car repair, information technology, and appliance repair, just to name a few. So the public is inundated with self-proclaimed “specialists” in virtually every occupation or endeavor.

Looking for a definition of the term “specialist” provides a variety of answers, although all are, in essence, quite similar. These include:

• “one who is devoted to a particular occupation or branch of study or research”
• “a person who has special knowledge and skill relating to a particular job, or area of study”
• “a medical practitioner whose practice is limited to a particular class of patients (as children) or of diseases (as skin diseases) or of technique (as surgery)”
• “a physician who is qualified by advanced training and certification by a specialty examining board to so limit his or her practice” and the definitions go on.

To anyone who learned the definition of “specialty” or “specialist” in dental school, the answer to this question seems obvious. We have all been taught, as dentists, that “specialists” are those dentists whose area of practice is one that the American Dental Association has deemed a “specialty,” and who attended (either full or part-time) a dental program accredited by the Commission on Dental Education (CODA). Some dentists did not attend such a program but were “grandfathered” as specialists if they met certain requirements.

While the above seems straightforward and clear to dentists, it has never been shown to be clear to the public. In fact, in litigation over a dentist’s right to commercial free speech, several courts have opined on the subject of advertising as a “specialist,” and a state’s restrictions on this right. Indeed, from a First Amendment, commercial-free speech standpoint, the courts look to a state’s restrictions on a dentist calling himself or herself a “specialist” quite differently.

First of all, in order for a state to justify any limitations or restrictions on commercial free speech, one of the requirements is “empirical evidence” that the restriction advances a state’s interest in protecting the public, and also demonstrating that the public would be harmed without such a restriction. One such case was decided in California in 2010 (Potts v. Stiger, by the Federal District Court in Sacramento). In that case, the State of California attempted to justify its restrictions and limitations on a dentist’s advertising by obtaining a survey regarding what the public perceives to be a “dental specialist” from an expert in marketing, Dr. Michael Kamins, PhD.

Dr. Kamins had been paid a substantial sum of money to obtain a survey that would be admissible in court, and which would substantiate public harm from allowing any “non-ADA” recognized area of dentistry to be advertised as a specialty or such a dentist to advertise as a “specialist.”

When deposing Dr. Kamins, it was important to understand how his survey was composed, and what he understood a dental “specialist” to mean. His survey was intended to learn whether or not the public viewed ABOI/ID and/or AAID credentials to represent “specialists” in implant dentistry.

The only problem with Dr. Kamins’s survey was that he did not include a definition of “specialist” in his questions! When asked what he considered to be a “dental specialist,” his answer was very revealing. He did not know the areas of dentistry deemed to be specialties by the ADA, nor did he otherwise know exactly what was required to be deemed a “dental specialist” or “dental specialty” by the ADA. The following are excerpt from the transcript of the deposition of Dr. Kamins:

**Question:** Would it be fair to say that most people would equate the word “specialist” with “highly qualified,” or “more qualified than the average person (dentist) in that particular area of endeavor?”

**Answer:** I think so. More qualified probably. More qualified. It’s hard to specify what “highly” means as far as operational; but certainly if you claim to be a specialist, one, I think the average consumer would hope that you have some right to call yourself a specialist, be it either by extensive training in an area, or a degree in the area, or...
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Rutgers School of Dental Medicine/American Academy of Implant Dentistry MaxiCourse®

By Jack Piermatti, DMD, FAAID, DABO/ID

Editor’s Note: This is the second in a seires of articles that provide in-depth information about a specific MaxiCourse®. We plan to cover each of the MaxiCourses® over the next several issues.

I have been a private practice clinician for my entire career but do maintain an affiliation as an Assistant Professor in the Department of Restorative Dentistry at Rutgers University School of Dental Medicine. In addition to serving as Director of the AAID MaxiCourse® at Rutgers, I also participate in the post-graduate prosthodontics specialty program at the school.

Rutgers University, formerly known as UMDNJ-New Jersey Dental School, is well known for excellent dental education in the Northeast. Our school has an excellent undergraduate dental curriculum, along with many post-graduate programs including the clinical specialties of prosthodontics, periodontics, oral and maxillofacial surgery, endodontics, pediatric dentistry, orthodontics, and oral and maxillofacial radiology. In addition to approved programs in recognized specialties, we also have training in other disciplines such as general practice, oral medicine, orofacial pain, geriatric dentistry, infectious disease, and implantology. The qualities of our faculty, along with our impressive programs, are testament to the outstanding leadership of our Dean, Dr. Cecile A. Feldman.

Our AAID MaxiCourse®, currently in its 4th year, has been quite successful and enjoys a wonderful reputation. Ms. Janice Gibbs does an excellent job in administration of the program and helps the participants with anything they need during the year. Dr. Shankar Iyer is our Assistant Director, and is well known in dental implant education. He is one of the finest educators and clinicians I know, and our MaxiCourse® is very lucky to have him participate.

This year we have 40 attendees including three faculty members. Implant education is sought after by both recent dental school graduates as well as seasoned practitioners. As a practicing prosthodontist, I have seen many of my colleagues looking for additional training in implantology, and I always encourage them to consider MaxiCourse® after completion of their specialty program. All clinicians realize implantology is here to stay, and it is critical to obtain adequate education in this area. With all the courses that exist, doctors understand the importance of a university-based educational continuum, and consequently, I strive to deliver an exceptional experience. Our MaxiCourse® includes faculty who are world-renowned clinicians, educators, and published dental authors, many of whom are personal friends of mine and are happy to participate.

Our program covers the full scope of implantology from basic sciences to advanced techniques. This comprehensive approach embraces the clinical disciplines of dentistry which interface with implantology such as prosthodontics, periodontics, and oral and maxillofacial surgery. After completion of instruction in the surgical phase of implant dentistry, our participants are able to place dental implants under our direct supervision in the dental clinic of the school. This has become the most popular module of the entire MaxiCourse®.

I believe dental implant education in the Maxicourse format is excellent, and I look forward to another successful year here in New Jersey. ♦

Contact information for the MaxiCourse®:
Rutgers University of Dental Medicine MaxiCourse®
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Rising Star

Rising Daniel Domingue, DDS, FAAID, DABOI/ID

Dr. Daniel Domingue graduated from Louisiana State University School of Dentistry and obtained his DDS degree in 2007. After dental school he completed a three-year course in advanced training at Brookdale University Hospital and Medical Center in New York City, where he served as Chief Resident of the Dental and Oral Surgery Department. His training included one year in General Practice Residency and two years in Dental Implantology Fellowship.

During these years, he was awarded the Certificate of Achievement from the American Academy of Implant Dentistry for outstanding leadership in Implant Dentistry, a Fellowship from the International Congress of Oral Implantologists, and an Associate Fellowship of the American Academy of Implant Dentistry.

On Oct 30, 2010, Dr. Domingue married the love of his life, Megan, in Denver, Colorado. They decided to move back to his hometown in Louisiana to settle down, where he could practice dentistry, and raise their family. On August 2, 2012, he and Megan were blessed with their first-born baby girl, Elle Ann Domingue.

After residency and during his first years in private practice, Dr. Domingue earned Diplomate status from the American Board of Oral Implantology/Implant Dentistry, in 2011, the highest credential available for a general dentist practicing implantology. He was also recognized as the youngest Diplomate in the world.

At the recently concluded AAID Annual Meeting in Phoenix, Arizona, Dr. Domingue was inducted as a Fellow by the American Academy of Implant.

Dr. Domingue is a member of the American Dental Association as well as the Acadiana District Dental Association, American Academy of General Dentistry, and is the Founder and President of Acadiana Southern Society.

He, Megan, and Elle currently reside in Lafayette, Louisiana, where he and his partner/uncle, Dr. Jerome Smith DDS, work in an implant referral practice (www.acadiana-dentistry.com).

Legal bite
continued from page 6

"whatever else it takes…to make that claim."

Later, at the trial held in Federal Court in Sacramento, Dr. Kamins was not called as a witness by the State of California nor did the State attempt to admit his survey into evidence. The challenged restrictions on dental advertising were deemed unconstitutional.

As we dentists realize, most states have deferred the determination as to who can legally call themselves “specialists” in a respective state to the ADA. And, most states require that if a dentist wants to call himself or herself a “specialist,” it must be in an ADA-recognized “specialty” area of practice, and that dentist must limit his or her practice to that specialty area.

In fact, most states have only one license that is granted to every dentist who obtains licensure. But most states also require by regulation or statute that a dentist who wishes to advertise that he/she is a specialist must meet the qualifications established by the ADA, and they must also limit their dental practices to that specific area of dentistry, even though they were required to pass the same licensure exam as was a general dentist.

One such advertising regulation is currently being challenged in a federal court in Ohio. The simple issue is: if everyone has the same license in a state and must pass the same exam, why should a dentist who is telling the truth (“I am a dental specialist”) be required to effectively constrict his or her dental license in order to advertise this truth?

On the issue of a state deferring to the ADA in order for a dentist to advertise as a “specialist,” at least one court has declared such a regulation or statute to be unconstitutional. In Ducoin v. Viamonte Ros (decided in 2009), a Florida state court concluded:

“Of great interest to the Court is that the challenged statute delegates to the ADA the sole discretion to designate what specialties or specialty credentialing organizations will be recognized by the Florida Board of Dentistry and enforced under the law of this State. The
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Interview
Interview with Steven Hewett, DDS
Conducted by Dr. David Hochberg, DDS, Editor, AAID News

DR. HOCHBERG: Dr. Hewett, what made you decide to reach out to those less fortunate and in need of oral health care?

DR. HEWETT: In 2008, my wife Cara and I, felt the need to expose our two teenagers to the act of service in a country that had basic human needs. Providing dental care was an obvious choice for me.

We contacted the ADA, with no luck in finding a place for us to go. However, a contact was given to us by someone who answered the phone at the ADA. We followed up on that lead. An experienced dentist was needed to take a group of dental students to Chichicastenango, a town in the Western Highlands of Guatemala.

We have been going to this region and the surrounding area every year since then.

I determined that although dental students certainly were able to treat many patients during the week, experienced dentists were most needed for the delicate care required to treat the Mayans.

This is the main reason I wanted to have the members of the Academy see what we do in Guatemala. I feel the

Mayans need and deserve experienced dental professionals to provide them care.

DR. HOCHBERG: Why did you decide to take this good-will humanitarian project to Guatemala?

DR. HEWETT: After the first visit to Guatemala, we immediately fell in love with the Mayans and their culture. Basic dental care is really nonexistent among the poor Mayans of this area. They suffer from pain and infection. They have no oral hygiene and no access to any care because of extreme poverty.

Here are some alarming health statistics regarding the indigenous Mayans (Source: www.mayanfamilies.org, 2013):

• Approximately 49% of children in Guatemala are chronically malnourished. This is the fourth highest rate in the world. In indigenous communities, the rate is closer to 70%.
• Although infant and child mortality has been steadily decreasing throughout Latin America over the last four decades, child mortality is still 70% higher among indigenous children.
• Malnutrition is twice as frequent among indigenous children.
• The rate of stunting [height/age] for Guatemala overall is 44%, but for indigenous children the rate is 58%, higher than either Yemen or Bangladesh.
• There is a 13-year gap in years of life expectancy between indigenous and non-indigenous people.
• 40% of the country lacks access to water and sanitation systems and have limited access to an adequate diet due to restrictions.
• In the past 50 years, the country's population has quadrupled.

DR. HOCHBERG: Please share with the membership some of the logistical issues that had to be addressed, when providing care to patients in this remote region.

DR. HEWETT: In years past, we have had a stationary, make-shift dental clinic in Chichicastenango. This past year, we traveled to remote villages and were able to see many people who are unable to travel. The lines of those to be treated were very long, and unfortu-
nately, some had to be turned away. We will be returning to these remote areas to provide care. Most of these sites are within an hour’s drive by van from Panajachel. This is the location for the headquarters and base for Mayan Families, the organization we partner with.

Panajachel is on the shore of Lake Atitlan, truly one of the most beautiful lakes in the world. There are small hotels and restaurants in Panajachel, as it is a popular tourism spot.

**DR. HOCHBERG:** What services are needed most on any given day?

**DR. HEWETT:** Due to the amount of advanced decay, periodontal disease and infection, extractions comprise 75% of the care. Restoration of molars and anterior teeth on both children and adults provides hope for the Mayans future dental health. It is our hope that we can set up a comprehensive dental hygiene program including cleanings and evaluations.

**DR. HOCHBERG:** The documentary film (scan QR code to view the 10-minute documentary) you shared with the membership at our annual session in Phoenix focused a good bit on the children. What are some of the programs set into place designed to educate this population with the hopes of lowering the decay rate and ultimately preserving their dentition?

**DR. HEWETT:** What makes our project a little different than most organizations is that we treat children and adults. There are as many problems among the mature population as there are with the young. Pain and suffering is not something that only exists with children. This comprehensive approach is the key to educating and changing the way this indigenous group of people maintain their dental health.

**DR. HOCHBERG:** I know your wife has played a significant part in making this happen. In addition to her hard work, are there any other AAID Members who have been of assistance and volunteered their services?

**DR. HEWETT:** Dr. Steve Swallow, from Maine, and his wife K.C. Swallow were of great assistance during our last trip to Guatemala. Dr. Joseph Lau, from Atlanta, Georgia, and his wife Evita have gone with us for two years. Dr. Jasmine Sung from Texas has traveled and served with our project as well.

They have been a wonderful addition to this team effort. Without them, we would not be able to treat the large number of people needing care.

**DR. HOCHBERG:** What is the best way for someone to participate in this very worthy project?

**DR. HEWETT:** There are two ways:

1. Providing care in Guatemala requires supplies, equipment, and money. We are asking for all of these items. We have established a website called Mayangap.org.

2) We certainly would welcome dentists, hygienists, and assistants on our upcoming trips. The brochure can be downloaded from our site Mayangap.org. All 2014 dates are listed. From tremendous response at the meeting, I expect to have full capacity. The first trip slated April 23 - 30, 2014, and has a deadline of February 1, 2014. Anyone wanting to go on that trip needs to send in their application very soon.

We have added July 14 - 18, 2014, which is not listed on the brochure. Other 2014 dates include June 25 - July 2 and November 26 - December 2.

**DR. HOCHBERG:** Do you have any closing comments you would like to share with the membership?

**DR. HEWETT:** This project is really growing. In fact, by the end of 2013, we will have a clinic with 14 dental chairs that can be used as a mobile clinic as well as a permanent one.

I would really like to thank the companies who have helped us in past years. They include Tatum Surgical, Ace Surgical, Brassler, and Root Lab who have all graciously given to this project.
Drs. Pikos and Martin top $20,000 in donations

Dr. Michael Pikos, of Palm Harbor, Florida and Dr. Emile Martin, of Syracuse, New York have become the next donors to top $20,000 in cumulative contributions to the AAID Foundation. We thank Drs. Pikos and Martin for their continued generosity over the years and their support of the research programs funded by the AAID Foundation. For information about the Foundation and to donate, visit www.aaid.com or scan the QR Code.

AAID Foundation
2013 Auction Participants

The AAID Foundation raised nearly $60,000 at its auction held during AAID’s 2013 Annual Meeting in Phoenix in October. The Foundation thanks the following individuals and organizations that donated items for the auction.

Donated Educational Courses and Study Club
American Board of Oral Implantology/Implant Dentistry
Dr. Brian Jackson
Dr. John Minichetti
Dr. Richard Mercurio
Dr. Jaime Lozada
Dr. Robert Heller
Dr. Michael Pikos
Dr. Shankar Iyer
Dr. Richard Borgner
Dr. Bernee Dunson
Dr. George Arvanitis
Dr. David Vassos
Dr. William Liang

Corporate Donors
ACE Surgical Supply
Alpine-Pharmaceuticals
Dentium
gIDE Institute

Painting/Vacations/Ads & Certificates Donors
Golden Dental Solutions
H & H Company
Hu-Friedy
Impladent
OCO Biomedical
Oral Aesthetic Advocacy Group
Osteogenics Biomedical
PBHS, Inc
Piezosurgery, Inc
Quintessence Publishing Co.
Rocky Mountain Tissue Bank
Salvin Dental
SimPlant
Unicare Biomedical

Corporate Donors

The AAID Foundation thanks the Central District and the Northeast District for their generous contributions of $10,000 each to the AAID Foundation Endowment Fund.

Didn’t Get a Chance to Bid?

Don’t worry if you didn’t get a chance to place the winning bid at this year’s AAID Foundation auction. We have arranged for you to submit your bid easily for items offered online. Just visit AAID’s Foundation page on the AAID website — www.aaid.com/foundation/Auction.html — or scan the QR Code to see the items available for bid. Contact Afshin Alavi at afshin@aaid.com or 312.335-1550 with questions or to submit a bid.

Summary of Actions Taken by Board of Trustees
October 22, 2013, Phoenix, AX

Provide for support ABOI/ID’s participation as a member of American Board of Dental Specialties (ABDS)

Grant Life Membership to Dr. Beverly Dunn

Approved 2013-14 Committee appointments

Institute a “free for three” recent-graduate dues policy with electronic membership free for three years post-graduation (option to pay $50 for access to EBSCO and printed publications).

Retained general membership dues for 2014 at $345

Allocate funds for legal expenses in Texas providing financial commitment received from other participating organizations

Didn’t Get a Chance to Bid?
Mark Your Calendar

ABOI/ID Implantology Update and Comprehensive Board Review Course
February 7-8, 2014 in Chicago, IL.

Whether you plan to take the ABOI/ID Board examination or simply want to update your implantology knowledge, this two-day program, scheduled for February 7 – 8, 2014 in Chicago, is for you. Register for the ABOI/ID Implantology Update and Comprehensive Board Review Course today! This program will provide you with up-to-date and scientifically-proven information relating to implantology today. Additionally, you will be provided the tools needed for critical thinking related to patient treatment from start to finish.

This course is intended for the seasoned practitioner and will provide you with updates and reviews in key areas related to implantology.

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

Tuition for the program is $1,895.

Register early — space is limited!
Visit www.aboi.org to download the registration form or call 312-335-8793 to register over the phone.
A total of 196 Associate Fellows and Fellows attended the annual business meeting on October 26, 2013, in Phoenix, AZ.

President Nick Caplanis and Dr. Bernee Dunson, chairman of the Admissions and Credentials Board, presented certificates to the new Associate Fellows and certificates and medals to the new Fellows. Dr. Caplanis administered the AAID Pledge to the new Associate Fellows and the Fellows who had not been inducted previously.

President Caplanis announced that the deaths of the following six members had been reported since the 2012 Annual Business Meeting: Drs. Harold Klein, Paul Rogers, Walter Dan Stinson, Michael Uris, Edwin Weinfield and Michael Wood.

President Caplanis began his report by congratulating and welcoming 22 new Fellow members and 68 new Associate Fellow members. Noting that they will be the Academy’s future leaders, he encouraged them to take advantage of the opportunities that credentialed membership offers them and to continue their professional growth.

President Caplanis also expressed pride in the Academy’s accomplish-
ments during the past nine years that he served on the Board of Trustees, noting the following accomplishments during his presidential year:

- Contributing to the 2013 Annual Meeting’s success were fresh and informative main podium programs, live surgery programs that the AAID introduced five years ago and which other organizations are now beginning to emulate, the AAID’s commitment to international growth and outreach as evidenced by the half-day program presented in Spanish with simultaneous translation to English and Dr. Steve Hewett’s keynote address that exemplified the AAID’s true character of helping others.
- The two district meetings had a combined attendance of 300 doctors, and both were successful financially.
- Under Dr. James Rutkowski’s leadership as editor, the Journal of Oral Implantology has grown into a widely-respected dental journal with an impact factor that rivals many other implant organizations.
- The Admissions and Credentials Board has modified the cases required for the Associate Fellow examination. Also, the Board is offering those who have passed Part 1 of the Associate Fellow examination and live outside North American the opportunity to take Part 2 of the examination next year in Dubai by web-conferencing.
- The Education Committee has been reorganized into a general oversight committee under which several subcommittees focus on a specific aspect of the Academy’s educational activities.
- The Academy’s global activities have increased. In addition to the Asia MaxiCourse®, which is offered in four locations, and the Korea MaxiCourse®, international programming has included the “Spanish Connection” at this year’s annual meeting and co-sponsorship of the WCOI 2013 meeting in South Korea and the Fifth International Dental Facial Conference in Dubai. Also, Drs. James L. Bush and John Da Silva represented the AAID at the WCOI meeting in Seoul, and Dr. John Minichetti has just returned from the DGZI meeting in Berlin.
- The AAID Foundation is now one of the largest dental implant grant providers in the country, giving $80,000 to $100,000 annually to deserving research projects. The Foundation has also implemented its first humanitarian project, which provides financial assistance and resources so disadvantaged youth can replace their congenitally missing teeth.
- The AAID membership benefits have been expanded to include free access to an online database of over 400 journals and other publications.
- Significant improvements have been made to the AAID’s web and social media presence. The main AAID website has been redesigned to feature a more interactive and continually updated front page; and the Academy is now active in the social media space with Facebook, Twitter, LinkedIn, Google+ and YouTube. Also, a new website, called the Dental Implant Experts, has been created specifically for the implant dentistry consumer. This website lists all of the Academy’s credentialed members and facilitates a patient’s search for qualified implant dentists.
- The Paul Johnson Service Award was inaugurated this year. This
award will be given annually to one volunteer member of the AAID who has gone above and beyond what was expected of them as exemplified by the late Dr. Paul Johnson. The Academy staff selects the annual recipient. This year’s recipient is Dr. David Resnick.

• Leaders of the AAID, the American Academy of Oral Medicine, the American Society of Dentist Anesthesiologists, and the American Academy of Orofacial Pain have established the American Board of Dental Specialties (ABDS), which will offer an additional mechanism for the recognition of dental specialties. The American Board of Oral Implantology/Implant Dentistry has agreed to participate as a founding member of the ABDS and to help frame its bylaws and constitution.

President Caplanis also discussed a number of concerns that he has about the AAID’s future:

• The AAID’s annual membership growth over the last six years has been three percent while expenses over this period have increased an average of seven percent. President Caplanis attributes the almost flat membership growth to how the various membership categories are defined and the requirements that are imposed.
• The current Academy bylaws need to be updated and streamlined by eliminating details that most other organizations have in their policies and standard operating procedures. These details restrict the Board of Trustees from making changes needed to help the AAID continue moving forward. It is anticipated that a more efficient and streamlined set of bylaws will be considered at next year’s annual business meeting.

In conclusion, President Caplanis said that he was proud to report that the AAID continues to be an organization with a solid foundation, focused and committed leadership and a very bright future and that he was honored to have served as its president.

The following slate of officers was elected as a group by unanimous voice vote:

President: John Minichetti, DMD (by automatic ascension from President-Elect)
President-elect: John D. Da Silva, DMD, MPH, ScM
Vice-president: Richard Mercurio, DDS
Treasurer: Shankar Iyer, DDS, MDS
Secretary: David G. Hochberg, DDS

The 2013 Class of Honored Fellows was introduced:

Richard Grubb, Havre de Grave, Maryland
William Liang, Surrey, British Columbia, Canada
William Locante, Brentwood, Tennessee
David Resnick, Ada, Minnesota
Dr. Jaime Lozada, chairman of the 62nd Annual Meeting, reported that this year’s Implant World Expo included the largest number of companies that have exhibited. They were excited to interact with the 765 doctors registered for this year’s meeting. Eighty-six of this year’s dentist registrants were not members of the AAID.

Dr. Richard Mercurio, Treasurer, reported that 2013 has been another successful year from a financial standpoint. He also presented the budget that had been approved by the Board of Trustees at its meeting on October 22, 2013.

Dr. John Minichetti, chairman of the By-Laws Committee, presented a proposed amendment to change the name of AAID’s Gershkoff Award to include the name of Norman Goldberg, AAID’s first president. The amendment was approved by a unanimous voice vote, with the new name of the award being the Aaron Gershkoff-Norman Goldberg Memorial Award.

Dr. Frank Recker, AAID’s legal counsel, briefly reviewed legal developments concerning the announcement of AAID credentials. He explained that the Florida State Court made it clear that the American Dental Association (ADA) is a private trade association without any real authority to be the sole source for determining specialty status. Three other dental organizations are joining the AAID in the potential challenge of a Kentucky statute that states that the ADA determines dental specialty status.

Dr. Natalie Wong, president of the American Board of Oral Implantology/Implant Dentistry, reported that 16 new Diplomates were certified in 2013 bringing the total to 408 Diplomates. She welcomed LaTasha Bryant as the new Executive Director of the ABOI/ID.

Chairman of the AAID Foundation, Dr. Jaime Lozada, reported that the Foundation is on track with the strategic goals that it set last year. In keeping with the goal to provide a humanitarian service to the public, the Foundation has approved a new project called “With a Smile” program. Working in partnership with volunteers who are AAID credentialed members and the

see Business Meeting p. 18
Dr. Edwin Weinfield
passes away

Dr. Edwin E. Weinfield, a long-time member of the American Academy of Implant Dentistry, passed away in early October 2013. He became an Associate Fellow of the Academy in 1973 and earned his Fellow in 1985. Among his survivors, is Dr. Linda A. Weinfield, a Fellow and Diplomate of the Academy.

They have the distinction of having been the first members of the AAID to contribute to the Endowment Fund of the AAID Foundation, then known as the AAID Research Foundation.

Dr. Weinfeld was preceded in death by his wife, Paulette L. Weinfeld. In addition to Dr. Linda Weinfeld, he is survived by Debra W. (the late Dr. Lawrence K.) Horberg and David A. Weinfeld, along with four grandchildren and two great-grandchildren.

Upcoming Key AAID Dates

**FEBRUARY 2014**
1 Application Deadline for 2014 Associate Fellow Part 2 Exam (Oral Case)
13-17 IIOI Hands-on Surgical Training (AAID Members receive $900 discount)
27-28 Zimmer Institute Cadaver Course (AAID Members receive $500 discount)

**APRIL 2014**
11-12 Western and Central Districts Meeting
San Francisco, CA

**JUNE 2014**
6-7 Southern and Northeast Districts Meeting
Fort Lauderdale, FL

**JULY 2014**
2-6 IIOI Hands-on Surgical Training (AAID Members receive $900 discount)
Dominican Republic

**NOVEMBER 2014**
5-8 63rd ANNUAL IMPLANT EDUCATION CONFERENCE
Orlando, FL

Business Meeting
continued from page 17

Academy’s implant/bone grafting corporate sponsors, the Foundation will provide grant assistance to patients who are between 16 and 29 years old, have congenitally missing teeth and are financially disadvantaged.

After thanking Dr. Nick Caplanis for his contributions to the Academy and his friendship, newly installed president, Dr. John Minichetti said that serving as President of the AAID is a great honor. He congratulated the new Associate Fellows and Fellows, emphasizing that the education that was a prerequisite to taking their examinations made each of them a better dentist. He also urged them to set goals and to do things like become a mentor, volunteer to serve on a committee or start a study club.

Among the activities that President Minichetti said that his vision for the year includes are:

- Focusing on what is best for the AAID and its mission “To advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for implant dentistry for the benefit of mankind.”
- Holding a strategic planning meeting to develop a five-year plan for the Academy.
- Offering the best education related to implant dentistry.
- Expanding the Academy’s educational offerings to include a live surgical training program.
- Continuing efforts to establish the American Board of Dental Specialties.

Dr. Minichetti’s complete address is reprinted beginning on page 3 of this issue of AAID News.

Past Presidents Dr. Bert Balkin and Dr. Emile Martin and the 2013 Annual Meeting.

Check the AAID Online Calendar using this QR Code for a complete listing of all Key AAID Dates.
The Western and Central Districts of the AAID are furthering AAID’s promise to provide Practical Education for the Practicing Implant Dentist™.

This two-day course, to be held in San Francisco, April 11-12, 2014, will address both placement and restorative issues that your patients present with on a regular basis. The presentations will help elevate your fixed implant dentistry practice to the next level. Learn about:

• Full-Arch Planning, Surgery and Restorations
• Immediate Implant Dentistry Decision-Making and Delivery
• Esthetic Zone Planning, Surgery and Restorations

Main podium topics and speakers include:

All-on-Four - Fixed Hybrid Solutions: Surgical and Restorative Protocols
AGD Subject Code 692
Nicholas Caplanis, DMD, MS, FAAID, DABOI/ID

Immediate vs. Delayed Implant Surgery with Single Unit Prototypes
AGD Subject Code 691
David Ehsan, MD, DDS

Anterior Material Choices and Long Term Esthetics: Surgical and Prosthetic Protocols
AGD Subject Code 695
Dr. Peter Hunt

Diagnosis and Treatment Planning for Anterior Fixed Restoration
AGD Subject Code 697

Immediate vs. Staged Implant Therapy in the Posterior Maxilla
AGD Subject Code 691
Jaime Lozada, DDS, FAAID, DABOI/ID

Understanding Digital Dentistry - CBCT and Intra-Oral 3D Scanning with Guided Surgery
AGD Subject Code 696
Jerry Peck, DXLT

Solutions for Full-Arch Fixed Restorations
AGD Subject Code 692
Lambert Stumpel, DDS

Practice Management Obstacles – Improving Patient Case Acceptance
AGD Subject Code 697
David Vassos, DDS, FAAID, DABOI/ID

Success with Anterior Implant Dentistry:

Surgical Planning to Final Restorations
AGD Subject Code 704
Matthew R. Young, DDS, FAAID, DABOI/ID

In addition to lectures, there will be a number of table clinics that will provide you with interactive learning opportunities. Prizes — including registration to the 2014 AAID Annual Implant Dentistry Educational Conference, recognition in the AAID News, and professional points towards earning AAID’s credential will be given.

As a special treat, the Districts will honor Dr. David Vassos for a lifetime of outstanding achievement as an implant dentist. Dr. Vassos is an Honored Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. He is a founding member of the Canadian Society of Oral Implantology. Dr. Vassos is in private practice limited to dental implants in Edmonton, Alberta, Canada. The dinner will be held on Friday, April 11.

The course will be held at the centrally-located Hotel Nikko San Francisco.

More information is available on the AAID website — www.aaid.com.
Taher Abuzalan, DDS, Mission Viejo, California, received his dental degree from Damascus University (Damascus, Syria) in 1998. He completed the Loma Linda University MaxiCourse® in 2009.

Abdul Rahman Alas, DDS, Bakersfield, California, received his dental degree from Damascus University (Damascus, Syria) in 1998. He completed the Loma Linda University MaxiCourse® in 2009.

Omar Hilal Abbood Al-Bayati, BDS, MDS, Kuala Lumpur, Malaysia, received his dental degree from the University of Baghdad (Iraq) in 2002. He received a MDS (Prosthodontics) degree from University Malaya (Kuala Lumpur, Malaysia) in 2009. He completed the Asia MaxiCourse® in 2010.

Jamil Alkhoury, DDS, Brentwood, California, received his dental degree from University of California San Francisco in 1999 where he also completed an advanced education program in general dentistry in 2000. He completed the Las Vegas MaxiCourse® in 2012.

Essam Abdulaziz Alsanawi, BDS, Loma Linda, California, received his dental degree from King Saud University (Riyadh, Saudi Arabia) in 2002. He completed his postdoctoral education in implant dentistry at Loma Linda University in 2013.

Fawaz Ibnsaeed Alqahtani, BDS, MDS, Loma Linda, California, received his dental degree from King Saud University (Riyadh, Saudi Arabia) in 2008. He completed a prosthodontic residency at the University of Medicine and Dentistry of New Jersey (now Rutgers School of Dental Medicine) in 2012 and an Implant Fellowship at Loma Linda University in 2013.

Craig I. Aronson, DDS, Orangeburg, New York, received his dental degree from State University of New York Stony Brook in 1988. He completed a general practice residency at Englewood (NJ) Hospital in 1989.

Nachum Augenbaum, DDS, Brooklyn, New York, received his dental degree from Stony Brook University in 2009. He completed a General Practice Residency at New York Hospital of Queens in 2010 and an Implant Fellowship at Brookdale University Hospital and Medical Center in 2012.

Joseph Adam Ata, DMD, Orlando, Florida, received his dental degree from Nova Southeastern University in 2009. He completed the Georgia Regents University MaxiCourse® in 2010.

Lisa Michelle Augustine, DDS, Aurora, Colorado, received her dental degree
from University of Colorado School of Dental Medicine in 1996.

Hyeon Cheol Bae, DDS, PhD, Gwacheon-si, Gyeonggi-do, South Korea, received his dental degree, an MS Degree and a PhD degree from Dankook University Dental College (Cheonan, Korea) in 1990, 1995 and 2000, respectively. He completed the Korea MaxiCourse® in 2012.

Ashwini Shirish Bhave, BDS, MDS, Loma Linda, California, received her dental degree from Nasik University (Mumbai, India) in 2006. She earned a certificate in prosthodontics and an MDS degree from the University of Medicine and Dentistry of New Jersey (now Rutgers School of Dental Medicine) in 2012. She completed an implant fellowship at Loma Linda University in 2013.

Ruby Singh Bhullar, DMD, Surrey, British Columbia, Canada, received his dental degree from the University of British Columbia in 2007. He completed the Vancouver MaxiCourse® in 2011.

Victor Roberto Camones, DDS, Whittier, California, received his dental degree from Cayetano Heredia Peruvian University (Lima, Peru) in 1989.

Michael D. Cary, DMD, Canby, Oregon, received his dental degree from Oregon Health Sciences University in 1993. In 2009, he completed the Oregon MaxiCourse®.

Kathleen Marie Casacci, DDS, North Tonawanda, New York, received her dental degree from the State University of New York in Buffalo in 1993. She completed the Ti-MAX Implant MaxiCourse® in Toronto in 2011.

Dr. Shigeo Cho, Tamanagun Kumamotoken, Japan, received his dental degree from Hiroshima University (Hiroshimasi, Japan) in 2000. He completed the Korea MaxiCourse® in 2012.

Michael Woodward Davis, DMD, Andrews, North Carolina, received his dental degree from Oral Roberts University in 1983. He completed the Georgia Regents University MaxiCourse® in 2008.

Dr. Gert Jan de Weerd, Amsterdam, The Netherlands, received his dental degree from Academisch Centrum Tandheelkunde Amsterdam in 2004. He completed the New York MaxiCourse® in 2009.

Anne Delisle, DMD, Quebec City, Quebec, Canada, received her dental degree from Laval University in 1998. She completed the New York MaxiCourse® in 2008.

Derek Duong, DMD, Costa Mesa, California, received his dental degree from Tufts School of Dental Medicine in 2001.

see Associate Fellows p. 24
American Academy of Implant Dentistry

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A separate registration form must be completed for each attendee, including office staff, spouse, family members and guests. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing.

CONTACT INFORMATION (Please write legibly.)

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

Address: ___________________________________________________________ City: _______________________________________

State: ___________________________________________ Zip: ___________ Country: _____________________________

Phone: ___________________________ Fax: ___________________________ Email: _____________________________

NPI#: ___________________________________________ Badge Name: ___________________________________________

☐ AGD Member #: (Required if AGD Member registering at AID Member rates) ___________________________

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

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[2014 AID Membership PLUS Registration]

| Nonmember | $1445 | $1545 | $1645 |
| Technician | $395 | $395 | $445 |
| Life & Retired Member | $295 | $295 | $295 |
| Office Staff | $395 | $395 | $445 |
| Doctor's Name | | | |
| Student | $150 | $150 | $150 |
| Spouse Name | $295 | $295 | $295 |
| Guest Name | $295 | $295 | $295 |

* Includes one (1) President's Celebration ticket

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Signature: ___________________________

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American Academy of Implant Dentistry, c/o Delaware Place Bank, Dept. 350
190 Delaware Place, Chicago, IL 60611

Or register online at www.aaid.com.

Or you may fax your form to 312.335.9090.

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

All refunds are subject to a $50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by October 1, 2014 for a full refund (less the $50 administrative fee). Between October 2, 2014 and October 9, 2014, a 50% refund (less the $50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after October 9, 2014.
Associate Fellows
continued from page 21

Travis Lane Epperson, DDS, Lubbock, Texas, received his dental degree from Baylor College of Dentistry in 2008. He completed the Georgia Regents University MaxiCourse® in 2009.

Mark Daniel Evans, DDS, Maryville, Tennessee, received his dental degree from the University of Tennessee College of Dentistry in 1993. He completed the Georgia Regents University MaxiCourse® in 2011.

Paul I. Falvey, DDS, Grass Valley, California, received his dental degree from University of California San Francisco in 1984. He completed the Loma Linda University MaxiCourse® in 2010.

Ted Yao-Te Fang, DDS, Palmdale, California, received his dental degree from New York University in 1995.

Franco Fernandez, DDS, San Jose, Costa Rica, received his dental degree from Universidad Veritas in 2003. He completed the New York MaxiCourse® in 2008.

Kazuhito Fukuro, DDS, PhD, Maebashi-Shi, Gunma, Japan, received his dental degree from Tokyo Dental College in 1987. He completed the Korea MaxiCourse® in 2012.

Salomon Goldenbaum, DDS, Courbevoie, France, received his dental degree from Faculté de Chirurgie Dentaire (Paris V), where he also received a certificate of Oral Biology in 1976, a Certificate of Periodontology in 1983 and a Certificate of Prosthetics in 1984. He also completed the Georgia Regents University MaxiCourse® in 2009.

Hooman Hamidifar, DDS, Tehran, Iran, received his dental degree from Islamic Azad University (Tehran, Iran) in 1994. He completed the Iran ACECR TUMS Branch MaxiCourse® in 2011.

Rene Ghotanian, DDS, Encino, California, received his dental degree from the University of Southern California in 1995. He completed the Loma Linda University MaxiCourse® in 2012.

Eric Thomas Hogan, DDS, Miles City, Montana, received his dental degree from the University of Minnesota in 2003. He completed the Georgia Regents University MaxiCourse® in 2009.

Lars Björn Jonsson, DDS, MS, Laguna Hills, California, received his dental degree from the University of the Pacific in 2001. He also received a certificate in endodontics and an MS degree in Oral Sciences from the University of Illinois at Chicago in 2005 and 2009, respectively, as well as a certificate of fellowship in Implant Dentistry from Loma Linda University in 2010.

Frank Kristopher Kalhs, DDS, Spruce Grove, Alberta, Canada, received his dental degree from University of Alberta in 1977. He completed the Vancouver MaxiCourse® in 2011.

Robert Kimbrel, DMD, Vidalia, Georgia, received his dental degree from the Medical College of Georgia in 1990. He completed the
Adam Scott Kimowitz, DDS, DMD, Denville, New Jersey, received his dental degree from the University of Medicine and Dentistry of New Jersey (now Rutgers School of Dental Medicine) in 2008. He completed the Rutgers School of Dental Medicine MaxiCourse® in 2011.

Tomonobu Koharazawa, DDS, Tokyo, Japan, received his dental degree from Nippon Dental University (Niigata, Japan) in 1994 and completed the Korea MaxiCourse® in 2012.

Chun-I Lu, DDS, Loma Linda, California, received his dental degree from Kaohsiung Medical University (Kaohsiung, Taiwan) in 2006 and completed the implant program at Loma Linda University in 2013.

Georgia Regents University MaxiCourse® in 2012.

Peter James McDonald, DDS, East Grand Fortes, Minnesota, received his dental degree from Minnesota, University of in 2005.

Tommy Neal McGee, DMD, Scottsboro, Alabama, received his dental degree from University of Alabama in 1983. He completed the Georgia Regents University MaxiCourse® in 2010.

James L. Nager, DMD, Belmont, Massachusetts, received his dental degree from Tufts University in 1977. He completed the New York MaxiCourse® in 2008.

Thai Vinh Nguyen, DDS, Tacoma, Washington, received his dental degree from University of Washington in 1999. He completed the Oregon MaxiCourse® in 2010.

Heuiyung Oh, DDS, MS, Pohang-si Gyeongsangbuk-do, South Korea, received his dental degree in 1993 and an MS degree in 1996, both from Wonkwang University Dental College (Iksan, Korea). He completed the Korea MaxiCourse® in 2012.

Mark Allen O'Hara, DDS, Eugene, Oregon, received his dental degree from Indiana University in 1980. He completed the Oregon MaxiCourse® in 2011.

Petch Oonpat, DDS, Redlands, California, received his dental degree from Mahidol University (Bangkok, Thailand) in 2004. He completed the implant dentistry program at Loma Linda University in 2013.

Paul Ludwig Ouellette, DDS, MS, Merritt Island, Florida, received his dental degree from Loyola University of Chicago in 1970. He also received an MS degree in oral biology and a certificate in orthodontics from Loyola University of Chicago in 1972. He completed the Georgia Regents University MaxiCourse® in 2010. He was certified in 2005 by the American Board of Orthodontics.

Ki Deog Park, DDS, MS, PhD, Jeollanam-do, Suncheon, South Korea, received his dental degree from Cheonnam National University Dental College (Gwanju, South Korea) where he also received an MS degree in 1993 and a PhD degree in 2012. He is certified by the Korean Board of Maxillofacial Plastic and Reconstructive Surgery. He completed the Korea MaxiCourse® in 2012.

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Joseph Matthew Pitts, DDS, DMD, Smyrna, Georgia, received his dental degree from Medical College of Georgia in 2004. He completed the Georgia Regents University MaxiCourse® in 2009.

Jenna Leigh Polinsky, DDS, New York, New York, received her dental degree from State Univ of New York at Buffalo in 2010. She completed an implant dentistry fellowship at Brookdale University Hospital and Medical Center in 2013.

John Rezaei, DMD, Corona Del Mar, California, received his dental degree from Tufts University in 2008. He completed the prosthodontics program and the implant dentistry program at Loma Linda University in 2011 and 2013, respectively.

Allan Ruda, DDS, Red Bank, New Jersey, received his dental degree from Georgetown University in 1983. He completed a general practice residency at Jersey Shore Medical Center in 1984.

James Harl Sands, DDS, Verona, Wisconsin, received his dental degree from Creighton University in 2006. He completed the Las Vegas MaxiCourse® in 2011.

Zina Sarsam, BDS, Burnaby, British Columbia, Canada, received her dental degree from the University of Mosul (Iraq) in 1990 and a diploma in oral and maxillofacial surgery from the University of Baghdad in 1993. She completed the Vancouver MaxiCourse® in 2011.

Ashish Prakash Sharma, BDS, Loma Linda, CA, received his dental degree from Christian Dental College (Ludhiana, India) in 2003. He completed the advanced education program in implant dentistry at Loma Linda University in 2013.

Roger K. Shieh, DDS, Munster, Indiana, received his dental degree from Indiana University in 2010. He completed the Rutgers School of Dental Medicine MaxiCourse® in 2011.

Richard C. Swanson, DMD, Beverly Hills, Florida, received his dental degree from University of Florida in 1985. He completed the Las Vegas MaxiCourse® in 2012.

Tye Alan Thompson, DDS, Queen Creek, Arizona, received his dental degree from University of the Pacific San Francisco in 2008. He completed the Loma Linda University MaxiCourse® in 2009.
Taisuke Tsukiboshi, DDS, PhD, Loma Linda, California, received his dental degree from Aichi-Gakuin University (Nagoya City, Japan) in 2004. In 2009, he completed an advanced program in prosthodontics at Osaka University School of Dentistry (Japan) in 2009 and an implant fellowship at Loma Linda University in 2013.

Ditsawan Uechiewcharnkit, DDS, MS, Loma Linda, California, received her dental degree from Chulalongkorn University (Bangkok, Thailand) in 2007, where she also completed a Master of Science program in periodontics in 2010. She completed an implant fellowship at Loma Linda University in 2013.

Hiromasa Uematsu, DDS, Tokyo, Japan, received his dental degree from Nihon University (Japan) in 1998. He completed the Korea MaxiCourse® in 2012.

Patrick Lane Williams, DMD, MS, Port Orange, Florida, received his dental degree from the University of Florida in 2001. He completed the Georgia Regents University MaxiCourse® in 2010.

Kazunori Yoshikawa, DDS, Fukuoka, Japan, received his dental degree from Fukuoka Dental College (Fukuoka, Japan) in 1989. He completed the Korea MaxiCourse® in 2012.

Debra Smith Zombek, DDS, Rocky Mount, North Carolina, received her dental degree from University of North Carolina at Chapel Hill in 2004. She completed the Georgia Regents University MaxiCourse® in 2011.

Billy Joe Anderson Jr., DDS, Findlay, Ohio, received his dental degree from the University of Detroit Mercy in 1998. He completed the Georgia Regents University MaxiCourse® in 2006 and became a Diplomate of the American Board of Oral Implantology in 2012.

Charles Stephen Caldwell, DDS, El Paso, Texas, received his dental degree from University of Texas Health Science Center at Houston in 1978. He received a certificate in periodontics at the University of Texas Health Sciences Center in 1981 and became a Diplomate of the American Board of Oral Implantology in 2001.

Richard Casteen, DDS, Bakersfield, California, received his dental degree from the University of Missouri in Kansas City in 1989.

Jeffrey Alton Cauley, DDS, Waycross, Georgia, received his dental degree from Howard University College of Dentistry in 1983. He completed the

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Georgia Regents University MaxiCourse® in 2007 and became a Diplomate of the American Board of Oral Implantology in 2012.

Patrick Chu, DDS, Toronto, Ontario, Canada, received his dental degree from University of Toronto in 1983. He became a Diplomate of the American Board of Oral Implantology in 2012.

Hasan Dbouk, BDS, MSD, Bellevue, Washington, received his dental degree from Beirut Arab University (Beirut, Lebanon) in 2002. He completed his postdoctoral education at Paris VII University (Paris, France) in 2004 and a Residency Program at Loma Linda University in 2010. He became a Diplomate of the American Board of Oral Implantology in 2012.

Kian Djawdan, DMD, Annapolis, Maryland, received his dental degree from Tufts School of Dental Medicine in 1992. He completed a General Practice Residency at Medical College of Virginia in 1994. He became a Diplomate of the American Board of Oral Implantology in 2012.

Daniel Domingue, DDS, Lafayette, Louisiana, received his dental degree from Louisiana State University in 2007. He completed a General Practice Residency and an Implant Fellowship at Brookdale Hospital and Medical Center in 2008 and 2010, respectively. He became a Diplomate of the American Board of Oral Implantology in 2012.

Zakar L Ellowy, DDS, Flagstaff, Arizona, received his dental degree from Loma Linda University, where he also completed an implant preceptorship. He became a Diplomate of the American Board of Oral Implantology in 2012.

John E. Hamrick, DMD, Greenville, South Carolina, received his dental degree from the Medical University of South Carolina in 1982. He completed his postdoctoral education in periodontology at the University of Alabama at Birmingham in 1984, was certified by the American Board of Periodontology in 1990 and became a Diplomate of the American Board of Oral Implantology in 2011.

Christopher Hayden Hughes, DMD, Herrin, Illinois, received his dental degree from Southern Illinois University in 1989. He completed the New York MaxiCourse® in 2004 and became a Diplomate of the American Board of Oral Implantology in 2012.

Dimitrios Kilimitzoglou, DDS, Smithtown, New York, received his dental degree from the State University of New York Stony Brook in 2002 and completed his residency there in 2004. He completed the New York MaxiCourse® in 2004 and became a Diplomate of the American Board of Oral Implantology in 2012.

Suzanna Ngoc Lee, DDS, Mountain View, California received her dental degree from University of the Pacific in 1996. She became a Diplomate of the American Board of Oral Implantology in 2012.

Trinh Ngoc Lee, DDS, Mountain View, California, received her dental degree from University of the Pacific in 1998. She became a Diplomate of the American Board of Oral Implantology in 2012.
David D. McFadden, DMD, Dallas, Texas, received his dental degree from the University of Pittsburgh in 1988 and was certified by the American Board of Prosthodontics in 1995. He became a Diplomate of the American Board of Oral Implantology in 2012.

Mohammad Ali Mostafavi, BDS, DDS, Tehran, Iran, received his dental degree from Annamalai University (India) in 1992. He completed the Asia MaxiCourse® in 2005.

Kevin James Owoc, DMD, MSD, Monroeville, Pennsylvania, received his dental degree from University of Pittsburgh in 2002. He completed his postdoctoral education in prosthodontics at the University of Minnesota in 2005, received an Implantology Fellowship Certificate at Boston University in 2006, and became a Diplomate of the American Board of Oral Implantology in 2012.

Sydney Reyes, DDS, Toronto, Ontario, Canada received his dental degree from University of Toronto in 1999. He became a Diplomate of the American Board of Oral Implantology in 2012.

Takashi Saito, DDS, PhD, Nisinomiya, Hyogo, Japan, received his dental degree from Aichi-Gakuin University (Nagoya City, Japan) in 1990 where he also completed an oral pathology program in 1994. He completed the Korea MaxiCourse® in 2009.

M. Drew Shabo, DDS, Chattanooga, Tennessee, received his dental degree from Loma Linda University in 1998. He completed the Georgia Regents University MaxiCourse® in 2008 and became a Diplomate of the American Board of Oral Implantology in 2012.

Ryan Joel Voelkert, DMD, MHS, Greenville, South Carolina, received his dental degree from Medical University of South Carolina in 2001. He completed his postdoctoral education at Medical University of South Carolina in 2004. Certified by the American Board of Periodontology in 2009, he became a Diplomate of the American Board of Oral Implantology in 2012.
Clinical Bite
First Place Table Clinic Presentation 2013

A Radiographic Assessment of 3-Dimensional Marginal Bone Changes around Immediately-Loaded Implants
By Keerthi Senthil DDS*

ABSTRACT: Preliminary results of a prospective study comparing radiographic crestal bone changes around endosseous implants placed in extraction sockets following alveoloplasty and endosseous implants placed in healed sites.

The surgical procedure is performed using a stereolithographic bone model fabricated from reformatted DICOM files of the patient’s mandible. Reduction guides and initial drill guides are fabricated, and the surgery is preplanned on the model. On the day of the surgery the implants are placed in the planned position following extraction and alveoloplasty in the test group. In the control group implants are placed without any ridge modifications. Immediate-loading protocol is followed, and the patient’s interim denture is converted into an implant supported interim denture on the same day. Standardized periapical radiographs are taken to measure baseline mesial and distal crestal bone levels in relation to the implant platform. J Morita scan is taken to measure baseline crestal buccal and lingual bone levels in relation to the implant platform. The test and the control patients will be followed for 12 months and standardized radiographs will be taken at 3 months and 12 months post-surgery. J Morita scan will be taken at 6 months and 12 months. This study will help determine the 3-dimensional crestal bone changes around implants placed in extraction sockets following alveoloplasty.

It will help us determine and compare the post-extraction and post-alveoloplasty bone remodeling and how it will affect the marginal crestal bone levels. Will extensive alveoloplasty dramatically affect the bone remodeling? Will lack of crestal cortical bone in the test group affect implant success in immediately-loaded implants? Is there a true benefit for the patient to undergo this extensive surgery or wait till bone remodeling is complete as in the control group?

Download a pdf or powerpoint of the entire presentation from the AAIID web site at www.aaid.com/education/Annual_Meeting/2013_Annual_Meeting/Program/Poster_Presentations_and_Table_Clinics.html or scan the QR code.

* Dr Keerthi Senthil is a graduate student at the Implant Dentistry Program at Loma Linda School of Dentistry. As a part of her master thesis she is conducting this prospective controlled clinical research under the guidance of Jaime Lozada, DMD.
Poster Presentations and Table Clinics at 2013 Annual Meeting

Table Clinics and Poster Presentations were important parts of the 62nd Annual Meeting. Dental professionals, including faculty and graduate students presented dozens of Poster Presentations and Table Clinics during the meeting and were judged. Following are the top winners in each category.

**POSTER PRESENTATIONS**

**1ST PLACE:** *Abutment Material Effect on Peri-Implant Soft Tissue Color and Perceived Esthetics*

**Presenters:** Aram Kim, DDS; Stephen Campbell, DDS, MMSc; Marlos Viana, PhD; Kent Knoernschild, DMD, MS

**2ND PLACE:** *A Novel Insight into the Formation of Titania Nanotubes on Thermally Formed Oxide of Ti-6Al-4V*

**Presenters:** Arman Butt, Sweetu Patel, Dmitry Royhman, Cortino Sukotjo, Matthew T. Matthew, Tolov Shokuhfar, Christos Takoudis

**3RD PLACE:** *The Effect of Angulation Sensors on Implant Placement*

**Presenters:** Brian Goodacre, DDS; Jason Mashni, DDS; John Yankee, DDS; Charles Goodacre, DDS, MSD; Jaime Lozada, DDS; John Won, DDS, MS

**TABLE CLINICS**

**1ST PLACE:** *A Radiographic Assessment of 3-Dimensional Marginal Bone Changes Around Immediately Loaded Implants*

**Presenter:** Keerthi Senthil, DDS

**2ND PLACE (TIE):** *Effects of the Combination of Bone Morphogenetic Protein (rh-BMP-2) and Platelet Derived Growth Factor (rh-PDGF-BB) on Ectopic Bone Formation in Rats*

**Presenters:** Ignacio Ginebreda, DDS; Zeenat Khan, BDS; Ting Ling Chang, DDS; Peter K. Moy, DMD; Tara L. Aghaloo, MD, DDS, PhD

**2ND PLACE (TIE):** *Space Maintenance Using Tenting Screws in Atrophic Extraction Sockets*

**Presenters:** Tigura Reddy, BDS; Nidhi Shah, BDS; Howard Drew, DDS, MS

**3RD PLACE:** *A Novel Insight into the Formation of Titania Nanotubes on Thermally Formed Oxide of Ti-6Al-4V*

**Presenter:** Arman Butt
President’s Message
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throughout the world. The strength our AADID depends upon con-
tinued membership growth.

At home we need to attract younger dentists and recent graduates. This can be accomplished by increasing our presence in dental schools. We have made progress in achieving academic recognition through our Journal of Oral Implantology. I want to publicly acknowledge our editor, Dr. James Rutkowski, who has been instrumental in attaining scientific recognition for our Journal.

Our AADID Foundation, which awards grants to students and other researchers, has increased our presence in schools and academia. We take great pride in providing the most funding for research grants among all implant organizations.

Through our membership committee, we have had good success with our “Bite of Education” lecture series at dental schools, and we will work to continue to attract young dentists.

Our Academy has seen growth internationally. This is an area where we have room for further expansion. All major companies are increasing their international presence, and we should be no different. American education is viewed quite highly throughout the world, and American Academy of Implant Dentistry can leverage our position as the premiere implant dental organization. We have the name, networking, and reputation to provide dentists from around the world with the best dental implant education available.

The AADID has always been a source for implant education. All members now have access to hundreds of full journal articles on our website, including our own JOI. The AADID Annual Meeting is now known as one of the best dental implant meetings in the world. Our district meetings, with the help of the central office, are growing and financially sound.

The Academy will continue to grow through online education, international meetings, hands-on programs and webinars. Plans are being made to develop live surgical training courses and a Maxicourse II program for members to continue in their clinical education. Partnering with other organizations is something the Academy will continue to do in order to create a broad and comprehensive spectrum of courses. Education is the foundation on which our Academy can grow.

One challenge our organization has is protecting the credentials of our members. We all know how multi-disciplinary this field of implant dentistry is. There are a lot of specialties out there that feel they are the only ones that are qualified to perform implant-related procedures. We are going to great lengths to prove that our ABOI/ID and our AADID credentialing process is rigorous — in fact, maybe even more rigorous than some other specialty programs. These efforts should continue since it separates our implant organization from the rest.

To validate our Academy’s testing and credentialing, we encourage the ABOI in joining the American Board of Dental Specialties (ABDS). The ABDS will offer a new alternative for state dental boards and legislatures to identify recognized dental specialties. As president, I am committed to supporting ABOI’s becoming an active part of this newly-formed certifying Board.

Thank You Members
I would like thank those individuals within the Academy — too many to mention — for their unconditional sharing, support, encouragement, and guidance. I’ll start by thanking President Nick Caplanis for his outstanding leadership to this Academy throughout his tenure and for his friendship of over 25 years. I’m not sure whether I should thank Dr. Frank LaMar or not for allowing me to get started by serving this great Academy as a volunteer before our local district meeting in Cooperstown, NY. Dr. Emile Martin was there for his encouragement, support, and prodding me to move forward. Thanks to Dr. Beverly Dunn for all his help and to Dr. Larry Bush for his trust and confidence in my abilities. I thank Dr. Shankar Iyer for his energy and for introducing me to our international dental culture.

Of course, I want to thank the Board of Trustees and executive board members Dr. John Da Silva and Dr. Richard Mercurio for their knowledge, support and reasoning for the betterment of the AADID. Thanks go to Frank Recker’s never-ending amazement in challenging the status quo in dentistry on our behalf.

I want to thank the entire staff of the AADID central office under the direction of our executive director, Sharon Bennett, and watchful eye of Afshin Alavi, our CFO.

I look forward to working with our AADID staff, Joyce Sigmon, Max Moses, Sara May, Jennifer Hopkins, Carolina Hernandez, Maria Devine, Catherine Frank, and Lisa Villani. They are a well-oiled machine working tirelessly to help move our Academy forward. Thank you all for your hard work and commitment the AADID and get ready because we have a lot to do this year.
Dr. Jaime Lozada, Dr. Michael Pikos and Dr. Matthew Young did an outstanding job this year with our 62nd annual meeting. Their exceptional efforts in putting together this program in Phoenix cannot be overstated.

This meeting will be a tough act to follow. Our annual meeting planning committee will have their work cut out for them under the direction of Shankar Iyer and Jaime Lozada. We all look forward to next year’s annual program entitled “Implant Dentistry — More than Magic.” It will be held at the Hyatt Regency Hotel, Orlando Florida.

Thank You Family
On the personal side, I want to thank my loving wife of over 32 years, Joanne. She has provided me with all her support throughout the years, as she raised our four beautiful daughters - Lauren, Nina, Alyssa and Cara. I am blessed to have her. She has had a busy schedule. Now I refer to her as your Honorable Mayor Minichetti, since her recent appointment last year in Upper Saddle River, New Jersey, the town in which we live.

She’s now at NYU medical center with her first granddaughter who was born just yesterday.

You all now know that today is my birthday! I can’t think of a better way to celebrate. Think about it, when I was born, 57 years ago, the Academy was just 5 years old. My parents emigrated from Europe. My mother was a seamstress, and my father was a mechanic, trained in the US Navy. You can now understand where I got the genes to become an implant dentist. It still amazes me what great opportunities America holds for each of us. Despite all you read in the paper today, this is still the land of opportunity. Likewise, the American Academy of Implant Dentistry has the potential to provide great opportunities for all of us and our members throughout the world.

I look forward to working with all of you in this upcoming year. and I thank you all for this opportunity to serve as President of this great Academy.

Business Bite
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next stage of closing.

Objections
Many implant surgeons and ITCs react negatively and defensively to objections, feeling that their expertise is being questioned. In truth, objections are normal. I have repeatedly stated in my seminars that objections are part of closing the case. Patients are basically saying, “If you answer my objections properly, I am very serious about getting implants.”

Should-Have-Asked Questions (SAQs)
These are questions that patients did not ask, but if they had, they would have been more likely to accept treatment. Many implant surgeons have told me how they have been fooled into thinking that the case was closed only to find out this wasn’t true. To keep such a situation from happening, practices can say, “One question you might want to know the answer to is...” When making an important decision, people greatly appreciate being given information about “things that they don’t know but should know and be asking about.” This builds trust instantly and dramatically.

STAGE 4 - CONDITIONS
This stage is probably the most important. Consumers and patients today are very concerned about how much they are spending, how they are spending it, and when they spend it. If Stage 4 is not properly handled, patients will reject the implant case.

Financial Arrangements
For most patients, implants are a significant investment. It is important to present several options and allow patients to decide which one is in their best interest. Implants have never been an “easy sell” due to their cost. In the new dental economy, more people than ever will have difficulty affording them. Therefore, the practice should offer outside patient financing as a convenient option.

Scheduling
Once patients have selected a financial option, use Value Creation Scripting to select a mutually agreeable appointment to begin the case. Effective scripting emphasizes patient convenience, while allowing the practice to maximize its schedule.

Logistics
This step covers the length of treatment, any discomfort, and how many appointments are required to place and restore an implant. These details will obviously be of great interest to patients.

STAGE 5 - CLOSING
If the first four stages and all of the factors are properly covered, then the implant candidate is most likely to say “yes” to the case. It would be rare for patients who have reached this stage to change their mind. In fact, the show rate for the first appointment following The 5 Stages Of Closing™ is extremely high.

Scheduled
Note that the first factor here is not “scheduling,” but see Business Bite p. 35
Technology, Biology and AAID converged in Valley of the Sun

More than 1300 attended AAID’s 62nd Annual Meeting, held in Phoenix, Arizona, October 23rd to 26th. Implant dentists from over 20 countries, allied staff members, as well as dental students and technicians participated in the conference.

It was a week filled with diverse continuing education opportunities. Over 60 world-class clinicians and presenters, including renowned implant dentists such as Drs. Istvan Urban, Lyndon Cooper, Charles Goodacre, Stuart Orton-Jones and Ulf Wiksjo gave lectures and facilitated hands-on courses. Dr. Urban’s hands-on course on Vertical Ridge Augmentation sold out more than a month before the meeting started, not only because of the instructor’s reputation, but also because the procedure is on the cutting edge in the dental implant world.

Dr. Urban’s course wasn’t the only one on the “cutting edge.” In fact, the theme of the meeting, “Technology and Biology Converge” was integrated throughout the entire scientific program. This event included four live surgeries during which real patients were operated on at a remote location, which was broadcast live to the audience at AAID’s meeting. Several Main Podium presentations, hands-on courses, as well as Dental Team Training included guidance on how to incorporate 3-D and CAD/CAM into one’s implant practice. Several other presentations introduced new techniques, products and procedures to the practicing implant dentist.

Experienced and aspiring implant dentists alike look forward to attending AAID’s meeting every year. Many anticipate seeing old colleagues and making new acquaintances both for the camaraderie and getting to learn from one another as a part of the educational experience. Dr. Jason Kim said that “there are a lot of great benefits I look forward to [at the AAID Annual Meeting] but one is definitely just catching up with friends and colleagues from all around the nation.” Old friends gathered during breaks in the exhibit hall, where AAID hosted over 168 exhibit booths - the largest number of vendor booths in the history of the meeting.

Don’t miss AAID’s 63rd Annual Implant Dentistry Education Conference to be held November 5 – 8, 2014, in Orlando, Florida. More information about the Conference and the AAID, the home of dental implant experts, can be found at www.aaid.com or www.thedentalimplantexperts.org.

The exhibit hall was packed with exhibitors and members interested in buying.

World-class presenters lectured during three-and-one-half days of Main Podium Programs.

Eighteen hands-on programs were available during the meeting.
AAID Membership
Ambassadors

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

We would like to thank the Membership Ambassadors who have referred colleagues as new members between August 24, 2013 - December 1, 2013.

Thank you for referring three colleagues to the Academy.

John Minichetti, DMD, from Englewood, NJ

Bill Anderson, DDS, from Findlay, OH

Bruce Baird, DDS, from Granbury, TX

Gordon J. Christensen, DDS, MSD, PhD, from Provo, UT

Robert Colman, DMD, from Merrick, NY

Piyuse Das, DDS, from Webster, TX

Todd Engel, DDS, from Cornelius, NC

Joseph Field, DDS, from Los Altos, CA

Jaime Lozada, DMD, from Loma Linda, CA

Mark Mitchell, DDS, from New Port Richey, FL

Brett Shkopich, DMD, from Saskatoon, SK, Canada

Dr. Tram Vu from Gilbert, AZ

Thank you to Richard Grubb, DDS, from Havre de Grace, MD, for referring 24 student members; Jay Elliott, DDS, from Houston, TX, for referring three students members; and Adam Foleck, DMD, from Norfolk, VA, for referring one student member.

Would you like to be an AAID Membership Ambassador?
Simply encourage your colleagues to join the AAID. Offer your colleagues a discount on their first year’s membership dues by having them specify your name in the “How did you learn about the AAID?” section of the membership application. Your colleague saves $50 off their 2014 dues by simply placing your name on the referral line.

Refer a member by November 1, 2014, and be entered into a drawing for 2015 AAID membership dues up to a $600 value.

If you would like to request membership applications, contact Carolina Hernandez in the Headquarters Office at carolina@aaid.com or by phone at 312-335-1550.

Congratulations to Keven Owoc, DMD, MSD from Monroeville, PA!

Dr. Keven Owoc won a drawing for the free 2014 AAID membership dues. He was selected in the drawing of those who referred a new member to the Academy during 2013.

Any member who refers a new member is entered into the annual drawing. The more referrals you make, the more entries you receive. Don’t worry about only referring one new member. Dr. Kevin Owoc won this year’s drawing with only one referral during the year. Of course, your odds increase the more members you refer.

Business Bite

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“scheduled.” The patient has made an appointment to have treatment. Since The 5 Stages Of Closing™ is not about hard selling, but a process of educating and motivating to gain acceptance, patients are unlikely to change their minds at this stage.

Present for Treatment
Here is the ultimate proof that the patient will follow through with an implant recommendation. While scheduling and deposits are reassuring, patients actually showing up for treatment is the true mark of success. If there are concerns about patients following through, the surgical practice should confirm the appointment with them via their cell phone. Use this call as an opportunity to review the value and create new excitement for implants.

Conclusion

The 5 Stages Of Closing™ give doctors and teams an extremely effective method to:
• Understand patient psychology
• Determine which stage the implant candidate is in
• Close 90% of all implant cases

Doctors and ITCs following this protocol will dramatically improve their close rates. Implementing The 5 Stages Of Closing™ is the first step to increasing implant production.

To learn how to run a more profitable, efficient and satisfying practice, visit the Levin Group Resource Center at www.levingroup.com — a free online resource with tips, videos and other valuable information. You can also connect with Levin Group on Facebook and Twitter (Levin_Group) to learn strategies and share ideas.
Industry News

Core3daCADemy® Holds Inaugural Session

Core3daCADemy®, the educational arm of core3dcentres®, held its first course offering October 18 and 19, 2013 at CAPE – The Center for Advanced Professional Education in Las Vegas, NV (Home of LVI – The Las Vegas Institute).

Entitled “aCADemy 1 – The Fundamentals of Scanning and Designing,” the two-day course is designed by dental technicians for dental technicians and features a smaller class size. This ensures dedicated hands-on experience along with lecture-style instruction, allowing instant feedback and tips and tricks that will increase your design efficiency, thus increasing your profitability.

Over the two days, participants gained a comprehensive understanding of all of the critical aspects of CAD/CAM technologies, digital dental workflow (including the current state of intraoral scanning and leading edge materials) and how they will impact the dental laboratory.

Future sessions of “aCADemy 1 – The Fundamentals of Scanning and Designing” are scheduled for January 14 & 15 and May 9 & 10, 2014, in Las Vegas. Core3daCADemy® also offers a range of courses off-site at your laboratory or via presentations with a variety of dental organizations. For more information, Course schedules and Registration information (or to arrange for course delivery at your laboratory), please visit www.core3dcentres.com or contact Emily Bradley, Director at Core3dcentres® Core3daCADemy® toll-free at 888-750-9204 or by email ebradley@core3dcentres-na.com.

Gendex SRT Technology Recognized As Distinctive Technology

Gendex, developers of the GXDP-700™ cone beam 3D system, has been awarded the Pride Institute’s Best of Class Technology Award for 2013 for its SRT™ Scatter Reduction Technology. Unique in its approach and scope, the Pride Institute’s “Best of Class” Technology Award — now in its fifth year — recognizes products that demonstrate excellence in their category.

SRT image optimization technology delivers 3D scans with higher clarity and detail around scatter-generating material. By using SRT Technology, clinicians are able to reduce artifacts caused by metal or radio-opaque objects such as restorations, endodontic filling materials, and implant posts. When a scan is prescribed near a known area of scatter generating material, the user only needs to select the SRT button from the GXDP-700 touchscreen interface to utilize this new optimization technology. From endodontic to restorative and the post-surgical assessment of implant sites, SRT offers a significant improvement to image quality.

Dr. Lou Shuman, DMD, CAGS, President of Pride Institute and founder of the “Best of Class” Technology Award noted, “Over the past two years, the panel has been particularly interested to see what companies would take the initiative in responding to the need to reduce radiation in their next generation products.”

The panel is committed to an unbiased and rigorous selection method. Throughout the course of the year, members of the panel review new and existing technologies in preparation for the vote. Panelists who receive compensation from dental companies are prevented from voting in that company’s category. This provides the dental professional with a product perspective untainted by manufacturer intervention.

Learn more about the full line of Gendex products at www.gendex.com.

7th International Congress on 3D Dental Imaging: From Scan to Plan to Treat i-CAT and Henry Schein Dental held the fall session of the 7th International Congress on 3D Dental Imaging in Boston on October 25-26, 2013. This session informed, inspired, and educated general dentists and specialists on the benefits of cone beam imaging for the modern-day dental practice. During these two information-packed days, experienced professionals delved into the many applications of 3D dentistry for implants, orthodontics, TMD and airway diagnosis, oral and maxillofacial surgery, and periodontics.

3D technology has already become a valuable tool for facilitating efficiency and accuracy of treatment planning for a more precise implementation by the doctor. This educational opportunity allowed dental practitioners to experience real-world utilization of this technology.

Lectures ranged from...
basic information sessions to detailed clinical use and hands-on training with 3D planning software programs. Attendees heard from knowledgeable industry experts and colleagues who shared their perspectives on real 3D imaging applications during main podium lectures and breakout sessions. To maximize the learning opportunities at the conference, small group sessions allowed attendees to meet, socialize, and exchange insights with the experts in cone beam 3D imaging.

Clinicians also benefited from networking opportunities with colleagues from around the world. Partners and vendors demonstrated 3D imaging tools and options, supporting 3D products for imaging, implant, restorative systems, orthodontics, and 3D treatment-planning software.

The next International Congress will be held April 11-12, 2014, in Scottsdale, Arizona. For more information, call 267-954-0330 or visit www.i-cat.com/events/congress. For further information, contact the i-CAT marketing team at marketing@i-cat.com.

**i-CAT® FLX Wins Best of Class Technology Award from the Pride Institute**

i-CAT is proud to announce that the i-CAT FLX cone beam 3D imaging system has won Pride Institute’s “Best of Class” Technology Award. This highest honor from the Pride Institute has achieved significant recognition as a result of its Leadership Panel and its unbiased, rigorous approach in evaluating today’s marketplace technologies. The “Best of Class” award recognizes i-CAT FLX for its unique characteristics that differentiate it in a compelling way and create value for clinicians.

The most recent addition to the i-CAT brand, i-CAT FLX, delivers greater clarity in images and control over low dose scanning across a range of dental specialties. i-CAT FLX includes Visual iQuity™ image technology that results in i-CAT’s clearest 3D and 2D images.* Additional innovations, SmartScan STUDIO and QuickScan+, allow clinicians to select the most appropriate scan for each patient, including a full dentition 3D scan at a lower dose than a panoramic image. The touchscreen interface and integrated acquisition system yield more control and workflow flexibility.

The Pride Institute Best of Class Technology awards were launched in 2009 as a new concept to provide an objective, non-profit assessment of available technologies for the dental community. Dr. Lou Shuman, DMD, CAGS, Best of Class founder and President of Pride Institute shared, “i-CAT FLX was recognized as a winner in the very competitive imaging category this year because the system addresses an issue of great importance to the panel...lowering radiation dosage to the patient.”

Imaging Sciences International celebrated two decades of dedication to dental imaging, including the development and manufacture of advanced dental and maxillofacial radiography products such as the i-CAT® Next Generation™, i-CAT® Precise™ and Tx STUDIO™ software applications. The i-CAT brand has become among the most trusted 3D radiographic systems in the dental industry. Now, i-CAT FLX continues this legacy. To learn more, visit www.i-cat.com.

*Candy Ross of KaVo Kerr Group, NA Equipment Is Honored For Exemplary Service*

KaVo Kerr Group is pleased to announce that Candy Ross, Director of Industry and Professional Relations for KaVo Kerr Group, NA Equipment, has been awarded with two significant honors. Candy’s journey with the company began when she joined DEXIS in 1999. Over the years, her responsibilities have grown to include acting liaison and facilitator between industry associations and Key Opinion Leaders and the entire portfolio of KaVo Kerr Group brands.

On November 1, 2013, the American Dental Association (ADA) presented Candy with the first Steven W. Kess Give Kids a Smile Corporate Volunteer Award for her long-term dedication to growing the program. She was praised for her consistent representation of DEXIS, and now KaVo Kerr Group, at events nationwide, sharing their commitment to caring for underserved children in the U.S. GKAS was co-founded in 2001 by Dr. Jeffrey B. Dalin and brought to a national level in 2002 by the ADA. It is at this time that Candy became involved and was instrumental involving DEXIS. Since then, she has maintained the relationship with GKAS as well as orchestrated the delivery of systems for use in its outreach events held nationally each year. Today, DEXIS and its sole distributor, Henry Schein Dental, remain the only two founding sponsors of GKAS.

Additionally, on October 23, 2013, the Directors of see Industry News p. 38
Legal Bite
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ADA refuses to recognize the AGD, AADC, AAID and ABOI as certifying boards, and consequently advertising those credentials without the disclaimer; violates Florida law. In fact, under Florida law, the legislature may not delegate unguided and uncontrolled authority to a private organization to determine prospectively the lawfulness or unlawfulness of commercial speech. This is precisely what the State did by the implementation of (the statute at issue). The courts have rejected an ambulatory construction that would allow a private organization unbridled, prospective discretion to determine the lawfulness of certain specifications. (case citations)...clearly, the legislature cannot delegate lawmaking authority to the ADA. This makes the statute unconstitutional on its own…” the Court finds that the statutory scheme has effectively granted the ADA the power to regulate a citizen’s right to free speech and this cannot stand…”...the ADA is given the authority, final and unchecked, to determine the limits of lawful dental advertising and is free from procedures consistent with due process… the ADA does not have to give a dentist notice or an opportunity to be heard as it determines the legality of dental advertising…there is no right to appeal any decisions made by the ADA… the challenged statute compels dentists to abide by the lawmaking determinations of the ADA. In this respect, the ADA effectively serves as a regulatory body of the state, and its determinations constitute state action…”

The Florida court concluded that such delegation and deferral to the ADA by the State of Florida was unconstitutional. The State of Florida did not appeal that decision.

Interestingly, in the medical world, specialty or specialist determinations are made by the American Board of Medical Specialties (ABMS), an entity that has existed for over 50 years. It is an independent entity, and not controlled or governed by the AMA House of Delegates. Such an entity avoids the inherent constitutional infirmities of specialty status being determined by the American Medical Association, private trade association much like the ADA.

Unfortunately, dental regulatory bodies have deferred to the ADA in matters of “specialty.” While intentions were certainly good, the law continues to evolve, and such a deferral to the ADA now clearly seems to be contrary to law. The recent debacle encountered by the American Society of Dentist Anesthesiologists (ASDA) when they pursued specialty status within the ADA, is a powerful argument supporting why a court determined such a process to be in conflict with constitutional protections.

As a profession, dentists all need to step back and realize that there are multiple areas of dentistry, including general dentistry, which have credentialing boards, and very likely should be entitled to be deemed “specialists.” We should support the creation of an independent entity modeled after the ABMS to determine what constitutes a legitimate certifying board of “specialists” in specific areas of dental practice.

I think we can either work together and create a methodology which would be supported by the courts, or do nothing and watch the courts allow anyone to call themselves a specialist in virtually anything they wish, including “anterior teeth,” “occlusion,” “geriatrics,” “cavity prevention,” and virtually unlimited variations thereof.

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the American Board of Forensic Odontology (ABFO) unanimously voted Candy to be the third recipient of the Haskell Pitluck Award that is issued to a non-odontologist who has served the ABFO community in an exemplary fashion.

She is heralded for her many years of dedicated work and support of the ABFO’s mission for national mass disaster dental identification. In 2001 when DEXIS became the system of choice for the Disaster Mortuary Operational Response Team (DMORT), and the company was experiencing rapid growth in the nation’s medical examiners sector, Candy took the lead in developing the relationship with the forensic community at large. She aided these odontology groups in securing government funding for dental X-ray equipment and, again, organized the delivery of this equipment for use during disasters such as Hurricane Katrina and the tornado in Joplin, MO. She continues to collaborate with forensic leaders to offer assistance in disaster relief from the KaVo Kerr Group family of brands whenever possible.

KaVo Kerr Group is a world leader in smart products and processes that enable dental professionals to confidently optimize their work and lives. With deep experience and proven solutions, they serve 99 percent of dental practices around the world. In addition, they work closely with special markets including: universities, military, government, DSOs, labs and community health organizations for the betterment of dentistry. Learn more at www.kavokerrgroup.com. 
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NEW MEMBERS
The AAID is pleased to welcome the following new members to the Academy. The following members joined between August 27, 2013 and December 1, 2013. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. The list is organized by country, by state and then alphabetically by city. Contact your new colleagues and welcome them to the Academy. You may find their contact information online in the members’ section of AAID’s web site. Scan the QR code to log into the members’ section.

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Soldotna

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Mark Valrose
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Christopher Yoon
Glendale
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Steven Deisz
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Tam Le
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Viray Patel
Phoenix
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Phoenix
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Phoenix
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Phoenix
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Todd Walker, DMD, MS
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Novi

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