Don’t miss the
2017 GLOBAL SYMPOSIUM
CURRENT CONCEPTS AND FUTURE TRENDS IN TISSUE REGENERATION AND IMPLANT DENTISTRY

The newly formed Oral Reconstruction Foundation is proud to present the 2017 Global Symposium. With topics that include digital workflow, immediate loading, tissue regeneration, esthetics and full arch solutions, the Global Symposium will address a wide range of contemporary issues in implant dentistry. Led by experts such as Pat Allen, Sonia Leziy, Craig Misch, Michael Pikos, Dennis Tarnow and Tiziano Testori, the Symposium features 29 dental implant opinion leaders sharing perspectives from around the world. It’s the perfect opportunity to stay current on the latest treatment techniques while enjoying time with colleagues in a beautiful resort environment.

We look forward to seeing you in Miami!

www.orfoundation.org
205.986.7989
info.us@orfoundation.org
Lead Stories

4 Editors Notebook
The Power of Human Emotion

6 Industry News

8 COVER STORY
7 Simple Steps to Avoid Legal Woes

14 Dr. Carl Misch: Thanks for the memories

18 Business Bite
Amplifying Your Implant Story Online

20 Legal Bite
We Are Specialists: The Long Journey for Dentist Anesthesiologists

22 Legal Bite
ADA Resolution 65H and the Future of Dentistry

24 Clinical Bite
It’s All about the Blood

26 Clinical Bite
Over $80,000 in research grants awarded by AAID Foundation

28 JOI Sampler

AAID News

32 President’s Message
Inaugural Address presented October 29, 2016, at 65th Annual Business Meeting

34 Featured MaxiCourse®
Las Vegas AAID MaxiCourse®

36 Academy News

44 2016 Associate Fellows

56 2016 Fellows

58 New Members

62 New Student Members

64 Continuing Education Bite

66 Ad Index
A lot has happened since we published our Fall 2016 issue. In the aftermath of the 2016 presidential election, the transition to the new administration is ongoing. I listened to the Senate hearing on the confirmation of General James Mattis to be Secretary of Defense. He commented on the military summation of the causes of war as “fear, honor, and interests.” That comment made me think that something similar could be said as to the causes for malpractice suits against implant dentists: “anger, perception of disrespect, and opportunity for financial gain.” We should be aware that human emotions motivate actions. Read the feature article in this issue to gain insight on avoiding legal woes.

Sadly, since we last published, we lost one of our most eminient colleagues — Dr. Carl Misch. We have known of his illness for some time, so it was not a surprise. John Donne famously wrote “Do not ask for whom the bell tolls, for it tolls for thee.” Some interpret that line to mean that when one man dies, it diminishes all of mankind. That thought applies aptly to the passing of Dr. Misch.

He had an uncommon set of superior qualities that he utilized to advance our scientific field to the immense benefit of not only his fellow practitioners, but, through them, many millions of patients worldwide.

Through his Misch Institute, his leadership of the Academy as president, his books, and as an early leader of the movement towards specialty status, his impact has been uniquely profound.

Our memories of Carl will relate to his willingness to be accessible, his encyclopedic mind, and his abundant real life practical professional guidance. He taught us well and was confident enough to use his own failures and challenges as tools to make important points.

Lastly, his courage in the face of an aggressive medical problem can only reinforce our appreciation of this giant of implant dentistry. Few in our profession will ever change the world as he has done.

“Do not ask for whom the bell tolls, for it tolls for thee.”
Save Time and Money by the Bundle

$475* Bundle includes
($646 unbundled component cost)

- Hahn™ Tapered Implant
- Hahn™ Tapered Implant Titanium Healing Abutment and Impression Coping or Scanning Abutment
- Choose from a BruxZir® Screw-Retained Implant Crown or BruxZir® Solid Zirconia Crown with Inveve™ Custom Implant Abutment

Official Implant of the
MISCH INTERNATIONAL IMPLANT INSTITUTE

BruxZir Solid Zirconia, the world’s most prescribed zirconia restoration, now comes as a complete tooth replacement solution. For about the same price as a crown and custom abutment, everything needed to replace a missing tooth is included. The bundle provides convenience and predictable treatment costs, and reduces the need to keep a supply of implants and prosthetic components on hand.

*Price does not include shipping or applicable taxes. Inveve is a registered trademark of Glidewell Laboratories. Hahn Tapered Implant is a trademark of Prostowik Dentalcraft, Inc. Price is valid only in the U.S.

For more information
888-786-2177
glidewelldental.com

GLIDEWELL DIRECT
CLINICAL AND LABORATORY PRODUCTS

Hahn implants and components are manufactured in our Irvine, California facility.
Glidewell Laboratories, an industry-leading provider of dental laboratory services and intraoral medical devices, announces the availability of a new line of bone grafting products, to be sold under the Newport Biologics™ brand name. Featuring allograft and alloplast bone graft options, as well as resorbable barrier membranes and a collagen-based wound dressing, this product line is aimed at increasing clinician access to top-quality regenerative materials for use in cases marked by bone or soft tissue deficiencies.

Newport Biologics products are carefully selected for the dental practice and processed in accordance with rigorous U.S. FDA regulations. The allograft materials are sourced from the venerable University of Miami Tissue Bank, the oldest in the nation, and resorbable membranes are engineered to optimize handling characteristics to support the clinician’s preferred bone grafting techniques.

888.303.3975
newportbiologics.com
glidewelldental.com

Core3dcentres NA announces two new relationships
Core3dcentres NA and Keystone Dental Inc. announce that the two companies have entered into a unique partnership in which Core3dcentres NA will manufacture and distribute custom milled components for Keystone Dental’s TiLobe Connection of Prima, Genesis, and MAX-TL Implant Systems. This will create a streamlined operation, linked together by an internet portal, which integrates the digitized patient data and facilitates flow of information from clinician—to lab—to the Core3dcentres milling center. The end goal: enhanced efficiency between the clinician and lab, and satisfied patients with individualized esthetic custom abutments on their implants.

Core3dcentres NA and the SKYN™ Corporation announce that, as of September 2016, Core3dcentres and SKYN Corporation have come together to form an exclusive Global Partnership and to offer the First Global Network of SKYN Production Centres.

Together, Core3dcentres and SKYN Concept offer a fusion of digital dentistry with natural anatomy, in a simple comprehensive workflow.

888.750.9204
www.core3dcentres.com

Pacira Pharmaceuticals Announces Official Launch of EXPAREL to Treat Pain Following Oral and Maxillofacial Procedures
Pacira Pharmaceuticals, Inc. (NASDAQ: PCRX) announced new data regarding the benefit of EXPAREL® (bupivacaine liposome injectable suspension) for patients undergoing third molar (wisdom teeth) extraction. EXPAREL is a local analgesic that provides prolonged non-opioid postsurgical pain control.

EXPAREL is indicated for single-dose infiltration into the surgical site to produce postsurgical analgesia in patients 18 years of age and older.

www.pacira.com
A key component driving the success of the Teeth Tomorrow® Network of Advanced Implant Dentists is the delivery of fully polished, lab-produced, full-arch provisionals to member practices. Tischler Dental Laboratory utilizes state-of-the-art protocols and technology to meet the needs of this rapidly growing network. Teeth Tomorrow™ dental prosthetics are constructed using 3D dental imaging, customized for each patient’s unique smile. Each lab-processed provisional provides patients with a level of comfort and durability not available from chair-side devices. The final Prettau Zirconia Bridge™ is a one-piece, non-porous, chip and stain resistant device, hand-painted to create an individualized, natural look.

The Teeth Tomorrow® Network is the only national US dental franchise dedicated to full-arch zirconia as the final product. Network membership is only granted to carefully selected practices committed to providing advanced dental implant reconstruction services, and is limited to 250 exclusive market territories.

Trust Us: Introducing The Geistlich Guarantee
Geistlich Pharma North America, Inc. announces a new comprehensive program to ensure satisfaction of our world-leading regenerative dental biomaterials. The Geistlich Guarantee is our confident declaration that you can trust us as your regenerative partner. Our biomaterials have been extensively researched with proven long-lasting predictable clinical results. We want clinicians to share in our confidence and have the same comfort using Geistlich biomaterials with their patients.

Top Dental Lab Protocols Support Teeth Tomorrow® Practices with Next Day Provisionals
A key component driving the success of the Teeth Tomorrow® Network of Advanced Implant Dentists is the delivery of fully polished, lab-produced, full-arch provisionals to member practices. Tischler Dental Laboratory utilizes state-of-the-art protocols and technology to meet the needs of this rapidly growing network. Teeth Tomorrow™ dental prosthetics are constructed using 3D dental imaging, customized for each patient’s unique smile. Each lab-processed provisional provides patients with a level of comfort and durability not available from chair-side devices. The final Prettau Zirconia Bridge™ is a one-piece, non-porous, chip and stain resistant device, hand-painted to create an individualized, natural look.

The Teeth Tomorrow® Network is the only national US dental franchise dedicated to full-arch zirconia as the final product. Network membership is only granted to carefully selected practices committed to providing advanced dental implant reconstruction services, and is limited to 250 exclusive market territories.

Introducing Hybridge XD—Express Digital: The Revolutionary Approach to Digital Full-Arch
Hybridge Dental Implants introduces Hybridge XD, the most efficient and simple digital protocol available to dental practitioners for full-arch restorations. Hybridge’s patent-pending breakthrough requires only one appointment after surgery, shortening the entire treatment process to just two weeks from implant placement to definitive prosthesis. Hybridge XD significantly reduces chair time and thereby increases case profitability and patient satisfaction.

BruxZir® Milling Blanks Receive Price Reduction
Glidewell Dental, provider of high-quality clinical and dental laboratory products, announces a price decrease for BruxZir® Milling Blanks, the material used to fabricate authentic BruxZir Solid Zirconia crowns and bridges.

The entire line of BruxZir Milling Blanks, including BruxZir Anterior, BruxZir Shaded, BruxZir Shaded 16, and BruxZir HT, will receive a significant price decrease across all milling blank thicknesses (12 mm, 15 mm, 20 mm, and 25 mm) to enable dental laboratories of any size to provide the most trusted and prescribed zirconia material the industry has to offer.

In addition to the price reduction, a 10-mm-thick milling blank will join the BruxZir Shaded 16 line. This new blank size aims to empower dental labs with even more versatility and access to the monolithic revolution by creating less material waste during the fabrication of copings and frameworks.

Zest Dental Solutions introduces the LOCATOR F-Tx® Attachment System
LOCATOR F-Tx is a simplified, time-saving solution for fixed, full-arch restorations with no compromise to prosthesis strength or esthetics. Optimized for efficiency and chair time savings compared to conventional screw-retained systems, it features a novel, patent-pending “snap-in” attachment that eliminates the need for sub-gingival cement or screw access channels.
The U.S. Justice Department estimates five percent of all malpractice cases involve dentists. Today, the average award in a dental malpractice lawsuit is estimated at $68,000, not including legal fees. Even a dropped or dismissed case can cost $5,000 or more.

Are bad dentists the only practitioners who get sued? Hardly. In our litigious society, frivolous claims are common. A defendant does not have to make a clinical error or violate a standard of care to earn a front-row courtroom seat fighting a malpractice charge.

According to a survey published by Dentistry IQ in 2015 conducted by J. Crystal Baxter, DMD, a Phoenix-based dentist and expert witness, implant dentistry ranked third among ten dental disciplines for malpractice claims. General dentists were defendants in almost all of 242 dental malpractice claims she surveyed.

Procedures with the highest incidence of legal claims were extractions, endodontics, and implants. The most common charges in implant actions were postoperative infections, unrestorable implants, implants placed in nerves, implant loss, and fractured jaws.

Implant dentistry ranked third among 10 dental disciplines for malpractice claims.

By Chuck Weber
While no iron-clad protections exist for implant dentists against possible lawsuits, there are precautions and safeguards to help minimize risk for negligence and malpractice actions. According to dental litigation experts interviewed for this article, general dentists who perform implant procedures should follow seven key precautions to lower their liability risk. They are: obtain expert training, make optimal use of technology, provide comprehensive treatment planning, thoroughly review and update patient medical histories, avoid red-flag patients, don’t overuse mini-implants, and beware of hidden infection risks.

**Implant Training Essential for Favorable Outcomes**

Ohio-based attorney and dentist Frank Recker, JD, DDS, is general counsel for the American Academy of Implant Dentistry (AAID). His law practice specializes in defending dentists in malpractice cases and against state dental board actions. He strongly believes proper training offers the best liability protection. “Know what you’re doing and understand that completing a weekend course in implant dentistry isn’t sufficient training to qualify a general dentist to perform implant procedures,” said Recker. “Be honest about your limits and measure yourself against the standard surgical skills required to perform a specific implant procedure. If your skills don’t match up, make a referral.”

In a podcast published by the Academy of General Dentistry in February 2016, the late Dr. Carl Misch stated, “the worst level of knowledge is when you don’t know that you don’t know. And if you don’t know that you don’t know, you’re dangerous.”

Dr. Recker noted that AAID’s MaxiCourse® implant training offers a rigorous curriculum enabling eligible dentists to pass AAID’s psychometrically-based credentialing exams and present and defend implant treatment cases before being granted their credential. AAID MaxiCourses® are available year-round in several locations in North America, Europe and Asia. They offer 300 hours of comprehensive training to help dentists become competent in all areas of implant training. Participants place and restore implants on patients. One grad noted on the AAID website that the MaxiCourse® gave him “knowledge to choose the implant we place based on the patient’s requirement and not based on what implant companies want to sell.”

**Make CT Scans Routine for Implant Patients**

Dentists performing implants should rely on advanced imaging technology to minimize liability risks. While it’s acceptable in the profession to develop implant treatment plans on the basis of radiographs and mouth and jaw structure assessments, these measures often do not provide the best information regarding bone density in the upper and lower jaw and precise locations of sinuses and nerves to guide placement of one or more implants.

Olivia Palmer, DMD, JD practiced dentistry for 34 years in Charleston, South Carolina, and is an Honored Fellow of AAID and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. She recently began a new career as a plaintiff’s attorney specializing in personal injury and dental malpractice litigation. Dr. Palmer counsels that cone beam CT scans offer the best protection for implant dentists to assure the most precise implant placement locations and ultimately the best outcomes.

“Even though CT scans are not widely considered to be the standard of care for dental implant surgery, if you have the capability to improve the patient’s outcome and fail to use it, that’s negligent,” said Palmer.
Dr. Misch was asked for his opinion on standard of care in implant dentistry on the AGD Podcast in February 2016. “Is a CAT Scan the standard of care? No. We’ve had implants for 50 years before we had CAT Scans. But if I’m doing a sinus graft then I always use a CAT Scan. Is it within the standard of care to do a sinus graft without a CAT Scan? Well, it can be. But it’s stupid. But you can do stupid things as a doctor. And it’s within the standard of care because lots of people do sinus lifts and sinus grafts without a CAT scan. You can say they are reasonable doctors and it’s taught at many dental schools. Standard of care is a legal question and it depends on who you are asking. We don’t have a firm standard of care in implant dentistry,” he stated.

Dental office CT scanners cost about $100,000, but Dr. Palmer advises that dentists who don’t want to invest in their own machines can refer patients to other practices to perform a scan or contract with a mobile CT scan service that will come to the office to scan their patients.

“Use scanners whenever possible,” added Recker. “You will be second guessed if you don’t.”

Protect the Practice with Informed Consent and Comprehensive Treatment Planning

Informed consent and comprehensive treatment planning are proven strategies for liability protection. Dentists never should begin treating unless the patient is properly informed about a procedure and understands exactly what will be done and possible risks. Explain it thoroughly and clearly. Requiring patients to sign consent forms stating they understand the implant surgery procedure and its risks adds an extra measure of protection.

Sometimes dentists assume what their patients can and can’t afford and tailor treatment plans accordingly. Dr. Recker advises that failure to inform patients about all potential treatment options could be risky.

“Always assume a critical ‘expert’ eventually will be looking over your shoulder,” Recker said. “So when developing a treatment plan, offer multiple options — from the bicycle to the Cadillac. Don’t assume patients who show up in overalls can’t afford the best and perhaps most costly treatment.”

Dr. Recker adds that dentists should never allow patients to cherry pick elements of a comprehensive treatment plan. For example, a mother might be eager to get an implant to replace a missing tooth in time for her daughter’s wedding, but the mother has advanced periodontal disease. Implant surgery should not be performed until the gum disorder has been resolved, despite the patient’s urging. “Stick to the plan and don’t let patients force a compromised decision. Never put good dentistry over oral disease,” advises Recker.

In these situations, patients not satisfied with the outcome might see a periodontist or oral surgeon who probably will question why the general dentist did not offer a state-of-the-art treatment option.
Be honest about your limits

“Some specialists are quick to criticize the work of general dentists, and might interrogate the patient about why the dentist didn’t recommend a different treatment,” Recker observed.

Be Sure Medical Histories Are Current
A significant percentage of dental implant patients are 55 years and older, and many have diabetes, cancer, and other diseases associated with aging. “Dentists are playing with fire if they fail to thoroughly review and update patient medical histories before treatments,” said Palmer. “Negligence in evaluating medical histories and in taking vital signs in the office may eventually lead to a malpractice action. In all patients, be sure to check latest test results for blood sugar, A1C, medication use, and possible need for pre-treatment antibiotics. If necessary, consult with their physicians.”

She related a case of a general dentist who was sued for complications resulting from an extraction on an older patient with diabetes. “The dentist relied on a four-year-old medical history that did not indicate how far the disease had progressed,” recalled Palmer. “People with diabetes do not have the same healing ability as those without the disease, and this patient had uncontrolled diabetes and became septic and hyperglycemic. He was hospitalized for 10 days.”

Above all, Dr. Palmer urges dentists never to alter a patient chart. “If a complication occurs, document it, tell the patient, and follow up. Altering a chart can lead to punitive damages,” she said.

Watch for Red Flags Waved by New Patients
According to Dr. Recker, careful patient selection is the most important factor in dental practice risk management. “In my lectures to dentists and office staff, I devote considerable time to the do’s and don’ts of patient selection,” he said. “I usually ask, ‘How many of you had weekends ruined because on Friday afternoon you noticed that Mrs. Jones has an appointment on Monday?’”

There are red flags to heed before accepting a new patient into a dental practice. “Say ‘no thanks’ to overly aggressive patients who think they know what they need before talking to you,” said Recker. “It’s also prudent to pay close attention to patient histories, especially if someone has seen an unusually high number of dentists.”

He recommends that dentists should not feel awkward about asking probing questions covering a patient’s experiences with other dentists, and physicians as well. Beware if they don’t give names of previous providers or balk at your request to contact them.

Know Limits for Mini-Implants
Growing popularity and overuse of mini-implants has become a leading cause of implant failures and subsequent legal action. Dr. Palmer believes most mini-implant failures result from poor treatment planning and inexperienced practitioners.

What to do when a dissatisfied patient complains

By Kenneth C. Thomalla, CPA, CLU, CFP®
Chief Operating Officer, Treloar and Heisel, Inc.

As a health care provider, your goal is to provide high quality patient care. Whether warranted or not, occasionally a patient may feel that they have not received the highest level of care. What should you do if you get a call from a dissatisfied patient?

To begin with, stay calm, and be responsive to the patient. Make sure to speak with the patient directly. Give him or her an opportunity to voice concerns, and then explain your commitment to quality care.

What if the disgruntled patient asks for a refund or says they will not pay for your services? As a dental practitioner, you have several options. You may either: deny the request, offer a partial refund, or offer a full refund.

Should you choose to deny the request, make sure to do so with a brief but clearly written letter, delivered via mail with return receipt requested, so that you have proof of delivery.

If a patient feels that they should receive some sort of compensation, it is up to you to decide whether to offer a partial or full refund. It’s important to obtain documentation in writing from the client, when a refund is accepted. Many practitioners worry that asking patients to sign a release sends a red flag for further liability. Though these concerns are expected, a release is a good practice and may help mitigate future liability.
“When mini-implants soared in popularity, far too many practitioners jumped in without realizing that they require as much planning, surgical expertise, and precision as traditional implants,” said Palmer. “Poor outcomes associated with mini-implants are usually the result of inadequate practitioner knowledge and know-how regarding load distribution, bite pattern, and lateral forces. I believe there will be a lot more litigation in the future involving mini-implants.”

Beware of Infection Risks
According to CNA Insurance, the largest professional liability insurance carrier for dentists, 3 in 10 malpractice claims against dentists allege injury from infection. The company reports the most frequent allegations in infection cases are failures to diagnose and treat, make referrals, and thoroughly review medical histories.

Comprehensive patient assessments, communication, and education are effective steps for infection management and liability prevention. CNA, on its website, recommends updating patient medical histories and informing patients during informed consent conferences about procedures in which infection could occur. Asking a simple question like “have you had any changes in your health since your last visit to our office?” could reveal a condition that might pose serious infection risk. It’s also advantageous to counsel patients with written instructions on how to recognize infections and other complications, as well as on the importance of seeking immediate treatment.

Dr. Palmer said most general dentists do not use sterile gloves and must be vigilant in checking water lines. “Bacteria in water lines is a hidden risk for infection, so sterile water always should be used for procedures in which bone is removed.”

Dr. Recker stated that general practice dentists pay about $5,000 a year for dental malpractice insurance, and the most common coverage limits for new dentists are $1 million per claim and $3 million per policy year. He advises dentists to make sure defense against state dental board actions is covered by their policies.

“The best defense against malpractice is never compromise on patient care and quality and know your limits,” said Recker. “Always assume adversarial eyes are watching you.”

About the author
Chuck Weber is a writer and communications consultant. He has been a public relations contractor for AAID and can be reached through his website, www.weberpr.com.

Keep in mind, the letter needs to be carefully worded, so that it does not inadvertently admit professional liability, or lead to exacerbation of an already delicate situation. It needs to point out that you believe that appropriate treatment was provided, but that you also understand the patient’s dissatisfaction with the service. The letter also needs to explain that you are offering the refund as a matter of patient courtesy, and reference the treatment provided, as well as the treatment date.

Always make sure to inform your professional liability insurance provider about any instances of patient dissatisfaction, so that you can adhere to carrier guidelines. Prompt contact with your carrier can help you navigate a complaint from the beginning, often lessening the severity of the incident. Further, if coverage is being replaced with another company, it is always necessary to alert the previous carrier of any potential claims.

If it is determined a lawsuit may be filed, the insurance company will assign the case to a claim manager. Local defense will be secured soon thereafter. At this point, you can expect a request for patient files and other documentation pertaining to the incident. Please note, most policies do require that you actively participate in the claim process. Actively participating in your defense will help ensure the most favorable outcome to a claim.

Though most claims are dismissed or settled in favor of the dentist, if a claim settlement is proposed, make sure your policy allows you to have input in the settlement. Not all policies will ask permission to settle a claim on your behalf. Claim settlements can have long-range impact including notification to state and national databases along with affecting your ability to obtain future professional liability coverage.

Finally, a patient complaint offers an opportunity for the practitioner to review the patient experience — and redesign it, if necessary. Use the complaint as a learning experience to further enhance the services you offer.

For more information regarding your professional liability policy, contact Treloar & Heisel at 800.345.6040.
From: Jack Lemons, UAB University Professor Emeritus, Schools of Dentistry, Medicine and Engineering

It is with great sadness that I provide these comments about someone I enjoyed so much. Three special memories of Carl, amongst hundreds:

1. In the 1970s, asking Carl to lecture on impression materials for replicating micro-anatomy and how he made this topic very interesting to clinicians while including basic science (we often laughed together about what one needs to say to prevent loss of attention during a presentation of this type)

2. Waiting for Carl as he transitioned from a lecture in Korea when we were scheduled to present co-keynotes at a major meeting in New Orleans (the story in the 15 minute interval before we started was a thriller of intrigue)

3. Co-participating in some aspects of our families, professional planning and the many different parts of academic, industrial and private practice opportunities with an emphasis on balance and publications (thus, in part, the books).

Two more recent events affected me deeply:

1. Attending the ICOI session in Chicago which included an achievement award from the American Dental Association

2. Introducing Carl at the AAID annual meeting in Las Vegas. In both situations, Carl found time for independent discussions, reconfirming that he had accepted his medical condition, the treatments provided and his future, while planning additional publications.

My respect, friendship and collaborations started shortly after completion of dental school, when Carl decided to include surgical implants as an active part of treatments for dental patients. He rapidly transitioned from attendee, to speaker, to leadership roles within several professional organizations.

My initial contact with Carl was a part of the Alabama Implant Study Group activities, with mul-
Multiple local, national and international meetings including thousands of dentists. Collaborations and academic appointments at the University of Alabama at Birmingham (UAB) included Martha Bidez, PhD (deceased on December 21, 2016), where Dentistry, Medicine and Engineering merged for contributions to biomaterial and biomechanical science, technology and applications of multimodal dental implant systems.

BioHorizons evolved under leadership from Martha, Carl and others which added to the depth and breadth of interactions. Some aspects of these interactions continued through 2016. As a former academic advisor to Martha and friend/collaborator with Carl and Martha for more than three decades, one regret is that we will not have the benefit of interactions from two that offered so much to all.

As I now interact with Craig Misch and his daughter Maggie Ann, who is a dental student at UAB, Steve Boggan and Todd Strong, who are senior executives at BioHorizons, and others, I appreciate that the Carl Misch Legacy will be ongoing. Carl will be greatly missed, however, his many contributions to the discipline will continue.

From: Dr. O. Hilt Tatum, Saint Etienne du Vouvray, France

Over 40 years ago, I met Carl Misch at a meeting related to dental implants. He was a young dentist and I was about 12 years older than Carl. We bonded and I immediately recognized the brightness of his mind. This led to a personal and professional friendship that has lasted without interruption until the sad news of his passing. We spoke frequently, were able to see each other occasionally and our last contact was a 90+ minute Face Time conversation before Christmas.

Our contacts through the years were so many and in so many places. We loved each other as brothers or even as a possible father/son relationship. We never had an argument or hard words. I was so proud of his books and massive accomplishments.

His landmark contributions to the decisions made at the 1988 NIH Consensus Conference on Dental Implants were so monumental that, later that year, when I was nominated by acclamation for an office in the AAID, I refused to accept it and then nominated him instead. I then followed him by one year through the chairs to the presidency of the AAID and we served together during the struggles of the founding of the ABOI/ID. During those years of working so closely, I have never seen Carl make a selfish decision or support a proposal that was not positive. We both loved our profession and shared a desire to see our field of Implantology mature with comprehensive education becoming established.

During our last conversation, a major part of it was spent on the immediate, critical need for the expansion of education to support our friends as they are able to participate in the developing specialty of Implant Dentistry. Also, as always, we took time to discuss techniques and ways that a particular surgical procedure might be improved. However, in that conversation, as I could see his recent changes, I knew that his time was short. Our last words to each other were “I Love You.”

From: Dr. Shankar Iyer, President, American Academy of Implant Dentistry

Carl was the rising star of our Academy when I met him in 1991. He blew me away with his command of literature and he could recite chapter and verses from textbooks and bibliographies. I got to know him more through Jack Lemons who was closely working with Martha Bidez on biomechanical theories and it was Carl who brought all of this valuable information to implant dentistry. He can be singly credited to investing these wonders of translational research to make it a clinical reality. When I was the scientific chair for our annual meeting he was humble enough to personally call me and took time to understand the purpose of the debate and never made you feel inadequate. His skill, leadership, and vision are unparalleled and our profession has lost a pioneer, giant and an authority figure.
From: Dr. Jack Hahn

I am very much saddened by the passing of a dear friend and colleague. I feel very fortunate to have had Carl in my life as a valued friend as well as a fantastic teacher. I was privileged to be with Carl in August, September and October of 2016 doing what he loved most in the last months of his life — teaching with conviction and passion the principals of implant dentistry that must be followed to insure success.

I first met Carl in 1977, when he came to Cincinnati to watch me do live surgical demonstrations in placing aluminum oxide root-form implants. He demonstrated at that time his tremendous thirst for knowledge regarding implant surgery and prosthetics that he carried the remainder of his professional life.

When Carl wanted to do something, whether it was professional or personal, he did it. I first witnessed this in about 1987 at a course that we did together in Iowa. The course was at a hotel in late summer or early fall of 1987. Carl decided that he wanted to go swimming at the end of the day after we finished the course. The swimming pool was closed and was surrounded by a tall chain link fence. That didn’t deter Carl. He climbed that tall fence and jumped into the pool. At that moment, I thought that this guy is strong, smart, determined and nothing is going to stop him from accomplishing his goals.

May Dr. Misch rest in peace. I will miss him, but he will continue to live in my good memories. I am thankful that in our last course that we did together this past October, I got the chance to tell him “I love you.”

From: Dan Root, Root Laboratory, Inc

We have had the honor of working with Dr. Carl Misch for over 25 years. He was a true innovator in the field of implant dentistry and we had the pleasure of collaborating with Carl on many, many occasions. We will remember him as a true pioneer, a skilled implantologist, and, most importantly, a gentleman and true friend.

From: Dr. David Hochberg, President-elect, American Academy of Implant Dentistry

As then Editor of the AAID News, I was privileged to be able to interview Dr. Misch at his Miami condo in July 2015. Within moments, it was easy to see that his passion for implant dentistry was limitless. When the interview was concluded, it became very silent. I know it was only a moment, but there was an emotion in the air, as if limited opportunities were being checked off a shortened to-do list. I was briefly choked up realizing that this man, of grand proportions welcomed me into his home, granting what could be one of the last times he shared his visions and thoughts with all who wish to listen. It was easily the most memorable moment of my professional career.
From: Dr. Randolph Resnik, Clinical professor of Oral Implantology at Temple University in Philadelphia

Carl Misch was a true pioneer that stimulated a renaissance in implantology that will continue to touch everyone he met. Along with his gifts as a highly skilled clinician, he had an uncanny ability to engage and teach fellow dentists what he had learned along the way. He unselfishly gave others the gift of his knowledge, as his true belief was to always “share what you have learned.” He lived and taught what he believed, teaching right up to the end of his life. Not only did he continue teaching us about implantology, but he was imparting further wisdom upon everyone he met. After his diagnosis, Dr. Misch gave us three more years of his brilliance, imparting his knowledge to one audience after another, even when he could no longer stand. His fire for sharing his love of our profession pushed him on and gave him the energy continue, even under the most complicated of circumstances. Carl Misch was, in the truest sense of the words, a pioneer, teacher, clinician, friend, and colleague who will be missed by all.
The market for implants poses challenges not commonly encountered with other dental procedures. These are:

- **The number of implant candidates is relatively small.** Although there are certainly many edentulous people—as well as others who will soon lose teeth—they still constitute a fraction of the total patient population.
- **The perceived cost of implant treatment can be off-putting.** Mention implants to almost anyone and you’ll usually hear something like, “Oh, but they’re so expensive!” New technologies and techniques have reduced the fee, payment plans increase affordability and, as a long-term investment, an implant’s cost-per-year can be very attractive… but the perception remains a barrier.
- **There are alternatives to implants.** Bridges, partial plates, dentures and even living with edentulism—all represent reasonable alternatives to some patients. Professionally, we can find fault with those options, but the choice is not ours to make.

Given these conditions, increasing the number of implants you place requires an innovative marketing strategy.

**Taking Advantage of Online Opportunities**

Promoting your implant services would probably be a costly proposition—and not necessarily effective even if you spent a great deal of money on it—if you had to rely on traditional media.

Print ads, direct mail, local TV and radio spots, and outdoor billboards would inevitably involve a high level of waste simply because you wouldn’t be able to target it precisely. To reach the true prospects for implant treatment, you’d have to put your messages in front of a large number of non-prospects.

Not only that, with the possible exception of direct mail, you wouldn’t have the space (or, in the case of TV or radio, the time) to educate your audience about the affordability and other benefits of implants… or about why they should come to your practice for implants.

All these problems disappear when you shift your focus to the online environment.

**Putting Your Implant Story Online Extends Your Marketing Reach Dramatically**

When the percentage of prospects is limited, you need to reach a larger number of people in order to hit your target. Although simply placing your story online won’t automatically generate interest and responses, it’s a prerequisite for building an effective marketing communications program. Anyone with online access—which today means virtually everyone—will be able to find and take in your practice’s information about...
Implant treatment. You’ll be able to reach not only those in your immediate area but also others within a reasonable distance (bear in mind that people are generally willing to travel farther for specialized professional services).

**Implant Candidates Will “Self-Select” Online**

Understanding the demographics and psychographics of implant candidates will shape your marketing message, but you won’t be dependent on those profiles when it comes to media targeting. Basically, many of the people interested in implants will search the web for information. If you’ve prepared your online presence well, they will find you… which is much easier and less expensive than you trying to find them. There’s another important advantage relating to geography. If you were to send out a printed mailer to households in your area, you wouldn’t reach prospects who work, shop, or spend time near your practice for other reasons… and might therefore find your office convenient. Online marketing can reach this hidden source of implant production.

**Your Website: Where Candidates Can Learn Everything They Need to Know**

If you’re serious about building your implant business, create a special section devoted to implants on your website. Rather than merely including it in a list of services you offer, highlight it and allow ample room (including multiple web pages) to tell your story. One of the greatest advantages of web-based marketing is that it enables the visitor to take in as little or as much information as they want. Structure your content so that your key selling points can be seen quickly and easily… and more details about each are just a click away. The visitor gets to choose where to delve deeper.

The person who understands implants but worries about the cost can click through under your heading, “We make implants more affordable.” Someone who’s considering a bridge but wonders if an implant would be preferable could explore your “Implants are better than other solutions” section. And the candidate who’s already decided to get an implant but hasn’t decided where will want to know “Why so many people choose us for implants” and read testimonials.

A dental implant is what marketers call a “considered purchase.” With such products or services, prospects tend to take longer and want more information before making a decision. Your website facilitates this buying process.

**Help People Find You Online**

You’ve probably heard of “search engine optimization,” or SEO. Don’t underestimate its importance. No matter how well your website tells your implant story and persuades visitors to contact your practice, you’re wasting your efforts if candidates can’t find your site in the first place. If they search for implants with Google, Bing or some other search engine, you want your site to appear high on the results list. That’s what SEO does. As a highly technical methodology for attracting the attention of search engines, this job merits hiring an outside expert.

Similarly, you should make sure your practice appears (and ranks well) in local directories and review sites. This, too, is best handled by a specialist.

**Encouraging Word-of-Mouth Through Social Media**

Starting with Facebook, establish a lively social media presence for your practice online. As awareness of implants grows, people are showing greater interest in this cosmetic yet practical treatment option. If they see stories about implants in their Facebook feed and also become more aware of your practice, you’ll gain potentially productive share of mind. Through social media, you can promote your community involvement, share cases studies and testimonials, send out “news” about new technologies or achievements at your practice, and use other activities to subtly market implants.

You can also sponsor an implant message on Facebook and target it to reach potential patients in your area, based on age, interests and other demographic information. Facebook lets you set limits on how much to spend exposing your ad, and for how long, with no minimums as in other media.

**Using Email and Building an Email List**

Promotional emails represent another excellent way to promote your implant services online. If you don’t have a good email list, purchase one for sending out messages that lead prospects either to your website or directly to your practice. Over time, you can build your own list and (with permission) use it for promotional purposes.

**Conclusion**

To overcome the primary barriers to placing more implants, upgrade your online marketing. It’s the best way to reach a wider audience, overcome the cost barrier and demonstrate that implants offer tremendous advantages over alternatives.

To see where Dr. Levin is speaking in 2017, go to www.levingroup.com and click on the Seminars tab.
As I finished my residency in anesthesiology in June of 1994, the American Society of Dentist Anesthesiologists (ASDA) was preparing for the vote on our first application for recognition of anesthesiology as a specialty by the American Dental Association’s (ADA) House of Delegates. I didn’t realize how little I knew about the dental politics involved in such a request. The defeat in 1994 of the ASDA’s application was a surprise as, after all, we had passed Committee G, the Council on Dental Education and Licensure, the Board of Trustees, the Reference Committee, but then lost the vote by the House of Delegates.

This didn’t make any sense, in that how could every state require advanced training to provide general anesthesia, yet not consider anesthesia a specialty? Surely the ADA made a mistake. So the ASDA decided to reapply and we submitted another application in 1997, and again in 1999, and again in 2012. But each time we experienced the same outcome. The definition of insanity is doing the same thing over and over and expecting a different result. Well I’m happy to say that after the 2012 denial, we learned our lesson. The American Academy of Implant Dentistry (AAID) learned this lesson much earlier.

So after the loss in 2012, our specialty started looking at options. Wait a minute, if we lost how can I refer to anesthesia as a specialty? It is simple, because the application to the ADA was never to “make” anesthesia (or any other discipline) a specialty, but for the ADA to “recognize” anesthesia as a specialty. Anesthesia IS a specialty. So this begs the question, what authority does the ADA have to determine that one discipline is a specialty and another is not? The answer is none, they just do it and the State Dental Boards defer to them.

Then the question became, how does medicine determine specialty? So we looked at the American Board of Medical Specialties (ABMS) and saw that, unlike the ADA, the American Medical Association (AMA) does not determine specialty. Also unlike the ADA, the ABMS evaluated Diplomate Boards to determine specialty recognition in medicine rather than the sponsoring organization.

The TDA Journal has now agreed to print the advertisement designating ASDA members as specialists.
We realized that we could form a board to recognize specialties in dentistry without the political influence and bias of the current system. That board could also evaluate Diplomate Boards to validate their testing and recognize specialties in dentistry.

By 2012, AAID, under the guidance of their general counsel Frank Recker, DDS, JD, had successfully litigated cases in Florida and California and were then starting a case against Texas to advertise board certification. Was advertising board certification any different than advertising as a specialty? If the AAID was spending significant monies to litigate, why were they settling for advertising credentials instead of advertising as a specialist? This is the question that Dr. Nick Caplanis posed to the AAID Board of Directors and Dr. Recker. The alliance between the ASDA and AAID was formed due to common interests and the close communication we have. We contacted the American Academy of Orofacial Pain (AAOP) and the American Academy of Oral Medicine (AAOM) to see if they had the same interest in working together. Subsequently, the American Board of Dental Specialties (ABDS) was formed and incorporated in the State of Illinois in early 2013.

The respective boards of the ASDA, AAID, AAOP, and AAOM became members of the ABDS. These four entities also filed a lawsuit against the Texas State Board of Dental Examiners regarding their restrictions on advertising as a specialty. Once again, Dr. Recker worked his magic and the lawsuit was successful, winning without even going to trial! Summary judgment was awarded in January 2016, and the decision is currently under appeal.

Our collective efforts have already made significant changes in dentistry.

ASDA members in Texas have submitted an advertisement to the Texas Dental Association (TDA) Journal advertising as specialists. The TDA accepted the advertisement conditioned on removing the word “specialist.” ASDA members refused to remove the word. After the summary judgment, they resubmitted the ad and were given the same restriction. At the ADA annual meeting in October, the ADA amended Section 5H of the ADA Code of Ethics. This amendment removed the limitation on advertising as a specialist only to the ADA Specialties. The TDA Journal has now agreed to print the advertisement designating ASDA members as specialists. This ad should appear in early 2017. California has recently removed all references to limiting advertising as a specialist from their regulations. Many other states are currently looking at their laws and regulations to comply with the relevant case law.

Currently, the ADA is evaluating what they should do in the future to continue to control specialty designation. The ADA Council on Dental Education and Licensure (CDEL) called for a Specialty Recognition Summit that was scheduled for late February 2017. CDEL recently canceled this Summit and voted to reaffirm the current ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists. The Council also supported a Task Force’s concept for a new process for the recognition of specialties and specialty certifying boards by a proposed ADA Commission.

These changes in dentistry are direct effects of the efforts led by a group started by the AAID and ASDA’s collaboration. We are beginning to see the fruits of our labors but we have a long way to go. There is one thing for sure: there is no turning back now. I am proud to have been an active participant in this process. On behalf of the ASDA, and myself I would like to thank the AAID for their support. Special thanks go out to Drs. Nick Caplanis, Jaime Lozada, Kevin O’Grady, Natalie Wong, John Da Silva, John Minichetti, Rich Mercurio, Sharon Bennett, and certainly last but not least, Frank Recker, for making this all possible.

Cheers to a bright future.

Michael Mashni, DDS
Dentist Anesthesiologist Specialist
At the 2016 ADA House of Delegates meeting, Resolution 65H was adopted. According to the ADANEWS Resolution 65H "permits dentists to announce as specialists recognized in their jurisdictions even if it’s not one of the nine dental specialties recognized by the Association."

Previously, Section 5.H of the ADA Principles of Ethics and Code of Professional Conduct specified that there were only nine dental specialties recognized by the ADA that could announce their specialties.

What does this mean for AAID members?

Without doubt, this is the direct result of the efforts over the past 20 years by the AAID to create a climate shift in the law related to dental advertising. In 1997, the AAID began to challenge state law prohibitions on the advertising of AAID credentials. Since that time, several state laws have changed in response to the judicial decisions declaring such prohibitions unconstitutional under the First Amendment.

In 2014, the AAID, along with three other dental organizations, challenged a Texas law that prohibited the advertising of “specialty” status unless the American Dental Association deemed the area of dentistry a specialty. This was significant in that it challenged not just the right to advertise credentials BUT the constitutionality of a state law recognizing the ADA as the primary granter of specialty status.

In its January 2016 decision, the Federal District Court in Austin, Texas ruled that such a restriction was also in violation of the First Amendment and declared the regulation unconstitutional. As a result, dentists who hold “board certification” in the areas of implant dentistry (ABOI/ID), oral medicine, oral facial pain, and anesthesia are now permitted to advertise as “specialists” in the State of Texas.

That decision is under appeal by the State of Texas and oral arguments were held on November 1, 2016, in the 5th Circuit Court of Appeals in New Orleans. This Court’s decisions are binding on the dental boards of Texas, Louisiana, and Mississippi.

The just enacted ADA Resolution 65H was of interest to the Court of Appeals. On November 2, 2016, the day after oral arguments, the Court ordered the Parties to submit a brief on ADA Resolution 65H.

In the pending appeal, the Texas Board argued that the word “specialist” was inherently misleading if used to refer to any non-ADA recognized
specialty area of practice. But Resolution 65H implicitly conceded that such is not the case. Interestingly, Resolution 65H is not part of the official record in the judicial appeal nor was it mentioned during oral arguments. Why the Court sought input on this Resolution, or how it even knew about it, is unknown. A decision is expected within the next two months.

What does this mean for AAID members? AAID credentialed dentists can advertise their credentials as Associate Fellows and/or Fellows, and ABOI/ID diplomates can additionally advertise as “specialists in implant dentistry” in the state of Texas under the current Texas decision.

The American Board of Dental Specialties (ABDS), of which the ABOI/ID is recognized as a certifying board for implant dentistry, is aggressively seeking changes to state laws that are similar to the one in Texas; that is, those that ban specialty advertisements in any non-ADA recognized specialty area. The ABDS is seeking recognition by the states as another specialty recognizing entity, but one devoid of control by a professional trade association.

The ABDS, regardless of the final 5th Circuit decision, is expected to challenge states which refuse to recognize ABDS specialties. But future challenges will not only focus on the relevant First Amendment legal issues, but also bring the antitrust perspective into focus.

This is significant for the state boards especially from a personal liability standpoint. Antitrust scrutiny will focus on the individual state board members for prohibiting the advertisement of non-ADA recognized specialties. As articulated in the NC Board v FTC decision in 2015, individual state board members are at risk of personal liability for actions that constitute antitrust activity.

Boards are comprised of dentists — much like the ADA House of Delegates — who have a vested market place interest in the recognition of additional specialties. Dental board members who are general dentists may be reluctant to carve out another specialty from the current general dentistry arena. Specialists — particularly in oral surgery, periodontics and prosthodontics — are already on record opposing additional competition in areas that they claim are already encompassed within their respective specialties.

As a result, dental boards which continue to deny the recognition of ABDS specialties and prohibit specialty advertising by non-ADA specialists will risk more legal challenges. But now individual state board members will face additional claims of personal antitrust liability and initiate the concurrent scrutiny of the FTC.

When the ABDS becomes the beacon of specialty recognition, more specialists will exist in other states, and third party compensation for those new specialists are expected to be similar to that for ADA-recognized specialties.

As they say on the late-night infomercials, “But wait, there’s more.” Resolution 65H made an additional amendment to Rule 5H of the Code. Because of the focus on the ADA seemingly ceding specialty status determination to the states, this other change has received little attention but may be the sleeper.

Before the resolution passed, dentists could not ethically practice any aspect of dentistry except for their announced specialty. The amendment now specifies that a dentist holding specialty degrees should be permitted to practice to the full scope of the dental licenses that they hold so long as they maintain adequate expertise in the specialty.

Will general dentists face additional competition as specialists start providing treatment options outside their traditional specialty areas? Will this change, coupled with the shift of specialty recognition to the states, result in a raft of new specialties being recognized? Will the competitive value of being a specialist diminish? Will “Maintenance of Certification” requirements by non-ADA specialties become a potential distinguishing factor that dental boards will consider?

Only time, the legal system, and the politics of state dental boards will tell us the outcome. ☝️
Although this case was done nearly 20 years ago, it illustrates two principles of implant dentistry that I have always believed:

First, do no harm.

Second, without adequate blood supply, the treatment is more likely to fail.

This case, which began in 1998, involves a young woman who experienced a sharp trauma to the face. She was injured in the upper and lower mandible with subsequent tooth and bone loss.

Approximately one year later, I started reconstruction of her mouth. (See Figure 1). At the time, the only bone available was human bone. I could have used a piece of the hip bone, but I was concerned about the sufficiency of the blood supply. Based on the literature, we could lose 50% of block if harvested from the hip.

I decided to treat through a distraction-osteogenesis approach. I moved the autogenous bone transport segment up 10 mm with the lingual soft tissue intact, which would provide maximum blood supply. (See Figure 2) I moved the segment 1 mm each day for 10 days. After another 30 days, I removed the post and placed a 10mm x 3.75 mm implant, which was a standard size at the time. (See Figure 3) After a four-month healing period, I restored implants. (See figure 4)

I deflected the facial aspect of the soft tissue at crest of ridge. Everything from the crest of the ridge to the lingual aspect was still attached.

I was aware of the challenges with a distraction-osteogenesis approach including the time involved, the possibility of infection, the discomfort for the patient, and the complexity of the procedure. However, I decided that given the potential inadequacy of blood supply using other available treatment options at the time, this was the one that gave the best possible outcome for the patient.

The only deficiency that might have been done differently is try to move the transport segment more facially — about 5 mm. It would have been nice to have more facial bone, but I determined
MORE SPACE FOR VITAL BONE

88% to 95% void space: The hyper-porosity of Zcore’s porcine cancellous matrix, and inter-particle space facilitated by rough particle morphology, reduce bulk density of the graft, allowing greater empty space for new bone growth.*

Zcore™ is an osteoconductive, porous, anorganic bone mineral with a carbonate apatite structure derived from porcine cancellous bone.

*0.25 mm – 1.0 mm particle size = 88% void space, 1.0 mm – 2.0 mm = 95% void space  J. Li ST, Chen HC, Yuen D. Isolation and Characterization of a Porous Carbonate Apatite From Porcine Cancellous Bone. Science, Technology, Innovation, Aug. 2014: 1-13.

Histology of bone core harvested after 5 months of healing following ridge preservation using Zcore™ 0.25–1.0 mm particle size
H&E staining
Magnification x4

Coronal

Apical

Vital bone ingrowth into the inter-particle space of Zcore™
Magnification x20

Magnification x40

Case and histology courtesy of
Custavo Arelía-Ortiz, DDS, MS, PhD
University of Iowa College of Dentistry,
Department of Periodontics

osteogenics.com | 888.796.1923
Over $80,000 in research grants awarded by AAID Foundation

The AAID Foundation awarded over $80,000 to five research teams to help them continue their work in dental implant-specific research. The Foundation has now contributed over $900,000 since the inception of the Foundation’s Endowment Fund.

**TITLE:** A Retrospective Comparison of Survival and Success Rates of Endodontically Treated and Retreated Teeth with Single Implants

**PRINCIPAL INVESTIGATOR:**
Dr. Chun-Teh Lee
The University of Health Science Center at Houston

**AMOUNT OF AWARD:** $20,000

**PROJECT SUMMARY:** The study will compare the survival/success rate of single implant therapy with endodontic treatment or retreatment in a university-based cohort with a large number of patients. The results would provide evidence to support retention of teeth by performing endodontic treatments, or provide further support to extract the teeth and restore oral function with implant-supported restorations. The results of cost-effectiveness analysis will be able to assist clinicians in provided information for patients to make treatment decisions.

**TITLE:** The Effect of Parathyroid Hormone Analogues when Added to Mineralized Bone Xenografts

**PRINCIPAL INVESTIGATOR:**
Dr. Hany A. Emam BDS, MS
The Ohio State University – College of Dentistry
AMOUNT OF AWARD: $20,000

PROJECT SUMMARY: This is an animal study that will test the effect of adding parathyroid hormone analogue (PTH) (teriparatide) to one of the most commonly used mineralized xenograft in regeneration of alveolar bone defects. PTH hormone is considered a bone anabolic hormone and using it with an osteoconductive material might give the material an osteoinductive behavior as well with superior properties. Not only the quantity of the regenerate will be evaluated, but also the quality and the viscoelastic property will be tested. This will provide valuable information on the graft mechanical properties which have a significant impact on the long-term success in reconstruction of bone defects especially if dental implant placement is planned.

TITLE: Investigate the Effect of E-Cigarette Smoke on Osteoblast and Fibroblast Interaction with Dental Implants

PRINCIPAL INVESTIGATOR:
Dr. Mahmoud Rouabhia, MSc., PhD
Université Laval

AMOUNT OF AWARD: $15,000

PROJECT SUMMARY: Chemical products present in the burning cigarette were reported having significant adverse effects on the oral cavity including dental implant rejection. Because e-cigarette contains different products of the burning cigarette, such as nicotine, the use of e-cigarettes may contribute dental implant failure. The objective of the study is to generate new knowledge about e-cigarettes and translate this into improved health for Americans and Canadians.

TITLE: Strontium and Mucosal Attachment to Healing Abutment Surfaces

PRINCIPAL INVESTIGATOR:
Dr. Rosemary Dziak
University at Buffalo, State University of New York

AMOUNT OF AWARD: $7,500

PROJECT SUMMARY: The research on the effects of strontium on gingival cell activity is innovative. The findings from this project will significantly contribute to the existing literature in the field of soft tissue assessment in healing abutments. The results obtained will serve as the basis for pre-clinical animal studies that might be directly relevant to clinical studies and eventually therapeutic approaches.

TITLE: Investigation of Bacterial Adhesion to Dental Implant Crowns with Various Dental Restoration Material in Human Subjects

PRINCIPAL INVESTIGATOR:
Dr. Sang J. Lee, DMD, MMSc
Harvard School of Dental Medicine

AMOUNT OF AWARD: $20,000

PROJECT SUMMARY: The project will investigate bacterial adhesion on four widely-used conventional dental crown materials — acrylic, porcelain fused to metal (PFM), monolithic zirconia, and monolithic lithium disilicate. The evaluation of bacterial adhesion will contribute to clinical decision making for selection of all restorative material in conjunction with biomechanical properties.

2016 Post Display and Table Clinic Award Winners

Research support is one of the cornerstones of how the American Academy of Implant Dentistry (AAID) advances the science and practice of implant dentistry. At the Academy’s 65th Annual Implant Dentistry Educational Conference recently held in New Orleans, Louisiana, 16 poster displays and 11 table clinics were available for attendees to view. These also were judged by a panel of experienced implant dentists and researchers.

POSTERS

1st Place:
Abdulaziz AlHelal, BDS, MS, etal

2nd Place:
“A 3D Printed Solution to Lateral Approach Sinus Augmentation”
Brian Goodacre, DDS, etal

3rd Place:
“Use of Modified Wax Rims for Planning Fixed-Fixed Implant Treatment in Edentulous Arches”
Eric Chen, DDS, etal

TABLE CLINICS

1st Place:
“Reducing Complications Related to the Screw-in Implant Prosthesis Installation”
Emil L.A Svoboda, PhD, DDS

2nd Place:
“Use of Autologous Cultured Osteoblast Cells to Graft Deficient Implant Sites”
Savio Lourenco, BDS, etal

3rd Place:
“Surface Characterization of titanium healing abutments: Investigation of Surface Properties Before and After Implantation”
Sutton E. Wheelis, BS, etal
LITERATURE REVIEW

Bioactivity and Osseointegration of PEEK Are Inferior to Those of Titanium: A Systematic Review

Polyetheretherketone (PEEK) has been suggested as an alternative to replace titanium as a dental implant material. However, PEEK’s bioactivity and osseointegration are debatable. This review has systematically analyzed studies that have compared PEEK (or PEEK-based) implants with titanium implants so that its feasibility as a possible replacement for titanium can be determined. The focused question was: “Are the bioactivity and osseointegration of PEEK implants comparable to or better than titanium implants?”

Using the key words “dental implant,” “implant,” “polyetheretherketone,” “PEEK,” and “titanium” in various combinations, the following databases were searched electronically: PubMed/MEDLINE, Embase, Google Scholar, ISI Web of Knowledge, and Cochrane Database. 5 in vitro and 4 animal studies were included in the review. In 4 out of 5 in vitro studies, titanium exhibited more cellular proliferation, angiogenesis, osteoblast maturation, and osteogenesis compared to PEEK; one in vitro study observed comparable outcomes regardless of the implant material. In all animal studies, uncoated and coated titanium exhibited a more osteogenic behavior than did uncoated PEEK, while comparable bone-implant contact was observed in HA-coated PEEK and coated titanium implants. Unmodified PEEK is less osseoconductive and bioactive than titanium. Furthermore, the majority of studies had multiple sources of bias; hence, in its unmodified form, PEEK is unsuitable to be used as dental implant. Significantly more research and long-term trials must focus on improving the bioactivity of PEEK before it can be used as dental implant. More comparative animal and clinical studies are warranted to ascertain the potential of PEEK as a viable alternative to titanium.

CLINICAL

Effect of Heavy Smoking on Dental Implants Placed in Male Patients Posterior Mandibles: A Prospective Clinical Study

Forty-five ITI Straumann dental implants were placed into the partially edentulous posterior mandibles of 16 heavy smokers and 16 nonsmokers. All implants achieved osseointegration without complications at least by the end of the 12th week postsurgery. At 6 or 12 months postloading, the MBL and PD were significantly higher in heavy smokers than in nonsmokers, whereas the mSBI and mPLI did not differ significantly between the 2 groups. The one-year cumulative success rate of implants was 100% for both groups. Within the limitations of the present clinical study (such as small sample size and short study duration), which applied the loading at three months postoperation, heavy smoking did not affect the cumulative survival rate of dental implants placed at the posterior mandible in male patients, but heavy smoking did negatively affect bone healing around dental implants by decreasing the healing speed.


CASE LETTERS

Management of a Fractured Implant Abutment Screw

Abutment screw fracture is a rare event, occurring less than 0.5%. Nonetheless, when a fracture occurs, it is very disturbing for the clinician. A fractured abutment screw may occur when the prosthesis is under functional cyclic loading. The abutment screw may be overloaded and fracture, leaving the abutment and coronal screw fragment inside the abutment/crown and the apical fragment in the fixture itself. The author presents cases and detailed information on his approach to retrieving and replacing a fractured abutment screw, which is summarized as follows:

The fragment retained in the fixture can be retrieved with a festooned #557 latch slow-speed burr set in reverse torque. Once the fragment is loosened and advanced coronally, a clockwise-turning #33 1/3 burr is touched to the fragment side to completely remove it. Care is taken not to scar the fixture walls. The cemented abutment and crown can be salvaged by heating the crown/coronal screw fragment to 1000°C for 20 minutes. Upon cooling, the crown and abutment can then be separated. A new abutment screw can be used to secure the repolished abutment. The patient’s diet, occlusal scheme, and maximal bite force should be assessed for overload. The new abutment/screw is torqued into the fixture and the crown occlusally adjusted and recemented for normal functioning. Fractured abutments of overdenture retainers can be treated in the same fashion. Assessment and correction of the occlusal scheme is important.

Practical Education for the Practicing Implant Dentist®

Learn the latest about:
• Managing Atrophy
• Alternatives in Prosthetic Design and Cosmetics
• Soft Tissue Enhancement
• Implant Materials
• Digital Dentistry Workflow
• Avoiding and Treating Complications
• Implant Treatment from Around the Globe

More than 10 Hands-on Workshops

Extensive Track for Sedation: Oral, IV, and BLS/ACLS

Post-Conference Course including Surgery on Patients

Earn at least 20 hours of implant-specific CE

Register by March 31, 2017 and save $200
SPECIAL RATES AVAILABLE UNTIL “MARCH MANIA 2017” - March 31, 2017

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 AAID Member rates)

☐ Dietary Restrictions ___________________________

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

### Meeting Registration

<table>
<thead>
<tr>
<th></th>
<th>By 3/31/17</th>
<th>By 9/12/17</th>
<th>After 9/12/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAID Associate Fellow/Fellow/Diplomate*</td>
<td>$1045</td>
<td>$1145</td>
<td>$1245</td>
</tr>
<tr>
<td>AAID General Member*</td>
<td>$1095</td>
<td>$1195</td>
<td>$1295</td>
</tr>
<tr>
<td>AGD or AACTD Member*</td>
<td>$1095</td>
<td>$1195</td>
<td>$1295</td>
</tr>
<tr>
<td>AGD or AACTD Member # required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NonMember PLUS! Dentist *</td>
<td>$1245</td>
<td>$1345</td>
<td>N/A</td>
</tr>
<tr>
<td>[2017 AAID Membership PLUS Registration] Nonmember*</td>
<td>$1445</td>
<td>$1545</td>
<td>$1645</td>
</tr>
<tr>
<td>Recent Dental School Graduate (2016)</td>
<td>$595</td>
<td>$595</td>
<td>$595</td>
</tr>
<tr>
<td>Technician</td>
<td>$395</td>
<td>$395</td>
<td>$445</td>
</tr>
<tr>
<td>Life &amp; Retired Member</td>
<td>$295</td>
<td>$295</td>
<td>$295</td>
</tr>
<tr>
<td>Office Staff</td>
<td>$395</td>
<td>$395</td>
<td>$445</td>
</tr>
<tr>
<td>Doctor’s Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Spouse Name</td>
<td>$295</td>
<td>$295</td>
<td>$295</td>
</tr>
<tr>
<td>Guest Name</td>
<td>$295</td>
<td>$295</td>
<td>$295</td>
</tr>
</tbody>
</table>

* Includes one (1) President’s Celebration ticket

### METHOD OF PAYMENT

<table>
<thead>
<tr>
<th>Amount enclosed or to be charged</th>
<th>$ ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Enclosed</td>
<td>Visa</td>
</tr>
</tbody>
</table>

Card No. ___________________________ Card Exp. Date: ____________ Security Code: ___________________________

Signature: ___________________________

Send check, payable in US$, and this form to the AAID:
American Academy of Implant Dentistry, c/o Delaware Place Bank, Dept. 350
190 Delaware Place, Chicago, IL 60611

Or register online at www.aaid.com. Or you may fax your form to 312.335.9090.
American Academy of Implant Dentistry
211 East Chicago, Ave., Suite 750
Chicago, IL 60611

P: 312.335.1550 or 877.335.AAID

All refunds are subject to a $50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by September 19, 2017 for a full refund (less the $50 administrative fee). Between September 20, 2017 and September 26, 2017, a 50% refund (less the $50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after September 26, 2017.

---

American Academy of Implant Dentistry is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying qualified providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of Dentistry. American Academy of Implant Dentistry designates this activity for 20 continuing education credits.
It is an exhilarating feeling—25 years ago, almost to the day, I attended my first AAID Annual Conference. It was held in Chicago. At the time, I wasn’t even a member of the Academy. Rather I was the In-office Resident/Research Fellow for the late Dr. Charles Weiss in New York City. Hailing from a conservative south Indian city of Chennai, it was a big culture shock for me coming to New York.

The Academy has always been about mentoring. I was privileged to have been mentored during the first year by some of the best in our profession. Drs. Leonard Linkow, Norman Cranin, Duke Heller, Bob Buhite, and of course Dr. Weiss. These men gave me the hope that I could make it in America. The camaraderie and passion that prevailed within the Academy, and my love for implant dentistry made me want to push myself to become associated with AAID at any cost.

I came to this country with $500—the maximum amount allowed by India law at that time. I worked two jobs during the day and went to the night school at NYU. With a miserly stipend of $200 per week and sharing a room with two roommates, skipping lunch and walking the streets of NYC instead of the subways so that I could save some money to send gifts to my parents was indeed an epiphany. While in school, I still continued to attend our Annual Conferences because I knew that’s where my destination was going to be. I couldn’t afford to pay for the registration fee, so I volunteered to staff the exhibit booth for an implant manufacturing company.

I was feeling sorry for myself and others. Take Bob Salvin, for instance. His own modest beginnings were two glass display cases. Look where he is now. This is what success means when you get involved in the Academy. The convictions and belief systems in the Academy were much more animated than the current presidential debates. I have been privy to “locker room banters” when it came to whose technique was superior.

I recall when I was inducted into the Academy as an Associate Fellow, the late Dr. Carl Misch was at the podium. I could never have imagined that I too would stand at the podium as president of AAID. The thought gives me pause. How can I follow in the footsteps of such greatness and lead this outstanding organization?

Inaugural Address presented October 29, 2016, at 65th Annual Business Meeting

...implant dentistry will become a specialty and eventually each state will recognize our credentials.
I have been privileged to have many in the Academy who have graciously shared their knowledge of implant dentistry with me. They have also shared their understanding of leadership and the inner workings of the AAID. I learned a lot from them. I continue to turn to Dr. Tom Chess—the very first president of our Academy that I encountered. Even today he makes the floor shudder. He may be fondly referred to as the leader of the old guard, but his convictions and principles are evergreen. Just a few others: the elegantly persuasive Emile Martin, the public spirited Kim Gowey, the dauntless Fran Ducoin, the altruistic Lenny Machi, the fiery Frank Recker, the brother from another mother Bill Loconte, the canny Nick Caplanis, the erudite Jaime Lozada and John Da Silva, the bold Bernee Dunson, the dynamite Natalie Wong, the prolific David Hochberg, Dennis Flanagan, Shane Samy, Rod Stewart, my confidant and friend Frank Lamar, the genuine Larry Bush, and my newest hero Richard Mercurio.

To be a leader, one has to be assertive. I am indebted to John Minichetti who taught me to make some noise. It has been a pleasure to work with him on the Board of Trustees. We shared some great times on the Board. I am fortunate to call him my dear friend. I am grateful for the collective input of the Board of Trustees. These wonderful people have made my path to this leadership easier to navigate and I shall be ever grateful for their wisdom.

I worked with many while serving on the Board of Trustees over the previous five years. We collectively crafted the most recent strategic plan for the Academy. They are working hard to represent your interest and bring to the Academy various talents. Many of the objectives we set as priorities are well on their way to being accomplished.

On so many levels, the Academy is the leading organization in implant dentistry in the United States. As we look to the future, I foresee the Academy leveraging our position to become a stronger player in organized dentistry.

As the leader in implant dentistry, the AAID is the proper organization to write the standards for implant dentistry residency programs here and around the world. We have plans to take on that task with the near term goal to have CODA adopt those standards for recognition.

In my opinion, there is little doubt that implant dentistry will become a specialty and eventually each state will recognize our credentials. The recent hallmark vote by the ADA House of Delegates passed Resolution 65 that has now changed the entire equation. When I was preparing this speech, I thought we would have about ten states recognize our credentials by this time next year. Now I am confident that more than half of the United States’ boards will begin rewriting the board regulations to recognize us as the leaders in implant dentistry. The process has begun and we will soon report to you about the progress in AAID News. My bigger hope is to have the world recognize our credentials as the standard for the specialty of implant dentistry.

One of the crown jewels of the Academy is our MaxiCourse®, created by Terry Reynolds, who passed away just a couple of months ago. When I started the MaxiCourse® in India, we just had two in the United States. Now we have grown to 17 MaxiCourses® worldwide. My vision is that by next year, we will be able to say that there is a MaxiCourse® on every populated continent. We are well on our way. With the addition of our two newest MaxiCourses® in Malta and Egypt, we are left with only South America and Australia to achieve our goal. Thereafter, I would like to see us continue to expand in Europe much like we did in Asia.

MaxiCourses® are one of the best ways for dentists to learn what it means to be an implant dentist. It goes well beyond learning the skills. Meeting other dentists who are seeking knowledge about implants, creating relationships that often last a lifetime are so valuable, both professionally and personally.

To me, earning an AAID credential is a badge of prestige and pride. The credentials are evidence that we have the knowledge, training, and experience to provide our patients with the best possible dental implant treatment. It also earns the confidence of our patients. Being a part of the Academy provides support and mutual respect from colleagues. Be proud of your credentials. When I became a Fellow of the Academy, I was in the graduate program in prosthodontics and my program director prohibited me from announcing this to any of our faculty since surgery was anathema in prosthodontics. I ended up writing the surgical protocol for NYU prosthodontics program in 2008. Surreptitiously I went on to perform surgery in my own practice while I was in the program. The whole scenario has changed now. I am now teaching in the department of prosthodontics at Rutgers to teach residents to fabricate provisional implants and the prosthodontics residents to place implants.

Congratulations to all our new credentialed members on accomplishing this momentous achievement.

As I look out at our newly inducted credentialed members, I see many who I know from our MaxiCourses®. I have found over the years that often we learn more from you than we think we are teaching to you. Each day, you make me a better educator. I encourage you to continue learning and sharing. Maintain those relationships that you made at a MaxiCourse® and through your Academy. Become involved in your Academy. I can say with a degree of certainty to paraphrase what JFK said—you can always ask what the Academy can do for you!! We will never ask what you can see President’s Message p. 66
At the 2007 AAID Annual Conference in Las Vegas, Nevada, John Minichetti, DMD, FAAID, DABOII/ID, Past President of the AAID, and Shankar Iyer, DMD, MDS, FAAID, DABOII/ID, current President of the AAID, made a site visit to the newly constructed University of Nevada Las Vegas, School of Dental Medicine. They envisioned conducting a quality, comprehensive, implant education at this state-of-the-art facility. The Las Vegas AAID MaxiCourse® in implant dentistry was launched.

Dr. Minichetti, the Director, who has been teaching implant dentistry for over 30 years and conducting a year-long continuum implant mini-residency for over 12 years at his Dental Implant Learning Center, recalls, “When thinking about the possibility of starting a MaxiCourse® in Las Vegas, I couldn’t have been more excited — the facility and location were ideal. We could offer hands-on surgical training, the latest technology in state-of-the-art facilities, and a destination that would attract the top experts in the field as instructors.

Although it was a big commitment, I knew this would be a great opportunity to build a world class program for the AAID and provide interested dentists a chance to assimilate implantology into their practices. My students have told me for years, it is one thing to listen to a lecture — it’s an entirely different thing to learn by doing.”

With just 18 doctors in its first class, the satisfaction and success of the graduates has spread, and after only five years, the program has grown to a record 83 participants! Dr. Minichetti says “We believe that the value of this course is due to the arrangement of the modules, excellence of the speakers, and the practical topics that we cover. The hands-on experience the students gain is exceptional. They leave with the skills and confidence they need to incorporate implantology into their practices.”

Participants practice implant placement on desk top models, bone graft on models, and perform surgical simulation on mannequins, suture on pig
jaws, and bone graft with implants on cadavers.

Besides the minimum 300 hours of MaxiCourse® participation, students have the opportunity to perform live surgery on patients. The Las Vegas AAID MaxiCourse® currently conducts three-day live surgical programs where participants perform implant surgery, bone grafting, bone manipulation, sinus grafting, and immediate implant placement under the supervision of Dr. Minichetti, Dr. Iyer and other faculty. These programs are currently offered in Cancun, Mexico and Englewood, New Jersey.

Students are academically well prepared to challenge the AAID Associate Fellow examination. Las Vegas AAID MaxiCourse® is proud to tout that its graduates had a 100% pass rate on the Part I AAID Associate Fellow written examination over the past four years. Completion of this program and passing the AAID written exam prepares our participants to become an Affiliate Associate Fellow of the AAID. Many of the participants have gone on to achieve credentialing status as Associate Fellows and a few will be challenging the American Board of Oral Implantology/Implant Dentistry this year. Eight module sessions, webinar learning, and reading assignments are all part of the program.

Besides the didactic and hands-on clinical training, a great camaraderie is formed within each class. Students from previous years have come to audit subsequent session, and to present cases and topics. The Las Vegas AAID MaxiCourse® is unique with its pro-rated tuition system for students and recent graduates. This allows young clinicians to get a step ahead of their colleagues in understanding the diagnosis, treatment planning, and techniques for simple and comprehensive implant/reconstructive dentistry. This year, approximately 20 dental students and 25 recently graduated dentists make up the 2016-2017 class of 83.

According to Dr. Minichetti, "The AAID MaxiCourse® has been such a great learning experience for so many and what better place to work hard while having lots of fun than Las Vegas."

To find out more information about upcoming Las Vegas AAID MaxiCourse®, call The Dental Implant Learning Center at 866.586.0521 or visit their website at www.aaid-vegasmaxicourse.org. ☑
2016 AUCTION PARTICIPANTS

The AAID Foundation raised over $85,000 at its auction held during AAID’s 2016 Annual Educational Conference in New Orleans in October.

The Foundation thanks the following individuals and organizations that donated items for the auction.

Donated Educational Courses & Study Club

ABOI/ID

Geogia MaxiCourse:
Douglas Clepper, DMD & Michael Pruett, DMD
Las Vegas MaxiCourse & Dental Implant Learning Center: John Minichetti, DMD
Loma Linda University MaxiCourse: Jaime Lozada, DMD
Oregon MaxiCourse: S. Shane Samy, DMD
Pikos Institute: Michael Pikos, DDS
Asia MaxiCourse: Shankar Iyer, DDS, MDS

TexMax Implant
MaxiCourse: Jay Elliott, DDS
Ti-Max Institute: George Arvanitis, DDS & Roderick Stewart, DDS
Vancouver MaxiCourse: William Liang, DMD

Corporate Donors
ACE Surgical Supply Co.
Alphine Pharmaceuticals
Ceatus Media Group
Curasan, Inc.
Dentatus USA
Dentium USA
Glidewell Laboratories
HuberMED
Impladent Ltd.

Implant Direct
KAT Implants
Nobel Biocare
OCO Biomedical
Osteogenics Biomedical
Piezosurgery, Inc.
Quintessence Publishing
Rocky Mountain Tissue Bank
Salvin Dental Specialties
Straumann
Tatum Surgical
Unicare Biomedical

Donated Photography, Luxurious Vacations

Hilton San Diego Bayfront
Sea Glass Fine Art Photography
Winspire

SUMMARY OF ACTIONS TAKEN BY BOARD OF TRUSTEES

October 25, 2016, New Orleans, Louisiana

• EXTENDED CONTRACT with Dr. James Rutkowski to remain the Editor-in-Chief of Journal of Oral Implantology for the next five years

• ACCEPTED the 2016-2017 Committee rosters as presented

• APPROVED CO-SPONSORSHIP of the CAPP Asia CAD/CAM conference August 19-20, 2017 and the 2018 WCOI conference in November 2018

• AUTHORIZED CORRESPONDENCE to each of the state dental boards outlining our progress and offering assistance in the development of a revised regulation

• ELECTED Dr. Ki Deog Park as a Fellow of AAID

• ADOPTED the 2017 budget as presented with a revised budget to be presented in February, 2017

• AUTHORIZED expenses for the transition to a new executive director

• APPOINTED Dr. Richard Mercurio as the official liaison between AAID and American Board of Dental Specialties

• SUPPORTED Canadian Academy of Implant Dentistry in their suit in British Columbia
We’ve saved patients time and money and created higher treatment plan acceptance.

– Kim B., Financial Coordinator

At Lending Club Patient Solutions, we’ve spoken with thousands of patients and practices. During our conversations, we’ve learned that straightforward payment plans lead to more satisfied patients. That’s why we only partner with banks that offer simple, budget-friendly payment plans like True No-Interest Plans.* As the name suggests, the plans are free from the all too painful expense of retroactive interest (or deferred interest). And that’s a simple way to keep your patients and team happy. When you’re looking for payment plans to complement your care, give us a call.

To see how straightforward patient financing can be:
Call (888) 848-3070
Visit lendingclub.com/providers

*No interest for 6, 12, 18 or 24 months, after that 23.23% variable APR. Interest will be charged to your account at the standard variable APR of 23.23% (based on the Prime Rate) from the end of the promotional period on the remaining balance if the purchase balance is not paid in full within the promotional period. Minimum monthly payments for this plan during the promotional period will be the greater of: the amount of the purchase divided by the number of months in the promotional period (rounded up to the nearest $1.00), or $5. Required minimum purchase of $499 for the 6-month plan; $999 for the 12-month plan; $1,499 for the 18-month plan; $2,499 for the 24-month plan. Lending Club Patient Solutions credit accounts are offered by Comenity Capital Bank who determines qualifications for credit and promotion eligibility. Minimum interest charge is $1.00 per credit plan. Standard variable APR of 23.23%.

© 2017 Lending Club Patient Solutions products and services provided through Springstone Financial, LLC, a subsidiary of LendingClub Corporation. Payment plans made by issuing bank partners.
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 10, 2016 and January 6, 2017.

Thank you Jerry Stahl, DMD, from Fair Lawn, NJ, for referring nine colleagues to the Academy.

Thank you for Rizwan Ameer from Jeddah, Saudi Arabia for referring four colleagues to the Academy.

Thank you Michael Wehrle, DDS, from Hurst, TX, for referring three colleagues to the Academy.

Thank you for referring a colleague to the Academy:

Bill Anderson, DDS, from Findlay, OH
John Collier, DDS, from Oxford, MS
Jay Elliott, DDS, from Houston, TX
Ben Grieve, Dental Implant Institute of Las Vegas, from Las Vegas, NV
Kyle Hale, DDS, from Houston, TX
John Hargreaves, DDS, from Denver, CO

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

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

Congratulations to Michael Wehrle, DDS

Dr. Michael Wehrle of Hurst, Texas won a drawing for the free 2017 AAID membership dues. He was selected in the drawing of those who referred a new member to the Academy between November 1, 2015 and October 31, 2016. Any member who refers a new member is entered into the annual drawing. The more referrals you make, the more entries you receive.

Olinga Hargreaves, DDS, from Denver, CO
Luke Jordan, DDS, from New Iberia, LA
Joseph Leonetti, DMD, from Paoli, PA
Charles Mandell, DDS, from Hollywood, FL
Dr. Robert Miller, DDS, from Delray Beach, FL
M. Ali Mostafavi, BDS, DDS, from Rochester, NY
Paresh Patel, DDS, from Lenoir, NC
Mohamad Qoseibati, from Riyadh, Saudi Arabia
James Rutkowski, DMD, PhD, from Clarion, PA
Robert Stanley, DDS, from Cary, NC
Vincent Vella, DDS, from Rochester, NY

AAID MEMBERS IN THE NEWS

Les Kalman, DDS, AAFAID, was awarded the Alumni of Distinction Award at Schulich School of Medicine & Dentistry, Western University, London, Ontario, Canada because of the help he has given to less fortunate patients through the Dental Outreach Community Services program.

David Hochberg, DDS, FAAID, DABOIID, was the subject of an interview in Glidewell’s Chairside Magazine on the subject of “My First Dental Implant.”

Shankar Iyer, DDS, MDS, FAAID, DABOIID, and Edward Kusek, DDS, FAAID, DABOIID, will be featured speakers at the Academy of Laser Dentistry’s Peri-Implantitis Tract “Let’s Find a Common Protocol to Treat Consistently,” at ALD’s 2017 Annual Conference. It will be held April 6 - 8, 2017, in Tucson, Arizona. More information can be found at www.laserdentistry.org.

UPCOMING KEY AAID DATES

APRIL 2017
7-8 MINIMALLY-INVASIVE IMPLANT DENTISTRY: LESS IS MORE
Omni William Penn, Pittsburgh, PA

JUNE 2017
9-10 SOLVING DENTAL IMPLANT DILEMMAS
Chicago Marriott Downtown Magnificent Mile, Chicago, IL

OCTOBER 2017
11–14 66TH ANNUAL IMPLANT DENTISTRY EDUCATION CONFERENCE
Hilton San Diego Bayfront, San Diego, CA

APRIL 2018
20-21 WESTERN DISTRICT MEETING
Newport Beach, CA

Check the AAID Online Calendar using this QR Code for a complete listing of all key AAID dates.
American Academy of Implant Dentistry Seeks New Executive Director

Editor’s Note: Effective January 1, 2017, AAID’s new Executive Director is J. Vincent Shuck. He is no stranger to the Academy, having served as Executive Director for over 15 years. He retired at the end of 2007 and has spent the last nine years in Yelm, Washington with his wife, Dr. Lee Anne Campbell, an Associate Fellow of the Academy. Vincent expects to be on the job at the Chicago Headquarters for approximately six months. During that time, he will help conduct the search for a permanent executive director, while also working with Headquarters’ staff to continue the high level of service that members have come to expect. If any reader of AAID News knows of someone who is qualified and interested in the Executive Director position, following is the job announcement and instructions for applying.

Overview
The American Academy of Implant Dentistry, representing dental health care professionals, seeks a new Executive Director. The Academy is a world-wide professional association based in Chicago and during its 66 year history is recognized as the premier organization for dental implant professionals, has benefited from exceptional financial stewardship and has influenced the dental health care marketplace.

The Executive Director reports to the President and the Board of Trustees and has the overall responsibility for the administration and management of the 6,000 member professional organization. The Executive Director supervises a staff of 10 and manages an annual budget of $3.8M.

Qualifications
Candidates should have a proven record of leadership in the membership association community or related field and have knowledge of all aspects of organizational management. The next Executive Director will possess a strong business and financial acumen; have an enlightened outlook on membership recruitment, experience in developing collaborative relationships and an entrepreneurial focus on expanding dental health care marketing. A Bachelor’s degree is required and a relevant Master’s degree is preferred. Recognized credentials in the association management field desired.

Personal Characteristics
The ideal candidate will have proven experience with and be able to demonstrate her/his ability in the following areas:

• Authenticity — realistic, genuine and reliable virtues that earn respect.
• Conviction — believes in working on and for the Academy’s mission.
• Leadership — strong work ethic, able to make decisive choices and support recommendations/positions with logic and facts; leads the Board with exceptional background information and guidance.
• Loyalty — understands and can express directions to support or alter plans to accomplish goals.
• Communicator — strong writer and public speaker as well as a good listener.
• Ambassador — energetically represents the Academy and enjoys serving as the face of the Academy.

Duties and Responsibilities
• Overall management of the Headquarters Office.
• Oversees the annual budget, financial records and the expenditure of funds.
• Directs the strategies for addressing the Academy’s mission and oversees the planning, implementation and evaluation of programs, activities and services.
• Explores and examines changing philosophies in the dental profession.
• Represents the Academy with other organizations.
• Recruits, hires, mentors and evaluates executive staff.
• Oversees membership recruitment, membership services and recommends changes or adaptions.
• Administers the planning, implementation, execution and evaluation of all publications, marketing and public relations activities.
• Plans and coordinates the annual educational meeting.
• Assists in the administration of the continuing education courses and the Academy’s credentialing/testing programs.
• Stimulates effective and functional communications with AAID leaders.

Supplemental Information and Application Process
The Academy offers a competitive salary and an excellent benefits package. To warrant consideration, please electronically submit a cover letter with salary requirements and resumé to: AAID Search Committee, c/o jvshuck@aaaid.com.
Education and Beignets highlights of AAID Annual Conference

More than 1,500 attendees enjoyed beignets and learned the latest about implant dentistry at AAID’s 65th Annual Educational Conference in New Orleans, Louisiana last October.

Dr. Leonard Bailey’s keynote addresses inspired attendees as he related his life-long experiences with infant heart transplants. Dr. Ed Zuckerberg closed the conference with tips on how to leverage social media for the benefit of patients and the practice. In between, attendees heard from more than 60 different world-class experts in implant dentistry.

Hands-on workshops, including a full-day course using cadaver heads, allowed attendees to learn hard and soft tissue grafting techniques. A post-conference course on microsurgical principles provided even more learning by doing.

Beignets, bread pudding, jambalaya, étouffée and more were enjoyed over the three and one-half days of the Conference.

Next year’s Annual Conference will be held in San Diego, October 11 – 14, 2017. More information and registration links are available on AAID’s website.
Hands-on courses took many forms.

A full house of doctors listened intently to Main Podium programs.

Personalized instruction was one of the benefits of hands-on programs.

Attendees wanted to know what the exhibitors had to offer.

Attendees put on their finest attire for the President’s Celebration.

Table clinics presented an excellent way to learn.

AAID staff let their hair down at the end of the President’s Celebration.

Dr. Jason Kim celebrated his new Honored Fellow status.

Dr. Art Molzan thanked the Academy for his Aaron Gerchikoff/Norman Goldberg Award.
#1 Implant Learning +
#1 Food City = Pittsburgh

Your appetite for outstanding implant dentistry education and tasty dining can be satisfied in one place — AAID’s Northeast and Southern District Meeting in Pittsburgh, Pennsylvania, April 8 – 9, 2017.

Named the nation’s #1 Food City by Zagat, Pittsburgh was also named one of the “Best Places to Travel in 2016” by Travel + Leisure. You are able to enjoy yourself while earning 11 hours of implant-specific continuing education credits and learn about “Minimally-Invasive Implant Dentistry: Less is More.”

Programs and presenters include:

**Biologics and Protein Growth Factors: Behind the Bioscience**
- James R. Rutkowski, DMD, PhD, FAAID, DABOII/ID

**The Use of Biologic Growth Factors (PRF, CGF, AFG) to Enhance Clinical Predictability with Minimally Invasive Surgery**
- Jason Kim, DDS, FAAID, DABOII/ID

**Crestal Sinus Approach: A Hammerless Solution to the Indirect Sinus Lift**
- Isaac Tawil, DDS

**Time as the 4th Dimension in Implant Dentistry**
- Gilbert Tremblay, DDS, FAAID, DABOII/ID

**Full-Arch Implant Restorations**
- Sponsored by Glidewell Laboratories
- Randolph Resnik, DMD, MDS, DABOII/ID

**Reducing Chairtime in Implant Dentistry: Tips and Tricks from Over Two Decades of Profitability**
- George Arvanitis, DDS, FAAID, DABOII/ID

**Best Practices for Working with Soft Tissues in Implant Therapy**
- James E. Ference, DMD, MBA, AFAAID, DABOII/ID

**Improving Implant Patient Care with Optimal Imaging Modality: Has 3D Imaging Replaced 2D Radiographs?**
- Joanne Éthier, DMD, MBA, Cert. OMFR, MS

**Soft Tissue Considerations for Implant Dentistry**
- John Minichetti, DMD, FAAID, DABOII/ID

**Guided Surgery & Guided Prosthetics: An Alternative to Advanced Grafting Procedures**
- Natalie Wong, DDS, FAAID, DABOII/ID

**Edentulous Guides and the Dual Scan Protocol for Efficiency and Accuracy**
- Justin Moody, DDS, FAAID, DABOII/ID

In addition, attendees can choose to attend optional hands-on workshops: (Additional fee required)

**Tie One On: A Suturing Workshop**
- Richard Grubb, DDS, FAAID, DABOII/ID

**Full-Arch Implant Solutions from Overdentures to Fixed Ceramics**
- Sponsored by Glidewell Laboratories
- Jack Hahn, DDS, FAAID, DABOII/ID
- Paresh B. Patel, DDS

The Northeast and Southern Districts will also honor Dr. Burton E. Balkin of Philadelphia, Pennsylvania with a Lifetime Achievement Award and a dinner in his honor on Friday, April 7, 2017. 🍽️
Integrity Tapered Implant System

- Our unique tapered design is anatomically correct, enabling easier implant placement, while providing enhanced primary stability.
- Designed to be a single surgery implant, that preserves both crestal bone, and soft tissue.
- Simple abutment placement due to the soft tissue level connection.
- Internal pentagon offers 5 secure, and positive abutment positions.
- Strong, stable, and retrievable abutment design utilizing large retention screws (2.0mm and 2.5mm).
- Internal tapered abutment connection to reduce the abutment/screw load.
- A lab “Friendly” system throughout the world.

Designed for Simplicity, Engineered for Strength.

Tatum Integrity Implants feature an internal pentagon offering 5 secure, and positive abutment positions.

Experience you can trust.
The combination of strength, reliability, 35 years of clinical service and reasonable pricing makes buying Tatum Implants a smart choice.

To place your order or to learn more about the full product line of the Tatum Integrity Implant System, Call Tatum Surgical today!

1-888-360-5550

or visit us online TatumSurgical.com
2016 Associate Fellows

Sam Akhrass, DDS, Lenoir City, TN received his dental degree from the University of Tennessee in 2003 and completed the 2014 AAID/Georgia MaxiCourse®.

Dr. Abdulkareem Abdullah Alhumaidan, Loma Linda, CA received his dental degree in 2009 from King Faisal University in Saudi Arabia and is a 2016 graduate of the advanced Education in Implant Dentistry program at Loma Linda University.

Jeffrey Glen Allred, DDS, San Marcos, CA received his dental degree from the Virginia Commonwealth University in 2008 and completed the 2014 AAID/Loma Linda MaxiCourse®.

Dr. Zahraa Tariq Al Jubori, Abu Dhabi, United Arab Emirates received her dental degree from Baghdad University in 1999 and completed the 2011 AAID/Asia MaxiCourse®.

Dr. Hamad Saleh Alrumaih, Loma Linda, CA received his dental degree from the University of Damman, Saudi Arabia and completed the Implant Fellowship program at Loma Linda in 2016.

Mohamed Akmal Ariff, BDS, Bangalore, Karnataka, India received his dental degree from Bangalore College in 1994 and completed the 2012 AAID/Asia MaxiCourse®.

Bader Sulaiman Albader, DDS, Loma Linda, CA received his dental degree from King Faisal University in Saudi Arabia. He is a 2016 graduate of the advanced Education in Implant Dentistry program at Loma Linda University.

Mouhmad Bashar Abdullah Alkabbani, DDS, Madinah, Saudi Arabia received his dental degree from Damascus University in 1994 and completed the 2014 AAID/Asia MaxiCourse®.

Bader Sulaiman Albader, DDS, Loma Linda, CA received his dental degree from King Faisal University in Saudi Arabia. He is a 2016 graduate of the advanced Education in Implant Dentistry program at Loma Linda University.

Mohammed Burhan Aref AlKhatib, DDS, Al Madinah, Saudi Arabia received his dental degree from Damascus University in 1979 and completed the 2014 AAID/Asia MaxiCourse®.

Sharif Alsabbagh, DDS, London, ON, Canada received his dental degree from Western Ontario University in 2013 and completed the 2014 AAID/Toronto MaxiCourse®.

Syed Khalid Altaf, BDS, MDS, Bangalore, Karnataka, India received his dental degree from M.S. Ramaiah Dental College in 2000 and completed the 2013 AAID/Asia MaxiCourse®.

Mohammed Zafrullah Baig, DMD, Tallahassee, FL received his dental degree from NOVA Southeastern University and completed the 2013 AAID/Georgia MaxiCourse®.
Be Prepared!

The American Dental Association (ADA) has recently passed guidelines recommending the use of capnography for monitoring patients under mild to moderate sedation.\(^1\) Evidence shows that capnography with standard monitoring improved the sensitivity of detecting adverse respiratory events and reduces the risk of hypoxemia during moderate sedation compared with standard monitoring alone.\(^2\)

Capnography can be an essential monitor for patient safety during mild, moderate and deep sedation.

A capnograph monitors a patient’s respiration rate and \(\text{ETCO}_2\) levels to provide the earliest indicator of an adverse breathing event. Many dentists already recognize the importance of using capnography to monitor their sedated patients who, in some cases, may experience depressed breathing.

Multiple studies have shown that the \(\text{ETCO}_2\) measurement from a capnograph provides information regarding patient ventilation issues earlier than other monitoring modalities such as pulse oximetry and visual monitoring.\(^3\)\(^4\)

Nonin Medical’s RespSense\(^\text{®}\) and LifeSense\(^\text{®}\) Capnography Monitors provide continuous and reliable monitoring to help identify potentially life-threatening respiration rate and ventilation status changes during dental and oral surgery on sedated patients.

Learn More

- Review the white papers, articles and case studies
- Read the Guidelines
- Learn about Nonin capnography for sedation dentistry and oral surgery
- Purchase a Nonin RespSense or LifeSense Capnography Monitor

nonin.com/dentistrysr  800.356.8874

---

Nicholas Edward Baker, DMD, Bloomington, IL received his dental degree from Southern Illinois University in 2008 and completed the 2012 AAID/Georgia MaxiCourse®.

Raghd Michel Bashour, DDS, Dubai, United Arab Emirates received his dental degree from Ajman University in 2010 and completed the 2013 AAID/Asia MaxiCourse®.

Jose Luis Beltran, DMD, MD, Temple Terrace, FL received his dental degree from Harvard University in 2003 and his doctorate degree from the University of Texas in 2008. He completed the 2014 AAID/New Jersey MaxiCourse®.

Dr. Aditya Sanjay Bhawasar, Loma Linda, CA received his dental degree in 2010 from M.G.V. Dental College and Hospital in Nashik, India. Dr. Bhawasar also received his Masters in Dental Sciences in 2014 from Rutgers University and completed the Implant Fellowship Program at Loma Linda University in 2016.

Darrel Lee Bischoff, DDS, Peoria, AZ received his dental degree from the University of Loma Linda in 1983 and completed the 2015 AAID/Las Vegas MaxiCourse®.

Mohamed Wagdy Bissar, BDS, MSC, Cairo, Egypt received his dental degree from Ain Shams University, Faculty of Dentistry in 2014.

Charles Ashley Clayton, DDS, Nashville, TN received his dental degree in 2004 from the University of Tennessee.

Gregory Allen Cyra, DDS, Minocqua, WI received his dental degree from Marquette University in 1978 and completed the 2010 AAID/Puerto Rico MaxiCourse®.

Shraddha Anand Date, BDS, Pune, Maharashtra, India received her dental degree from Bharati Vidyapeeth in 1996 and completed the 2012 AAID/Asia MaxiCourse®.

Paul Roper Downing, DMD, Columbia, SC received his dental degree from the Medical University of South Carolina in 1986 and completed the 2011 AAID/Georgia MaxiCourse®.

Nathan Stephen Doyel, DMD, Sherwood, OR received his dental degree from Oregon Health Sciences University in 1997 and completed the 2014 AAID/Oregon MaxiCourse®.

Ahmed Kazim Hamid Elsinarry, MDS, Jeddah, Saudi Arabia received his dental degree from Khatoum University in 1995 and his doctorate degree from New York University in 2009. He completed the 2014 AAID/Asia MaxiCourse®.

Andrew Gerald Ericksen, DDS, Holladay, UT received his dental degree from Creighton University in 2011.

James A. Flerchinger, DDS, Sandy, OR received his dental degree from Creighton University and completed the 2011 AAID/Oregon MaxiCourse®.
Effective Marketing for Implant Dentistry

We have a deep understanding of dental marketing and successfully market implant dentistry for our clients.

We provide expert dental implant marketing for general dentists and specialists. We specialize in marketing for high-production cases. We provide a good patient flow for our clients for single implants, implant-supported bridges and dentures, same-day loading procedures and full-mouth reconstruction.

We offer websites and Internet marketing programs and direct mail brochures, custom magazines and postcards. Our marketing programs can be tailored exclusively for dental implants or for all dental services with a strong implant dentistry presence.

Dr. Jeffery Lee showing a patient the results of her cone beam CT scan. We made Dr. Lee a custom website and magazine to market his implant services.

Our Custom Magazine program is a very successful marketing vehicle for dental implants.

We just started our second mailing of the Gilleard Custom Magazine Program last week. This means the list of people we mailed to the first time, will start getting the second mailing. Yesterday and today, we had a combined eight new patients, and sold around $80,000 worth of dentistry. This is just from one mailing and two days.

Nader Hawa, DMD, Sterling, VA, General Dentist

I've had more quality, large cases come in ready to do treatment with Gilleard Dental Marketing's custom magazine, dollar for dollar, than any other form of marketing that I've ever used.

Charles Smurthwaite, DDS, Rocklin, CA, General Dentist

Gilleard Dental Marketing put together a customized marketing program BASED ON MY PRACTICE. From the day we went online with our new website and online advertising, we began attracting quality new patients for the type of dentistry I like to deliver. Implants, cosmetic dentistry and Invisalign are some of the procedures our new patients HAVE COME IN REQUESTING!

Bill Davidson, DDS, Northfield, OH, General Dentist

Take advantage of our knowledge and experience in marketing implant dentistry by accepting our offer of a complimentary marketing consultation for your practice. Get any questions answered.

Complimentary Consultation

info@gilleardmarketing.com • (855) 743-6310 • www.GilleardDentalMarketing.com

© 2017 Gilleard Marketing
Patrick S. Foley, DDS, Denver, CO received his dental degree from Creighton University in 1985 and completed the 2012 AAID/Las Vegas MaxiCourse®.

Paul Bryan Gabriel, DMD, Wexford, PA received his dental degree from the University of Pittsburgh in 1994 and completed the 2007 AAID/MaxiCourse®.

Allen A. Ghorashi, DDS, Ramsey, NJ received his dental degree from Northwestern University in 1993.

Michael F. Grasso, DDS, Chesterfield, MO received his dental degree from the University of Missouri at Kansas City in 1984 and completed the 2012 AAID/Georgia MaxiCourse®.

Sunil Han, DDS, Seoul, South Korea received his dental degree from Wonkwang University in 2012 and completed the 2013 AAID/Korea MaxiCourse®.

Michael F. Hrankowski, DDS, Mountlake Terrace, WA received his dental degree from the University of Washington in 1982 and completed the 2011 AAID/Vancouver MaxiCourse®.

Thomas Charles Johnson, DMD, Napa, CA received his dental degree from Washington University-St. Louis in 1984 and completed the 2015 AAID/Loma Linda MaxiCourse®.

Greeshma Kanumuri, BDS, Bhimavaram, AP, India received her dental degree from Bapuji Dental College in 2003 and completed the 2014 AAID/Asia MaxiCourse®.

Paul David Herrera, DDS, Lawrence, KS received his dental degree from the University of California-San Francisco in 1982.

Terrence L. Hunt, DDS, Rocky River, OH received his dental degree from Case Western Reserve University in 1988.

Jaehan Kim, DDS, Jin Ju, Kyung sang nam do, South Korea received his dental degree from Kyungbook National University in 2011 and completed the 2013 AAID/Korea MaxiCourse®.

Nabeel Tamer Hidar, MDS, Makkah, Saudi Arabia received his dental degree from Damascus University and completed the 2014 AAID/Asia MaxiCourse®.

Yoonhee Jang, DDS, Pohang, Gyeongsangbuk-do, South Korea received her dental degree from Pusan National University and completed the 2012 AAID/Korea MaxiCourse®.

Mohamed M. Hindy, DDS, MS, Oaklawn, IL received his dental degree from the University of Illinois-Chicago in 2008 and completed the 2011 AAID/Georgia MaxiCourse®.

Ihyon Jo, DDS, Seongnam, Gyeonggi-do, South Korea received his dental degree from Yonsei University in 2009 and completed the 2013 AAID/Korea MaxiCourse®.

Sangse Kim, DDS, Seoul, South Korea received his dental degree from Wonkwang University in 2012 and completed the 2014 AAID/Korea MaxiCourse®.
With more than a decade of experience, and a high cumulative survival rate, the Tapered Screw-Vent open system design offers features for modern implantology treatments:

- Tapered design for immediate placement cases with sufficient bone.
- Immediate loading is indicated when there is good primary stability.
- MTX® Surface topography achieves high bone to implant contact and features osteoconductive properties.
- Zimmer’s proprietary Platform Plus™ Technology is a proprietary friction-fit abutment connection documented to shield crestal bone from concentrated occlusal forces.


For more information please contact your local Sales Representative.

www.zimmerbiometdental.com
Kanako Kondo, DDS, Nagoya-shi, Japan received her dental degree from Nihon University School of Dentistry in Matsudo in 1985 and completed the 2015 AAID/Japan MaxiCourse®.

Anh Le, DMD, Elmira, ON, Canada received his dental degree from Universite de Montreal in 2008 and completed the 2013 AAID/Toronto MaxiCourse®.

Helen K. Lester, DDS, Eugene, OR received her dental degree from Creighton University in 2001 and completed the 2013 AAID/Las Vegas MaxiCourse®.

Jae-Yu Lim, DDS, Uiwang-si, Gyeonggi-do, South Korea received his dental degree from Wonkwang University in 2010 and completed the 2013 AAID/Korea MaxiCourse®.

Satyanarayana Raju Mantena, BDS, MDS, Bhimavaram, AP, India received his dental degree from Meenakshi Ammal Dental College in 2004 and completed the 2014 AAID/Asia MaxiCourse®.

Travis Alan Markle, DDS, Tyler, TX received his dental degree from the University of Texas Health Science Center-San Antonio in 2001 and completed the 2012 AAID/Georgia MaxiCourse®.

Moemen Metwally, DDS, Laredo, TX received his dental degree from the University of Pacific-San Francisco in 2011 and completed the 2015 AAID/Las Vegas MaxiCourse®.

Iraj Movahhedi, DDS, Oxnard, CA received his dental degree from the University of Minnesota in 1993 and completed the 2006 AAID/New York MaxiCourse®.

Dawud Abdul Muhaimin, DDS, Vacaville, CA received his dental degree from the University of California – San Francisco in 1999.

Hye Jin Nam, DDS, Suwonsi, Gyeonggi-do, South Korea received her dental degree from Pusan National University in 2010 and completed the 2012 AAID/Korea MaxiCourse®.

Vishali Nandiwada, DMD, Manalapan, NJ received her dental degree from the University of Pennsylvania in 1997.

Tiberiu Oancea, DDS, Houston, TX received her dental degree from the University of Tokyo in 2007 and completed the 2011 AAID/Las Vegas MaxiCourse®.

Toshimitsu Okudera, DDS, PhD, Tokyo, Japan received his dental degree from the University of Tokyo in 2005 and his doctorate degree from Kanagawa Dental College in 2010. He completed the 2014 AAID/Korea MaxiCourse®.

Garrett Frederick Orr, DDS, Winchester, TN, received his dental degree from the University of Tennessee in 2008. He completed the 2012 AAID/Georgia MaxiCourse®.

Masashi Otani, DDS, Osaka City, Osaka, Japan received his dental degree from Osaka University in 1993 and completed the 2013 AAID/Korea MaxiCourse®.
The franchise network for advanced implant dentists.

- Geographic exclusivity and demographics to be the only practice to market the Teeth Tomorrow brand.
- Extensive web, TV, Print, Radio advertisements customized for your territory.
- 2 day surgical and prosthetic training.
- Affiliation with a local Teeth Tomorrow certified lab to create a next day provisional.
- Discounted lab fee’s from Tischler Dental Laboratory.
- National Pooled marketing with network members.
- Much more!
Juhyun Park, DMD, Seoul, South Korea received his dental degree from Kyungbook National University in 2011 and completed the 2012 AAID/Korea MaxiCourse®.

Weidong Pei, DDS, PhD, North York, ON, Canada received his dental degree from the University of Toronto in 2004 and completed the 2011 AAID/Toronto Maxicourse®.

Jean Marie Provo, DDS, Abbotsford, BC, Canada is a 2001 graduate of Dalhousie University Dental School and completed the 2011 AAID/Vancouver MaxiCourse®.

Damanjeet Singh, DDS, West Palm Beach, FL received her dental degree from University of California – Los Angeles and completed the 2012 AAID/Georgia MaxiCourse®.

Manoj K. Patel, DDS, Orlando, FL received his dental degree from the University of Florida-Gainesville in 2010 and completed the 2015 AAID/Georgia MaxiCourse®.

Curtis Lamar Pickard, DMD, Thomson, GA received his dental degree from the Medical College of Georgia in 2006 and completed the 2012 AAID/Georgia MaxiCourse®.

Peter Lawrence Ricciodi, DDS, Sparks, NV received his dental degree in 2005 from Creighton University and completed the 2014 AAID/Las Vegas MaxiCourse®.

Maungmaung Ryan Thaw, DDS, Milpitas, CA received his dental degree from the Institute of Dental Medicine, Myanmar in 1987 and completed the 2014 AAID/Loma Linda MaxiCourse®.

Shivam S. Patel, DDS, Atlanta, GA received his dental degree from the University of Illinois-Chicago in 2012 and completed the 2012 AAID/Georgia MaxiCourse®.

Usha Polavarapu, DDS, Irvington, NJ received her dental degree from New York University in 1994.

Michael Macy Rice, DDS, Santa Rosa, CA received his dental degree from the University of the Pacific in 2012 and completed the 2015 AAID/Loma Linda MaxiCourse®.

Neil Ecker Torgerson, DMD, Tallahassee, FL received his dental degree in 1987 from Washington University-St. Louis and completed the 2012 AAID/Georgia MaxiCourse®.

Jyoti Deepak Pawar, MDS, Satara, Maharashtra, India received her dental degree from MARDC India and completed the 2012 AAID/Asia MaxiCourse®.

Dr. Kiddee Poomprakobsri, Loma Linda, CA received his dental degree in 2012 from Loma Linda University and is a 2016 of the Advanced Education in Implant Dentistry Program.

S. Masoud Saidi, DMD, Langley, BC, Canada received his education from the University of British Columbia in 1995 and completed the 2015 AAID/Vancouver MaxiCourse®.

Mark Herndon Whitefield, DDS, Hermitage, TN received his dental degree from the University of Tennessee in 1995.
The Revolutionary
New Approach to
Digital Full Arch

Hybridge Express Digital simplifies full arch restorations for the dental implant practitioner with the most efficient digital protocol available. Significantly fewer appointments, more profitability and much happier patients.

Full Arch Completely Done in 2 weeks!

To Learn More Call (585) 319-5400
Visit HybridgeNetwork.com/XD
Douglas Lee Wirth, DMD, Oak Harbor, WA received his dental degree from Tufts University in 1979 and completed the 2014 AAID/Georgia MaxiCourse®.

Xuetao Xie, DMD, Mississauga, ON, Canada received his dental degree from the University of Manitoba in 2007 and completed the 2012 AAID/Toronto MaxiCourse®.

Fouad Yadani, DMD, Manchester, NH received his dental degree from Laval University in 2006 and completed the 2014 AAID/New Jersey MaxiCourse®.

Wonyong Yi, DDS, Jeonju, Cheonbuk, South Korea received his dental degree from Chonbuk National University in 2004 and completed the 2009 AAID/Korea MaxiCourse®.

Yoshikazu Yamazaki, DDS, PhD, Yokohama-shi, Kanagawa, Japan received his dental degree from Kanagana Dental University in 1991 and doctorate degree in 2013.

Takashi Yokoyama, PhD, Anjo, Japan received his dental degree from Aichi-Gakuin University in 1994 and doctorate degree in 1998. He also completed the 2010 AAID/Korea MaxiCourse®.
IN-OFFICE HIGH FIDELITY HUMAN SIMULATION
Dental Office Airway – Emergency Management of the Sedated Patient
Taking your AAOMS, AAP, ADA, ASDA Simulation to the next level!

Dental Simulation Specialists, Inc.

Increase Patient Safety Awareness
Organize and Optimize Office Operations
Share Best Practices
Enhance Dental Team Performance
Improve Patient Outcomes

“Follow the leaders in your industry by putting yourself, your assistants, your staff, and your office through the ultimate simulation experience. Utilize your own equipment, space, and personnel in the privacy of your own office and at your convenience.”

Optional AHA, ACLS, or PALS

For further information, contact:
Rick Ritt, EMT-P, MA
President – Consultant
@dentalsimulationspecialists@gmail.com
847-975-6554
2016 Fellows

Benjamin A. Baptist, DDS, Chicago, IL received his dental degree from the University of Chicago in 2009. In 2012 Dr. Baptist completed the AAID/Georgia MaxiCourse®.

John D. Beckwith, DMD, Hillsborough, NJ received his dental degree from the University of Pennsylvania in 1987, and became an ABOI/ID Diplomate in 2015.

Olinga Hargreaves, DDS, Denver, CO received her dental degree in 1999 from the University of Texas, San Antonio. In 2003 Dr. Hargreaves completed the Georgia MaxiCourse®. She became an ABOI/ID Diplomate in 2015.

John Robert Hargreaves III, DDS, Denver, CO received his dental degree from the University of Colorado Denver in 1998. In 2003 Dr. Hargreaves III completed the AAID/Georgia MaxiCourse® in 2003 and is a 2015 ABOI/ID Diplomate.

Scott Lamming, DDS, San Juan Capistrano, CA received his dental degree from Georgetown University in 1985, and is a 2015 ABOI/ID Diplomate.

Scott Laming, DDS, Burnaby, BC, Canada received his dental degree from the University of Alberta in 1990 and completed the 2011 Vancouver MaxiCourse®. He is also an ABOI/ID Diplomate, class of 2015.

Olinga Hargreaves, DDS, Gwangju, South Korea received his dental degree from the Dental College of Chonnam National University in 1990. In 2012 Dr. Park completed the AAID/South Korea MaxiCourse®.

Richard Rapoport, DDS, Westmount, QC, Canada received his dental degree from McGill University in 1980, and became an ABOI/ID Diplomate in 2015.

Abdul R. Majzoub, DDS, Chicago, IL received his dental degree from Northwestern University in 1992 and graduated from an advanced postgraduate program in 2010 from Southern Illinois University. Dr. Majzoub is a 2015 ABOI/ID Diplomate.

Ki Deog Park, DDS, PhD, Gwangju, South Korea received his dental degree from the Dental College of Chonnam National University in 1990. In 2012 Dr. Park completed the AAID/South Korea MaxiCourse®.

Lyle Scott Pidzarko, DDS, Burnaby, BC, Canada received his dental degree from the University of Alberta in 1990 and completed the 2011 Vancouver MaxiCourse®. He is also an ABOI/ID Diplomate, class of 2015.

Alex Gun-Woo Rhee, DDS, Peterborough, ON, Canada received his dental degree from the University of Toronto in 2002, and earned his ABOI/ID Diplomate in 2015.

Keerthi Senthil, DDS, MS, Rancho Mirage, CA received her dental degree from the University of Loma Linda in 1998 and completed the Advanced Education in Implant Dentistry in 2014. She is also a 2015 ABOI/ID Diplomate.

Rudy Wassenaar, DMD, Williams Lake, BC received his dental degree in 1981 from the University of Amsterdam and became an ABOI/ID Diplomate in 2014.
INTRODUCING THE PREXION EXCELSIOR PRO

A NEW ERA IN ADVANCED IMAGING TECHNOLOGIES

The Prexion Excelsior PRO provides even more stunning, high-definition 3D images without an increase in radiation due to advancing all CBCT core technologies including the x-ray tube and the flat panel detector (FPD) – all done in-house by PreXion. Choose from multiple capture modes including Panoramic, Bitewing, and TMJ, and see more detail than ever before.

<table>
<thead>
<tr>
<th>Fields of View</th>
<th>Year Parts Warranty</th>
<th>Increased Image Quality</th>
<th>Decreased Radiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1024 x 1024 x</td>
<td>1024 x 1024 x</td>
<td>0.1-0.2 mm</td>
</tr>
<tr>
<td>15x8 10x8</td>
<td>816 VOLUME SIZE</td>
<td>816 VOLUME SIZE</td>
<td>0.3 mm</td>
</tr>
<tr>
<td>10x5 5x5</td>
<td>16 bit GRAYSCALE</td>
<td>16 bit GRAYSCALE</td>
<td>FOCAL SPOT</td>
</tr>
<tr>
<td></td>
<td>LOWER DOSE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Increase your implant practice with the advanced image quality of the Prexion Excelsior. With our powerful implant planning software, you can easily and quickly map the mandibular nerve, assess bone quantity and quality, and determine proper implant angulation and position. The highest levels of predictability and clinical success are at your fingertips.*
The AAID is pleased to welcome the following new members to the Academy. The following members joined between August 22, 2016 and January 2, 2017. If you joined the Academy recently and your name does not appear, it will be listed in the next issue. The list is organized by state and then alphabetically by city. International member list is organized by country, province (if available), and city. Contact your new colleagues and welcome them to the Academy.

ALABAMA
Derrick Mendez, DMD
Brierfield
J. Roger Smith, DMD
Mountain Brook

ALASKA
David Paape, DDS
Anchorage
Blair Tudor, DMD
Anchorage

ARIZONA
Jaime Tobon, DDS
Cave Creek
Denise Choo
Glendale
Victor Pacheco
Glendale
David R. Anderson, DMD
Peoria
Joe Mehranfar, DMD,MS
Phoenix
Brian Nelson, DMD
Phoenix
Robert G. Baird
Queen Creek
Perry Fraiman, DDS
Surprise
James L. Davenport
Tucson

CALIFORNIA
Jacob Kim, DDS
Loma Linda
Vedran Dupanovic, DDS
Carmichael
Angel Soto
Carmichael
Mark A. Barraza, DDS
Chula Vista
Jiachang Zhang
Encinitas
Avedis Allen Meserkhani CDT
Gelindale
Andre Eliasian, DDS
Glendale
Noha Nour, DDS
Irvine
Chien-Ho Chen, DDS
La Habra
David Haddad
Loma Linda
Sky Martin, DDS
Loma Linda
Tisa Siadatie, DDS
Los Angeles
Joshua Lebovics
Los Angeles
Orest Frangopol, DDS
Mission Viejo
Luke M. Jordan, DDS
New Iberia
Eugene Oriola, DDS
Northern Valley
Naresh Kureghian, DMD
Northridge
Trieu Ton, DDS
Oakley
Blair Bitner, DDS
Palm, Desert
Kenneth Mak, DDS
Pasadena
Alex Brao, DDS
Petaluma
Jaskiran Grewal, DDS
Riverbank
Wayne Sutton
Rohnert Park
Ehsan Mossavi, DDS
Roseville
Ajaykumar Patel, DDS
Salida
Victor Tran, DDS
San Diego
Justin Becerra, DDS
San Francisco
Dean L. Duncan, DDS
San Francisco
Deepak Hirannda Shetty, DDS, MDS
San Jose
Disbel Mansilla, DDS
San Luis Obispo
Soon No Kim, DDS
Torrance
Wynn Shang
Tustin
Sergio Aquila, DDS
Victorville

COLORADO
Ali Al Doori
Aurora
Jorge Villanueva
Aurora
Hani Marogil, DMD
Broomfield
Michelle Caldwell
Denver
Marina Hagens
Denver
Kirill Vasilyev
Denver

CONNECTICUT
Anna Komnatnaya, DMD
New Haven
Shakil Syed, DDS
South Windsor

FLORIDA
Brenton N. Assing, DDS
Brandon
Sandra Miller, DDS
Cooper City
Elizabeth Ziadie, DDS
Cooper City
Takashi Koyama, DMD
Ft. Pierce
Kimberley Mowery, DMD
Gainesville
Ankit Patel, DDS
Gainesville
Felipe Salles PhD
Hialeah
William J. Geyer, DDS
Lutz
Malinna Garcia
Margate
Ivette Jorge, DMD
Miami
Joel Berley, DMD
Plantation
David Wallace Sorensen, DMD
Ponte Vedra
Daniel Fenton, DMD
Port St. Lucie
Fadi Raffoul
St. Petersburg
Mary Teresa Prendiville, DDS
Tampa
Berkeley Nichols
West Palm Beach

GEORGIA
Jesse Belyeu, DMD
Augusta
Rudy Vega, DDS
Augusta
Joshua Steven White, DMD
Augusta
Parth Rajendrakumar
Parekh, DDS
Augusta
Matthew Miller, DDS
Brunswick
Richard Hendricks
Furman, DMD
Flowery Branch
90% of people don’t look past the first page of search results.

Will they find your website?

Don’t be invisible. Get a website engineered for search engine performance. With a team of experts on your side, more new patients will be just a click away.

*Set your new website up by February 28th and get website hosting FREE until April. Call or click for details.*

(877) 853-6798 • Officite.com/Winter/AAIDNews
NEW MEMBERS

ILLINOIS
Nolen Levine, DDS
Chicago
Oladimeji Ogbara, DDS
Chicago
Satish Reddy, DDS
Chicago
Sayedamir Danesh
Sani, DDS
Itasca
Tania Lodhi, DDS
Schaumburg
Bryan Bauer, DDS
Wheaton

IOWA
Nicholas Salava, DMD
Coralville

KANSAS
Thomas A. Rainbolt, DDS
Lawrence
Philip Gordon
Leawood

KENTUCKY
Jeffrey Peter, DMD
Independence

LOUISIANA
Jacob McInnis, DDS
New Orleans
Patrick Briese, DDS
Rayne
Frank Sullivan
Saint Francisville
Henry Allen Long, DDS
West Monroe

MAINE
Aaron Palmer, DMD
Ellsworth

MARYLAND
Daniel McLellan, DDS
Bel Air
Sathiyanathan
Nadarajah, DMD
Eldersburg
Niraj P. Patel, DDS
Germantown
Marshone Clark, DDS
Odenton

MASSACHUSETTS
Robert Rapisarda, DMD
Barre

MICHIGAN
Muamer Alshalah
Sterling Heights
Michael Danelia, DDS
West Bloomfield

MINNESOTA
Tyler Kovisto, DDS
Greenfield

MISSISSIPPI
Matthew Alexander
Loeb, DMD
Brandon
Larissa Hammer
Oxford

MISSOURI
Corbin Hayter, DDS
Ozark

MONTANA
Robert Chafflin
Chinook

NEVADA
Harshal Patel
North Las Vegas
Florida Traivali, DMD
Henderson
Paul Schwarz, DMD
Henderson
Matthew Milligan, DMD
Incline Village
Stephen Frugoli
Las Vegas
Michael Gu, DDS
Las Vegas
Ji Loh
Las Vegas
Alan Thomas McCaffrey, DMD
Las Vegas
Ben Nguyen
Las Vegas
Keya Patel
Las Vegas
John Silvaroli
Las Vegas
Mathew Stewart, DMD
Reno

NEW JERSEY
Shreyas Shah, DDS
Englewood
Jae An, DDS
Englewood
Eun Hur, DMD
Franklin Lakes
Anthony Iuvone, DMD
Hackettstown
Ankit Parikh, DMD
Iselin
Alex Fitzhugh, DMD
Jersey City
Johnimel Merene-Bianco, DDS
Jersey City
Seyed Hossein Shaye Moosavi, DMD
Jersey City
Leonid Sverdlov, DMD
Jersey City
Christopher Bauer, DMD
Montclair
Marc Gimbel, DDS
Montville
Vincent M. Foring, DMD
Oakhurst
Vishal Dhatrak BDS
Ocean
Rattanjit Kamboj, DMD
Piscataway

NEW YORK
Daniel Jammal, DMD
Amherst
SuZanne, D. Shapero, DMD
Baldwinsville
Nhan Ho, DDS
Brewerton
Lauren D’Elia, BDS
Brooklyn
Jose Ladino, DDS
Brooklyn
Peter Mo, DDS
Brooklyn
Lena Sapozhnikoff, DDS
Brooklyn
Stephanie Trottnow, DDS
Brooklyn
Paul Sohn, DDS
Flushing
Gabriel Strauss, DDS
Great Neck
Frances Conde, DDS
Kingston
Derik Stucker, DDS
Lindenhurst
Grayson Burgardt, DDS, MSD
Pittsford
Janice Diaz, DMD, MSD
Pittsford
John M. Tuminelli, DDS
Rochester
Farzin Ghanavati, DDS, MSD
Rochester
Michael Costa, DMD
Staten Island

OHIO
Sam M. Latif, DMD
Columbus
Renee DiDonato, DDS
Lewis Center
Caleb Robinson, DDS
New Philadelphia
Brian Crouse, DDS
Poland

OKLAHOMA
Benjamin Franklin Edwards, DDS
Ada
Nha Trung Duong, DDS
Oklahoma City

OREGON
Roman Alexanderoff, DMD
Astoria
Katherine Stahr, DDS
Bend
Thompson Jared, DMD
Forest Grove
Doug Chadwick, DDS
Newport
Philip Joel Gross
Portland
Igor Sitnik, DMD
Salem

PENNSYLVANIA
Kyutaek Cha, DDS
Bensalem
Rami Khoury, DMD
Bethlehem
Kathleen Herb Brower, DMD
Doylestown
William A. Choby, DMD
Latrobe
Eunice Wu, DMD
Philadelphia
YiYang Zou, DMD
Philadelphia
BJu Paul
Uwchland

PUERTO RICO
Tiara Otero, DMD
Bayamón
Claudia M Ancira, DDS
San Juan

RHODE ISLAND
Mansi Mehta, DDS
Cranston

SOUTH, DAKOTA
Jonathan Held, DDS
Sioux Falls
Adam Swindorf, DDS
Sioux Falls

TENNESSEE
Jerry Midyett, DDS
Collierville
Stephen B. DeLoach, DDS
Dickson
Brian West, DMD
Nashville

TEXAS
Allen Lee, DDS
Houston
Vijaya Bathina, DMD
Amarillo
Ali Albeer, DDS
Coppell
Robert E. Stevens, DDS
Crosby
Romulo Joseph
Guideng, DMD
Dallas
John I. Hanna, BDS, DDS
Dallas
Audrey L. Staubury, DDS
Highland Village
Abedin Dadhebeigi, DMD
Houston
Amrita Ganguly, DDS
Houston
Lindsay Tilger, DDS
Houston
Richard Baratta
Katy
Gibeum Kim
Little Elm
Lee Shik Shin, DDS
Mckinney
Robert Winston Allen, DDS
Mckinney
Richard Ragnell
Piano
Bradley Wyatt, DMD
Prosper
Felipe Morales, DDS
San Antonio
Arlynn Raez, DDS, MS
San Antonio

UTAH
Nicholas Wilthem, DMD
West Jordan

VIRGINIA
Minoo Akhavan
Malayeri, DDS
Annandale
Victoria Keir, DDS
Arlington
Babak Salahbin, DDS
Oakton
Justin Ray Norbo, DDS
Purcellville
Chris Kondorossy, DDS
Richmond

WASHINGTON
Senan Ahmed
Belleville
Robert Leale, DDS
Spokane
Mayank Shorey
Bellevue
Jeffrey Osborn
Gig Harbor
YooJung Chang, DMD
Lacey
New Members

ISRAEL
Helena Gryner
Petah Tikva

ITALY
Marco Ciccì
Messina

NEW ZEALAND
Scott Waghorn, BDS
Auckland

PERU
Giuliana Marianeth
Crespo Naupari, DDS
Lima

QATAR
Seham Hussain
Alyafei, BDS
Doha

ROMANIA
Alexandru Karkhi
Bucharest

SAUDI ARABIA
Tarik Kamil Ahmed
Hassan Khwater, BDS
Abha

Adham Hamed
Almehmadi, BDS
Jeddah

Khaled Chokri Asaad, MDS
Jeddah

Manar Riad Halwani
Jeddah

Tarif Abdurezak Drak Al Sebaei, MSD
Jeddah

Bashir Shirli, MDS
Jeddah

Mohamed Ali Ecta
Jeddah

Abidusalam Ahmed
Alamir

Jeddah

Saeed Yahya Alyami, BDS
Najran

Ahmed Mahmoud
Shayesh Abataineh
Riyadh

Abdulateef Ahmed A.
Balateef, BDS
Riyadh

Adel Ahmed Huzaimi
Riyadh

Mohammad Ismail
Qosebati
Riyadh

Basel Diab Suliman
Riyadh

SOUTH KOREA
Jong in Kim
ChungNam Dangjin-si

Myung Hwan Kim
Busan

Oh Hwiseong, DDS
Incheon

Jong Hyun Shin, DMD
Incheon

Kim Tae Hoon
Jeju-do

Dong Su Roh
Jincheon-gun,
Chungcheongbuk-do

Kyu Sik Jung
Kimpoo

Lee Jung Chul, DDS
Pyeongtaek-si,
Gyeonggi-do

Chihun In, DMD
Seoul

Jung Nam Jin
Seoul

Bong Wook Jun, DDS
Seoul

Sangmin Lee, DMD
Seoul

Howon Kim
Tong-young

UNITED ARAB EMIRATES
Raneem Adel Hmidan
Abu Dhabi

Ziad Kassem
Abu Dhabi

Poothampillil
Nandakumar
Menon, BDS
Abu Dhabi

Reshma Nandu
Sawant, BDS
Abu Dhabi

Mohammed Sulaiman
Abu Dhabi

Maita Abdalla
Mohammad Al Naqbi
Abu Dhabi

Abeer Babiker Hamad
El-Nil, DDS
Ajman

Geevus Cheruppanakkal
Chakkunny
Al Nuaimiah
A1 Al Miski
Dubai

Ahmad Kinan Mhd.
Hicham Al-Sawaf, BDS
Dubai

Sneha Niles
Gourshttiwar, BDS, MDS
Dubai

Arjumand Akhtar
Kabzi, BDS
Dubai

Shahabuddin Khan
Dubai

Yousef Masoud Al Haider
Najran

Show your Aaid Pride

Order your Aaid logo scrubs
https://glsgroupinc.com/aaid

WWW.AAID.COM WINTER 2017 61
AAID welcomes new student members

It’s never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. AAID’s electronic membership, open only to dental students, has been in place for several years, and we currently have over 1,000 dental student members who are entitled to online access to Academy information and resources. The following is the list of new electronic dental student members who joined between June 22, 2016 and January 3, 2017.

Boston University
Salina Suy

Columbia University
Ashleigh Alex
Saahil Brahmhatt
Richard Clough
Vishah Dhamee
Juliana Elkouri
Emily Funk
Hayley Golden
Cale Groll
Stacy Gurborg
Joseph Gurko
Benjamin Hanft
Courtney Haron
Susan Park
Eric Shon
Jennifer Vargos

Georgia Regents University
Brandon Burleigh
Devan Callaway
Martin Clark
Christian Dahl
Evan Frisbee
Raina Graham
Paul Hanna
Jenny Humm
Anika Islam
Amber Ivey
Andrew King
Matthew Lewis
Dorian Longshore
William Lopez
Cherie Murray
Amanda Newberry
Nicole Ochoa
Clay Oliver
Ciancy Poore

Howard University
Tiffany Campbell
Philip Kaplan

Medical University of South Carolina
Christian Alegria
David Babb
Casey Bennett

Chris Conzett
Micah Dowling
Celeste Granger
J. Harrison Josey
Sohee Kim
Laura Koberda
James Davis Lemon
Margaret Livingston
Mary Machowsky
Sneha Mohan
Robert Tanner
Oldham
Tyler Parrish
Cariel Franco
Elizabeth Rowe
Lauren Smith
Dylan Sobin
Samual J. Ta
Michael Thompson
David Thorup
Brantley Tinsley
Joseph M. Weed
Stefan Wilkes
Heather Wright

New York University
Danielle Indelicato
Amy Parsol

Rutgers University
Raquel Rodriguez
Aviva Rosner
Eli Shteingart

State University of New York at Stony Brook
Matthew Penner

Temple University
Nick Kelley

University of Florida
Violeta Trenkora

University of Indiana
Phil Hoyt
Mona Singh

University of Michigan
Maral Ranjbar
Aghdam
Fernando Archuleta

Nandan Buch
Brandon Churchman
Stevan Djordjevic
Tyler Eatchel
Tyler Gauger
Brandon Jankowsky
Eugene Lee
Steven McCarthy
Akintunde Ojo
Habin Park
Jun Sup Park
Panchali Patel
Nicoletta Pusat
Amelia Richardson
Ke Wang

University of Nebraska
Alaina Allen
Brooke Barellman
Christopher Cooper
Josh Folchert
Sarah Genrich
Allison Kern
Alex Kusek
Rob Meyer
Jacob Nordhues
John O’Brien
Kelsey Sasse

University of New England
Priya Katwala

University of Pennsylvania
David Greco

University of Texas at Houston
Tom Guu

Virginia Commonwealth University
Zainab Aled
Amruta Ashok
Bahar
Yeu Jin Baik
Daniel Baker
Ross Baker
Matt Bar
Lauren Bartholomeu
Clara Bergeron
Arash Bhatti
John Bounds

Pooja Chugh
Elizabeth Corbin
Nick Dalal
Swathi Devaki
Carlo Farn
Lauren Feininger
Patricia Flores
Robert French
Julien Gual
Kyle Herndon
Toan Ho
Rasha Hussein
Lina Jameel
Mathew Kittrell
Daniel Kwon
Alex Long
David Long
Hannah Mabe
Max Marzouk
Maureen Maximos
Clay May
Elizabeth McGovern
Richa Mehta
Ian Milton
Mohammed Naime
Loa Nguyen
Swati Pandey
Taylor Parr
Devang Patel
Shreya Patel
Leen Qutachi
Heba Rashid
Karoline Seekford
Bright Sefah
Ben Shapiro
Tonya Spangler
Julia Springfield
Surabhi Swarup
Diana Tenrey
Stephanie Till
Jennifer Tran
Katie Vo
Travis Wagner
Rebaz Waise
Natalie West
Ann Wheelock
Alice Xiang
Timothy Yang
Nicholas Yesbeck
Matthew Yeung
STOP drilling into a hole. It’s time to see and be free.

C-guide™

The only Universal Keyless Guided Surgery System.

Powered by Densah® Bur Technology

*Patent Pending

View the illustrating video.
CONTINUING EDUCATION BITE

AAID MaxiCourses®
GRU/AAID MaxiCourse®
“Comprehensive Training Program in Implant Dentistry”
Monthly March through December
Contact: Lynn Thigpen
Phone: 800-221-6437 or 706-721-3967
E-mail: LBThigpen@gru.edu
Website: www.georgiamaxicourse.com

Las Vegas MaxiCourse®
370 Grand Ave, Englewood, NJ 07631
Director: John Minichetti, DMD
Contact: Esther Yang
Phone: 201-871-3555
E-mail: info@englewooddental.com
Website: aaid-vegasmaxicourse.org

New York MaxiCourse® in Implant Dentistry
St. Barnabas Hospital
4422 Third Avenue
Bronx, NY 10457
Co-Directors: John Minichetti, DMD and Joseph C. D’Amore
Contact: Esther Yang
Phone: 201-871-3555
E-mail: info@englewooddental.com
Website: www.dentallearningimplantcenter.com

Nova Southeastern University College of Medicine MaxiCourse®
Fort Lauderdale, FL
Director: Jack Pierramati, DMD
Contact: Jack Pierramati, DMD
Phone: 609-314-1649
E-mail: jpierramati@yahoo.com
Website: www.dental.nova.edu

Oregon/AAID MaxiCourse®
Medoline, Inc.
September – June
1 weekend per month
Contact: Dr. Shane Samy
Phone: 800-603-7617
E-mail: oralaidmaxicourse@gmail.com
Website: www.oraalidmaxicourse.com

Puerto Rico MaxiCourse®
Ten sessions from September through June
Contact: Miriam Montes, Program Coordinator
Phone: 787-642-2708
E-mail: prmaxicourse@gmail.com
Website: www.theaddi.com

Rutgers University of Dental Medicine MaxiCourse®
September - June
110 Bergen Street, Room B701
P.O. Box 1709
Newark, NJ 07101-1709
Director: Jack Pierramati, DMD
Coordinator: Janice Gibbs-Reed, MA, CMP
Phone: 973-972-6561
E-mail: gibbs@sdm.rutgers.edu
Website: sdmin.rutgers.edu/CDE/MaxiCourse

TexMAX® Dental Implant Education MaxiCourse®
Director: Jay Elliott, DDS
Registrar: Jackie Martinez
Telephone: 281-703-9468
Email: jackie@texasimplanteducation.com
Website: www.texasimplanteducation.com

TI-MAXImplant Maxicourse®
September – June
Ten 3-day weekends
Oakville, Ontario, Canada and Waterloo,
Ontario, Canada
Phone: 905-235-1006
Contact: Chantel Furlong
E-mail: info@ti-maxicourse.ca
Website: www.ti-maxicourse.ca

Vancouver, British Columbia MaxiCourse®
September – June
Contact: Andrew Gillies
Phone: 604-330-9933
Email: andrew@implantconnection.ca
Website: www.vancouvermaxicourse.com

Japan MaxiCourse®
13, Morimaki-cho, Moriyama-ku
Nagoya, Japan 463-0073
Director: Yasunori Hotta, DDS, PhD
Phone: +81-52-794-8188
E-mail: hotta-dd@ifi.iij4.or.jp
Website: www.hotta-dc.com

MaxiCourse® Asia
October – August
One week bi-monthly
Abu Dhabi, United Arab Emirates; New Delhi,
India; Bangalore India; Jeddah, Saudi Arabia
Contact: Dr. Shankar Iyer
E-mail: drsiyer@aol.com
Website: www.maxi-courseasia.com

Korea MaxiCourse®
Monthly March through December
Contact: Dr. Jaehyun Shim
E-mail: dental-care@hanmail.net
Website: www.kdi-aid.com

Egypt MaxiCourse®
15 ezz eldeen Mohamed Hazha
Helipolis, Cairo, Egypt
Co-Directors: Kim Gowey, DDS;
Shankar Iyer, DDS, MDS
Administrative Contact: Dr. Mahmoud Kohail
E-mail: mahmoudkohail@ascde.com
Telephone: (002)01141403350

LUDES Higher Education Institute – AAID
Malta MaxiCourse®
Building SCM 01
Ricasoli 1001 Malta
Co-Directors: Dennis Fiansagan, DDS, MSc;
Shankar Iyer, DDS, MDS
E-mail: drsiyer@aol.com
Website: www.ludes.edu.mt

Courses presented by AAID credentialed members*

U.S. LOCATIONS
AAID Study Club/Mini Residency in Implant Dentistry
September – June, Bi-weekly
100 hours CE credit
Approved by NJ State Board of Dentistry
Contact: Dr. Shankar Iyer
Email: drsiyer@aol.com
Website: www.maxicourseasia.com

Basic and Advanced Implant Mini-Residency in Surgery & Pros. and Live Surgery Weekend
John C. Minichetti, DMD
Contact: Esther Yang
Phone: 201-871-3555
E-mail: info@englewooddental.com
Website: www.dentallearningimplantcenter.com

California Implant Institute
1 Year Comprehensive Program in Implant Dentistry
San Diego, CA
4 sessions; 5 days each
300 CE credits
Dr. Louie Al-Faraje, Academic Chairman
LIVE patient courses also offered by the Institute
Phone: 858-496-0574
E-mail: info@implanteducation.net
Website: www.implanteducation.net

Certified Training Course for the Er, Cr:YSGG Laser
Edward Kuskek, DDS
Contact: Kristi Meyer
Phone: 605-371-3443
Website: www.drkusek.com/courses.html

Connecticut Dental Implant Institute
Joel L. Rosenlicht, DMD, Director
* Advanced Bone Grafting
* Basic Implant Dentistry
* Advanced Implant Dentistry
All courses feature live surgeries and hands-on model workshops Venue: Rosenlicht Oral & Facial Surgery Center, Manchester, CT
Contact: Michelle Marcil
Phone: (860) 649-2272
E-mail: Michelle@jawfixers.com
Website: www.JawFixers.com

Fixed Removable Implant Treatment
Carol Phillips, DDS
Contact: Melissa Martin
Phone: 800-549-5000
Hands-on Training Institute
Dr. Ken Hebel
Hands On Implant Training –
Prosthetics, Surgery and Bone Grafting
Contact: Kerri Jackson
Phone: 888-806-4442 or 519-439-5999
E-mail: info@handsontraining.com
Website: www.handsontraining.com
Programs held throughout the year in Canada, New Jersey, California and Texas

Laser Pocket Reduction & Diode Training for the Dental Professional
Souix Falls, SD
March 17-18, 2017
September 29-30, 2017

Live Surgical Prettau Zirconia Implant Bridge Course
Michael Tischler, DDS; Scott Ganz, DMD; Claudia Patch, DMD
Tischler Dental Laboratory
Woodstock, NY
Contact: 845-679-2737
Website: www.prettau.com

Linkow Advanced Implant Courses
Course Director: Dr. Michael Shulman
Phone: 201-840-7777
Contact: Amelia
Phone: 951-655-1909
E-mail: info@adi seminars.com
Website: www.adi seminars.com

Midwest Implant Institute Externship – “The One-on-One Training You Are Looking For”
Drs. Duke & Robert Heller
Advanced Courses:
(305) Implant Prosthetics
(601) Bone Grafting & Sinus Elevation
(602) Digging Out of Problems
Contact: 614-505-8647
E-mail: lisa@impl antdentist.org
Website: www.midwestimpl antinstitute.com

Pathway Learning Series Swiss Implants, Inc.
Carol L. Phillips, DDS, Director
84 CE Units – Six 2-Day Workshops
Contact: Julie Hansen
Phone: 805-781-8700

Pikos Implant Institute
Michael A. Pikos, DDS
CT Diagnosis and Treatment Planning
Contemporary Soft Tissue Grafting
Advanced Bone Grafting
Advanced Bone Grafting II
Contact: Alison Thiede
Phone: 727-781-0491
E-mail: learn@pikos institute.com

Sendax Mini-Implant Seminars & MDI
Mini Residencies
Basic & Advanced Interactive & Hands-On MDI training
Contact: Keith Henry
Phone: 580-504-8068
E-mail: vs@send ax-mini dentim pl.com
Website: www.sendax-minidentim pl.com

Tatum Institute USA
A Hands-on Learning Series emphasizing the “Hilt Tatum” NIRISAB Philosophy
Location: Atlanta, Georgia
Instructors: Dr. Richard Borgner and Dr. Bernee Dunson
• Sinus Augmentation/Manipulation
• Bone Expansion
• Advanced Bone Grafting
• Nerve Lateralization
• Segmental Osteotomies
• Cadaveric Specimen Course
Each module contains both hands-on practicals and live surgeries
Contact: Rebekah Register
Phone: 727-459-4910
E-mail: tatuminfo@aol.com
Website: tatuminstituteusa.com

University of Nevada, Las Vegas (UNLV)
Division of Continuing Education Courses in Implant Dentistry
Live Implant Surgery Course (3 months)
Surgical Bone Grafting Human Cadaver Course (3 days)
Hands-on Maxillary Sinus Augmentation Course (2 days)
Pig Jaw Surgical Bone Grafting Course (2 days)
Francis Jones, DDS, PhD (Ca)
Contact: Roxane Santiago
Phone: 702-774-2822

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

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

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

Implant Connect: Prosthetic Course
One-year program that will cover patient selection, treatment planning, occlusal considerations and how to incorporate implants into your practice.
E-mail: andrew@impl antconnection.ca
Website: www.cditc.ca

Pacific Implant Institute
Dr. Ron Zokol
Comprehensive Training in Implant Dentistry
September through June
Location: Vancouver, B.C., Canada
Contact: Kim
Phone: 1-800-669-2280
E-mail: kimer@piidentistry.com
Website: www.piidentistry.com

Toronto Implant Institute
Toronto Implant Institute
Natalie Y. Wong, DDS, FAAD, DABOI/ID
Implant Prosthetic Session: Traditional to Digital
Digital Implant Dentistry Internship
Guided Surgery and Guided Prosthetics™ for Immediate Full-Arch Implant Restorations
Contact: Linda Shoulidce
Phone: 416.566.9855
Email: linda@ti2inc.com
Website: www.ti2inc.com

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

OUTSIDE NORTH AMERICA LOCATIONS
Beirut Implant Dentistry Center
CE Courses Survey of Surgical and Prosthetic Implant Care
Drs. Jihad Abdallah & Andre Assaf
Contact: Mahia Cheblac
Phone: +961 1 747650 or +961 1 747651
Fax: +961 1 747652
E-mail: beirutidc@hotmail.com

AAID Affiliated Study Clubs*
CALIFORNIA
Bay Area Implant Synergy Study Group
San Francisco
Matthew Young, DDS, FAAD, DABOI/ID
Contact: Kimberly
Phone: 415-392-8611
E-mail: info@dentalimplantssc.com
Website: www.dmatthewyoung.com/
BayAreaImplantSynergyPage.htm

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

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

see Continuing Education p. 66

WWW.AAID.COM  WINTER 2017 | 65
Clinical Bite

continued from page 24

it was not worth the risk of possible increase of morbidity.
If facing the same situation today, I would raise the segment, but wouldn’t do immediate loading. I would augment the facial aspect with allograft that is readily available now on the market. Unfortunately, in 1998, there were very limited options for minimally invasive surgery techniques available. A video of the procedure is available online at www.youtube.com/watch?v=j9bQOR1o9Yk

Vladimir V. Soyfer, DMD, PhD, is in the private practice of dentistry at Advanced Dental Associates in Fairfax, Virginia. The website for the practice is www.fairfaxdentistva.com. He earned his DMD from the University of Pennsylvania School of Dental Medicine.

President’s Message

continued from page 33

do for the Academy. The only thing we ask is take what you received and share it to the benefit of mankind. Reach out to those who you don’t know. Become a mentor. Who knows, maybe one day, someone will stand here and mention how indebted they are to you for their accomplishments.

Speaking of being indebted, I would be remiss if I didn’t mention how indebted we all are—as individual members and as the elected leadership of the AAID—to our headquarters’ staff. They make it look easy but we know the amount of time, dedication, creativity, and skill they provide to help make the Academy the single most successful dental organization in the country.

Of course, I would not be here today without the support and love of my family. To my beautiful wife and partner in our dental practice, Preeti, our daughter Easha, and our son Varish, I say thank you for being there for me.

Finally, I invite you to join Preeti, me, and your AAID family next year in San Diego at our 66th Annual Conference. Thank you.

Continuing Education

continued from page 65

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

NEW JERSEY
Bergen County Implant Study Club
John C. Minichetti, DMD
Contact: Esther Yang
Phone: 201-871-3555
E-mail: info@englewoddental.com
Website: www.dentalimplantlearningcenter.com

Lincroft Village Dental Implant Study Group
Tatum
Contact: Martha Gatton
Phone: 732-842-5005
E-mail: lincroftimplant@aol.com

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

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

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

* This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, contact Ellen Paul, Director of Professional Development at ellen@aaid.com.
When my surgical career was cut short, Treloar & Heisel was there for me.

“Under the guidance of a knowledgeable Treloar & Heisel representative, early in my career I purchased the right kinds of insurance for myself and my practice. So when my doctors told me I could no longer perform surgery, I was thankful to continue to receive a healthy income stream.”

Dr. Craig Leffingwell

Call 800.345.6040
www.treloaronline.com

Securities, investment advisory and financial planning services are offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC www.sipc.org. Supervisory Office: Six PPG Place, Suite 600, Pittsburgh, PA 15222 • (412) 562-1600.
WE’VE MADE FIXED FULL-ARCH RESTORATIONS A SNAP.

NO SCREWS. NO CEMENT. NO COMPROMISES.

Fixed for the patient. Easily removed by the clinician.

LOCATOR F-Tx® is a simplified, time-saving solution for full-arch restorations with no compromise to prosthesis strength or esthetics. Optimized for efficiency and chair time savings compared to conventional screw-retained systems, LOCATOR F-Tx features a novel, “snap-in” attachment that eliminates the need for sub-gingival cement or screw access channels. LOCATOR F-Tx is the latest innovation from Zest Dental Solutions expanding treatment options for the edentulous patient—*with less chair time and higher patient satisfaction*.

To learn more, please visit our website at [www.zestdent.com/FTx](http://www.zestdent.com/FTx) or call 800.262.2310.

©2017 ZEST Anchors LLC. All rights reserved. LOCATOR F-Tx, F-Tx and ZEST are registered trademarks and Zest Dental Solutions is a trademark of ZEST IP Holdings, LLC.