

AAID NEWS

Mentorship and Collaboration

MAKE AAID CULTURE SPECIAL

INSIDE

2026 Annual Conference
President's Celebration

Beyond the Puppet Strings:
The Neuroscientific and Stoic
Case for Human Agency

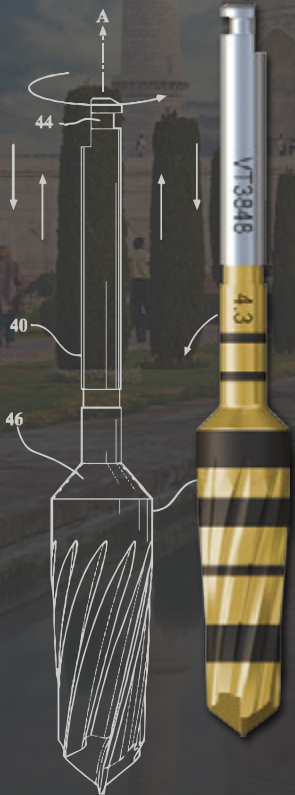
Credentialed for the Courtroom:
How Dentists Can Leverage
AAID Credentials in a
Malpractice Defense



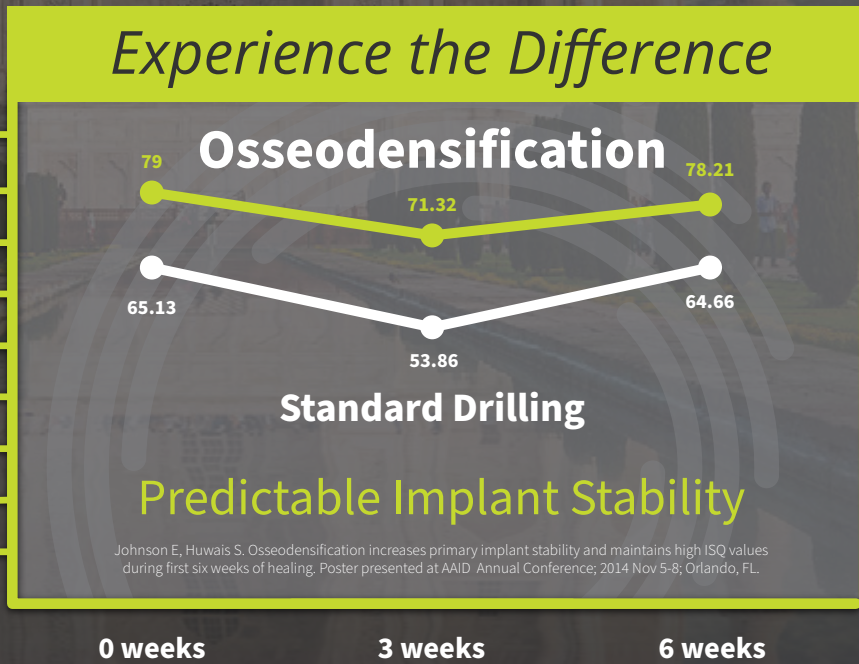
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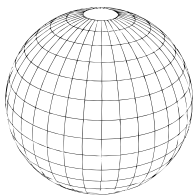
16



20



contents



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Table of Contents

4	President's Message <i>2026 Annual Conference President's Celebration: We're Trading the Tux For A Honky-Tonk</i>
6	Cover Story <i>Mentorship and Collaboration Make AAID Culture Special</i>
14	Executive Director's Message <i>Celebrating 75 Years, Together</i>
16	Special Feature <i>Beyond the Puppet Strings: The Neuroscientific and Stoic Case for Human Agency</i>
19	Editor's Notebook <i>My take on Stoicism</i>
20	Legal Bite <i>Credentialed for the Courtroom: How Dentists Can Leverage AAID Credentials in a Malpractice Defense</i>
22	2026 Fellow and Associate Fellow Candidates
25	Member Story <i>Climbing Higher: The Cotopaxi Expedition Raises \$60,000 for Charity</i>
26	JOI Sampler

Academy News

32	New Members
34	Continuing Education Bite
38	Ad Index



PRESIDENT'S MESSAGE

By Donald Provenzale, DDS, FAAID, DABOI/ID
AAID President

2026 Annual Conference President's Celebration

WE'RE TRADING THE TUX FOR A Honky-Tonk

As we look toward our 75th Anniversary Diamond Jubilee this fall in Nashville, I've been thinking a lot about what makes the AAID special. It's not just the world-class clinical expertise or our status as the oldest implant organization in the country. It's the camaraderie. It's the fact that when we get together, we aren't just colleagues; we're a community.

For decades, the **President's Celebration** has followed a familiar rhythm: a formal ballroom, a nice dinner, and a series of podium speeches. Don't get me wrong—tradition has its place. But for our 75th Anniversary, in a city as vibrant as Nashville, I decided it was time to "tune up" the celebration.

This year, on the night of **Saturday, October 3**, we are breaking out of the Gaylord Opryland and heading straight into the neon heart of Music City. We aren't just hosting a dinner; we're throwing a party.

The Venue: Category 10

If you haven't heard the buzz yet, our venue for the night is **Category 10**, the massive, multi-level honky-tonk on Broadway co-founded by country superstar Luke Combs. This isn't your average bar. Named after his hit "Hurricane," the space is designed to be an immersive Nashville experience. With Nashville's largest dance floor and multiple levels, every seat in the house puts you right in the middle of the action—immersed in the music, the energy, and the electric atmosphere that makes this night unforgettable.



MUSIC • FOOD
SPIRITS & SPORTS





More Fun, Less Formality

My goal for this evening is simple: celebrating what makes AAID special, camaraderie. We are cutting back on the formal speeches by moving most of the awards to a dedicated ceremony on Friday afternoon. We'll still highlight the essentials including the Gershkoff-Goldberg award, of course, but the focus is shifting toward networking, dancing, and just having a really fun, high-energy evening together.

Instead of being confined to a table all evening, you'll be free to move around and make the night your own. Grab a drink at the bar, join the line dancers on the main level, or head upstairs to relax and catch up with colleagues. You can enjoy a dinner of scratch-made Southern favorites inspired by Luke Combs and explore different spaces to find the vibe that fits your mood.

Leave the Driving to Us

I know the Gaylord Opryland is a spectacular resort, but it is a bit of a trek from the downtown action. We want everyone to enjoy the night safely and without the hassle of navigating Broadway traffic or hunting for rideshares.

We've organized a **dedicated bus fleet** to transport our entire group from the Gaylord directly to the front doors of Category 10. The shuttles will run throughout the evening, making it easy for you to get to the party and get back to your room whenever you've had your fill of the Nashville nightlife. Feel like staying out? You can also make your way back to the Gaylord on your own time.

A Diamond Jubilee to Remember

The AAID has spent 75 years "Honoring the Past and Engineering the Future." On October 3, we're going to spend the night celebrating the people who make that possible—you.

This revamped President's Celebration is a thank-you to our members. It's a chance to let your hair down, celebrate our collective success, and experience the raw energy of one of the greatest entertainment districts in the world.

I promise it will be a night unlike any other in AAID history. I'll see you on the dance floor!

Event Details at a Glance

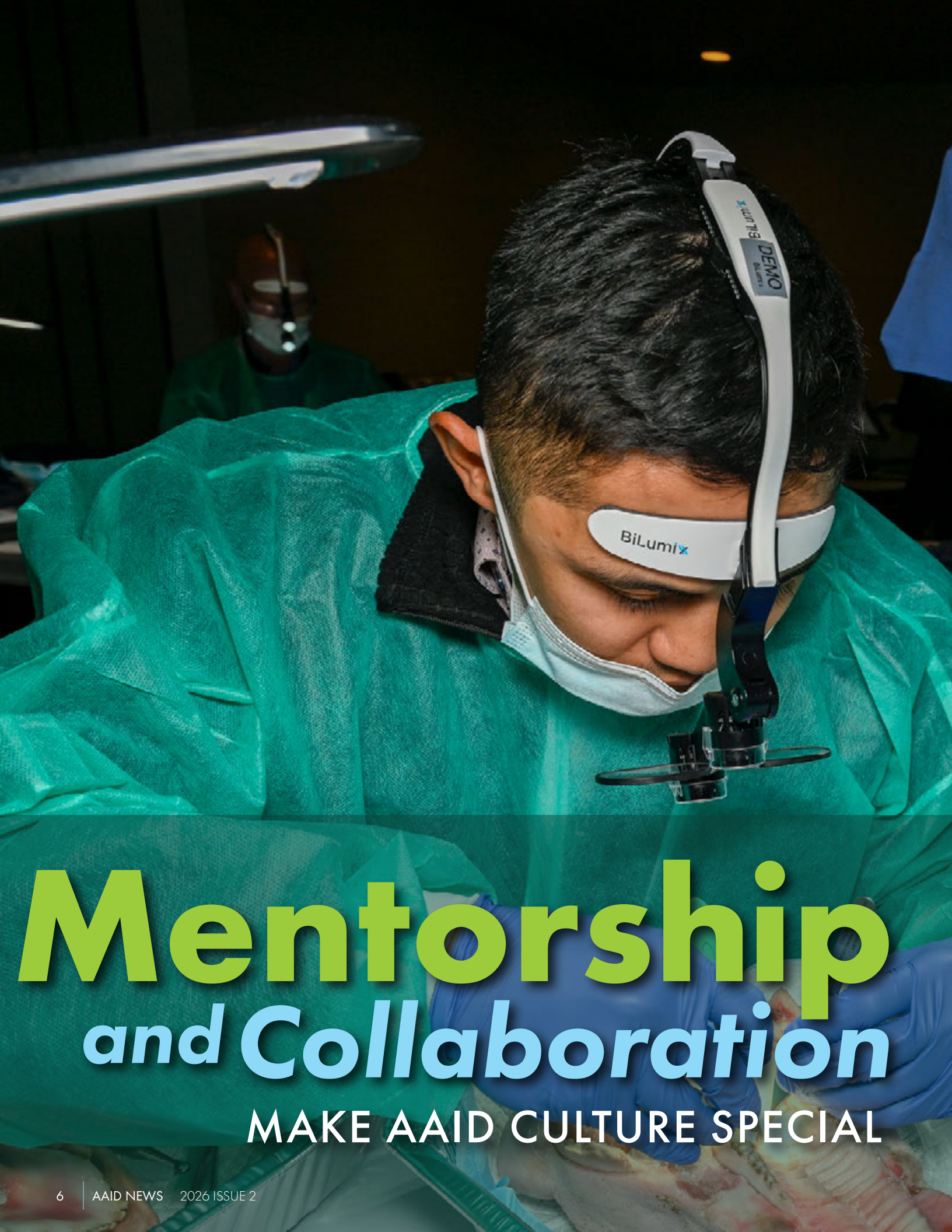
WHAT:
THE 2026 PRESIDENT'S
CELEBRATION

WHEN:
SATURDAY, OCTOBER 3, 2026

WHERE:
CATEGORY 10,
DOWNTOWN NASHVILLE

TRANSPORTATION:
COMPLIMENTARY BUS SERVICE
PROVIDED FROM THE
GAYLORD OPRYLAND

ATTIRE:
NASHVILLE CHIC
(BOOTS AND DENIM ENCOURAGED!)



Mentorship and Collaboration

MAKE AAID CULTURE SPECIAL



Associations are made to bring people of similar interests together in the hopes that each new member will learn from others while benefitting from the services and education the association offers. AAID's culture has historically been one of collaboration and mentoring of young dentists by more veteran practitioners. The success of the AAID relies on this transfer of knowledge and experience from one dentist to another, often mediated by an AAID conference or other educational offerings. Here are six vignettes from AAID members that demonstrate how this culture works and how members benefit.

“The MaxiCourse® was very life changing.”



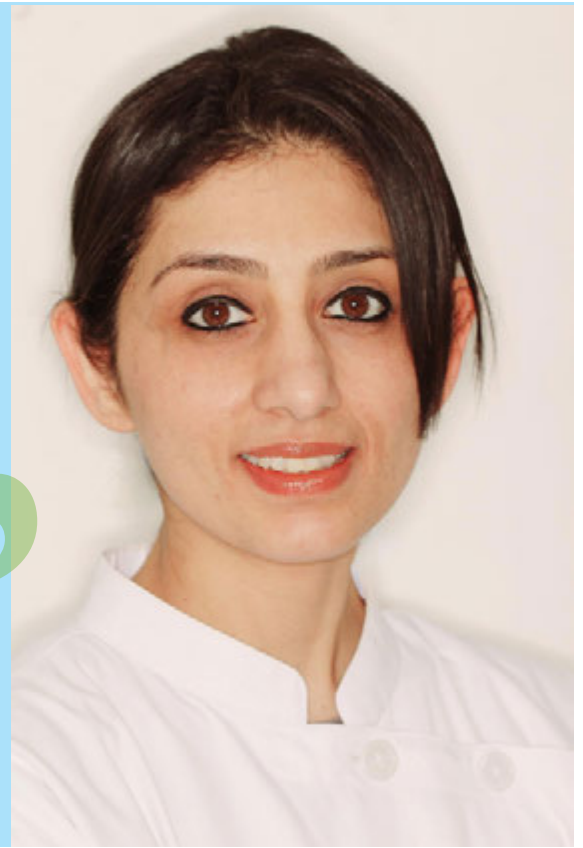
Timothy Chips, DMD, AFAAID
Chips Dental Associates

After beginning his college career studying hospitality management at Cornell University, Dr. Timothy Chips eventually realized that dentistry — and specifically implant dentistry — was his true calling. The son of a dentist, Dr. Chips returned to science coursework after graduation before enrolling at Temple University Kornberg School of Dentistry and later completing a rigorous GPR program in New Jersey, where he performed nearly 800 extractions in a single year.

Dr. Chips quickly developed a passion for implant dentistry after shadowing oral surgeons and participating in implant procedures during his residency. Over the course of his career, he estimates he has performed nearly 20,000 extractions and has become deeply involved in full-arch implant surgery.

A major turning point in his professional development came through the AAID. Encouraged by mentors to join and enroll in a MaxiCourse, Dr. Chips described the experience as “life changing.” He credits the AAID with expanding both his technical understanding and professional confidence through advanced education, mentorship, and collaboration with fellow implant dentists. He says the relationships and knowledge gained through AAID meetings, courses, and credentialing have been “really rewarding and fantastic,” helping him continue to evolve as a clinician and mentor.

“ I didn't just join an academy. I kind of found my clearest path to impact. ”



Aditi Nanda, BDS, MDS, AFAAID
AIIMS New Delhi

Dr. Aditi Nanda has built an international reputation in implant dentistry through a combination of clinical excellence, leadership, and global collaboration — much of it shaped by her involvement with the AAID. Based at All India Institute of Medical Sciences, Dr. Nanda first became involved with the AAID in 2016 after being introduced to the organization through mentors in India. Although she initially viewed herself as an outsider, she says she was “welcomed with open arms” and quickly discovered a community united by “simplicity, elegance and excellence.”

Through the AAID, Dr. Nanda found opportunities that extended far beyond clinical education. She became actively involved in the organization’s communications team, participated in international webinars and collaborations, and received media training that helped transform her from a clinician into what she describes as “a global voice.” She now moderates AAID online study clubs, contributes to educational initiatives, and has even expanded her expertise onto national television in India as a dental expert.

Dr. Nanda credits the AAID with giving her a “global stage” and empowering her to influence the future of implant dentistry through teaching, mentorship, and international collaboration. Reflecting on her experience, she says, “I didn't just join an academy. I kind of found my clearest path to impact.”

“The AAID helps me stand out in a competitive market.”



April Tressler, DDS, AFAAID *Distinctive Dental Implants*

After serving five years on active duty following her undergraduate education at United States Military Academy, Dr. April Tressler entered dental school at the University of Iowa with a passion for surgery and patient care. Today, she operates an implant-focused practice in Wisconsin, where approximately 80% of her work centers on implant dentistry.

Dr. Tressler's journey into implantology began unexpectedly when she inherited a patient population with failing mini-implants after another dentist abruptly left the practice. Initially referring complex cases out, she soon realized she needed more comprehensive education and enrolled in an AAID MaxiCourse. She describes the program as the turning point in her career, giving her "the foundation, not just the basics" and the confidence to build a thriving implant practice.

Beyond technical training, Dr. Tressler credits the AAID with providing mentorship, professional connections, and ongoing support through conferences, credentialing, and continuing education. She says the organization helped her stand out in a competitive market while reinforcing her credibility as a general dentist placing implants. Now pursuing fellowship status, she hopes to eventually teach implant dentistry herself, continuing the cycle of mentorship and education that the AAID helped foster in her own career.



“Nobody wants anything from you. People ask, ‘What can I do for you?’”

Varo Boyer, DDS, AFAAID **Oak Park Smiles**

Inspired by a life-changing experience helping a patient regain confidence through implant-supported dentures, Dr. Varo Boyer dedicated his career to implant dentistry and advanced surgical training. A graduate of University of California, Los Angeles, Dr. Boyer completed two hospital-based GPR programs and later pursued a UCLA implant mini-residency to further refine his skills.

Dr. Boyer’s involvement with the AAID began after attending an AAID conference where he was immediately struck by the organization’s collaborative and welcoming culture. Although he initially knew few people at the meeting, he quickly found mentors, colleagues, and friends who encouraged professional growth and open knowledge-sharing. He recalls being impressed not only by the educational quality of the organization, but also by its commitment to advocacy, credentialing, and advancing implant dentistry nationwide.

Through the AAID, Dr. Boyer expanded his professional network, connected with educators and leaders in the field, and even began developing educational collaborations and coursework of his own. He credits the Academy’s culture of mentorship and camaraderie with energizing his career and inspiring him to give back through teaching and professional service. “I come home from the meeting excited,” he says, emphasizing that the relationships built through the AAID have become just as valuable as the clinical education itself.

“The AAID is one of my favorite organizations.”



Marcus Cowan, DMD, AFAAID
Implant Center of Miami

Dr. Marcus Cowan discovered his passion for implant dentistry through a combination of science, surgery, and patient-centered care. A graduate of the Dental College of Georgia, Dr. Cowan initially considered orthopedic surgery before realizing dentistry offered the same opportunity to work with his hands while helping patients restore both function and confidence. His fascination with implant dentistry grew during advanced hospital-based residency training, where he gained experience ranging from wisdom tooth extractions to full-arch implant cases.

Dr. Cowan credits the AAID with playing a major role in shaping his professional development. Introduced to the AAID through a residency program that hosted the MaxiCourse, he was immersed early in the organization’s educational culture and mentorship opportunities. He says the AAID provided high-quality continuing education, valuable networking opportunities, and a framework for continuous improvement through credentialing and case documentation.

Pursuing AAID accreditation helped Dr. Cowan refine his clinical skills by encouraging him to critically evaluate his own work through photography, case presentations, and peer review. Today, he views the AAID as one of the premier implant organizations in dentistry and credits it with helping him grow into a more confident clinician, educator, and advocate for excellence in implant care.



“AAID helped me overcome the intimidation about implant surgery.”

Michael Barno, DMD, AFAAID ***Brickyard Dental Group***

Dr. Michael Barno discovered his passion for implant dentistry through a career path that blended surgery, military service, and lifelong learning. A graduate of the Medical University of South Carolina, Dr. Barno initially considered becoming a surgeon before realizing dentistry offered a better balance between hands-on clinical work and patient relationships. His interest in surgery deepened during his service in the U.S. Army, including a deployment to Afghanistan where he treated facial trauma and surgical cases in demanding conditions.

After leaving the military and joining a prosthodontic-focused practice in South Carolina, Dr. Barno became increasingly interested in implant dentistry. A fellow Army dentist encouraged him to enroll in an AAID MaxiCourse at the Dental College of Georgia — a decision he now describes as transformative. Through the AAID, he gained comprehensive education, mentorship, and exposure to the broader philosophy of implant dentistry as a true interdisciplinary specialty.

Dr. Barno credits the AAID with helping him overcome the intimidation many general dentists feel about implant surgery by providing foundational education and a structured pathway for growth. He also strongly supports the AAID's advocacy for credentialing and specialty recognition, saying the organization has helped shape him into a more confident and capable implant clinician committed to lifelong education and excellence in patient care.



By Carolina Hernandez, MBA, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

Celebrating 75 Years, *Together*

Milestones mark the moments that matter—birthdays, graduations, anniversaries. This year, the Academy reaches one of its most meaningful yet: our 75th Anniversary.

Over the past seven and a half decades, the world has changed in remarkable ways, from lunar landings to personal computers, from early implant concepts to today's advances in grafting, biologics, and now AI. Through it all, AAID members have shaped implant dentistry, from the first published article in 1949 to the patient you treated yesterday.

Seventy-five years is a monumental milestone. It represents generations of clinicians who dared to innovate when the rest of the profession was skeptical, and who built the foundation for the standard of care provided today. Because of your commitment, countless lives have been changed, one patient at a time.

I invite you to join us for this historic celebration in Nashville, September 30 – October 3. Together, we'll honor the legacy, celebrate the community, and look ahead to the Academy's future. Registration is now open, making it a great time to sign up and start planning your trip.

Introducing the AAID Diamond Archive Exhibit

The AAID Diamond Archive is coming to life as a special museum-style exhibit available to view **only during the Annual Conference**. Built from member-contributed photographs, documents, and artifacts, the exhibit offers a once-in-a-lifetime chance to experience the Academy's story up close.

From early innovations to the mentors and members who shaped implant dentistry, this pop-up exhibit traces key moments across decades of AAID history. Plan to stop by during the conference to walk through the exhibit and reconnect with our shared history.

Here are just a few of the stories and materials you'll see in the exhibit:

- **Vintage Photos:** Images from early Annual Conferences, study clubs, iconic lectures, and mentorship moments.
- **Historical Documents:** Programs, newsletters, letters, notes, or other memorabilia that capture the "early days" of implant dentistry and the Academy.
- **Original Equipment:** Early implant prototypes, tools, and instruments that reflect the clinical journey of our specialty (photos and provenance details welcome).





Be Part of the Celebration: The AAID Memory Project

You are the Academy, and this anniversary is your story. To truly capture the spirit of the AAID, we want to see and hear from *you*.

Anniversaries are built from moments: first meetings, mentors, breakthroughs, and the community that moves a profession forward. For the AAID's 75th, we're capturing those moments from the people who lived them.

Join our **Video Memory Project** by recording a quick **1–2 minute** clip. You don't need a professional camera or a film crew—your smartphone is plenty. We want short, 1- to 2-minute video clips where you share:

- Your "AAID Origin Story" or how you found the Academy
- Your best Annual Conference moment
- The biggest impact the AAID has had on your professional life and your patients.
- A tribute to a mentor who helped you along the way.

Your clips will be woven together into a commemorative film that will premiere during the conference in Nashville, preserving the member experiences that define the AAID.



Send in your clip by September 1 to be included in the commemorative film.

A Legacy in Print: The 75th Anniversary Coffee Table Book

To honor 75 years of innovation, leadership and community, we are creating a high-quality, limited-edition *75th Anniversary Coffee Table Book*.

More than a book, this volume is a celebration of the AAID story, featuring the best of the Diamond Archive, interviews with past presidents, and the clinical breakthroughs that started right here. Designed to be a centerpiece in your home or office, it's a conversation starter for patients and honors the legacy we've built together.

Be part of helping this project come to life and preserving the story we share. Consider making a tax-deductible donation to support the production of the 75th anniversary book. Supporters will be recognized in the book, and your gift will help ensure our shared legacy is captured beautifully for generations to come.



Donations to support this project must be received by July 1 to be recognized in the 75th Anniversary Book. Advance book sales for the general audience will open on July 15.

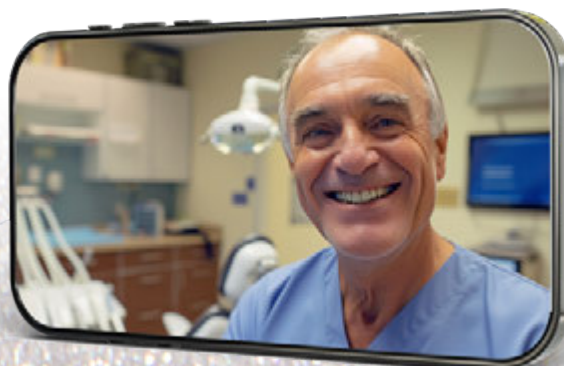
A Community-Powered Jubilee

This anniversary belongs to you. Share your memories, contribute to the Diamond Archive, lift up the mentors who shaped you, and help preserve our story for generations to come.

I hope you'll join us in Nashville for a celebration that reflects the true spirit of the AAID.

Get Involved Today:

Visit aaid.com/diamond-archive



Beyond the Puppet Strings: The Neuroscientific and Stoic Case for Human Agency

By Marc Wittmann, Carlos Montemayor,
and Mauro Dorato
Summarized for AAID News

“A choice is often viewed as a synchronic event—a single moment in time where one selects between option A or B.... However, “free will” is better understood as a diachronic trait—an evolving disposition that develops over time through practice, habituation, and reflection.”

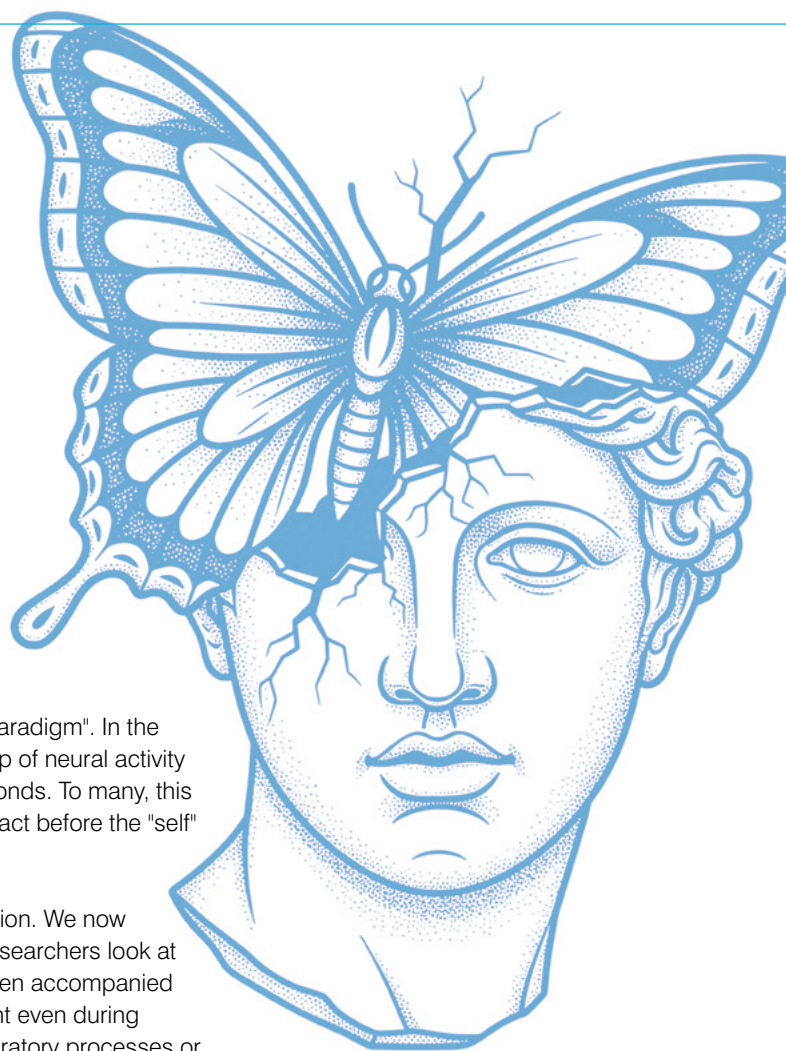
In recent decades, a powerful narrative has taken hold in both academic circles and the public imagination: the idea that human free choice is a mere illusion. High-profile scientists and philosophers have argued that while we may subjectively experience our decisions as consciously willed, this feeling is fundamentally deceptive. From this “illusionist” perspective, our behavior is driven by a complex web of causes—ranging from immediate neural activations to distant genetic predispositions—that operate entirely outside our conscious control. We are, in the words of philosopher John Gray, akin to fairground puppets or marionettes, dancing to the tune of unseen strings.

However, this reductionist view relies on a narrow, “instant-like” definition of choice that fails to capture the true nature of human agency. In our recent analysis, we contend that modern cognitive neuroscience, far from dismantling free will, actually supports a more sophisticated, “diachronic” model of agency—one that finds its deepest roots in the ancient philosophy of Stoicism. By shifting our focus from isolated, split-second decisions to the long-term development of self-regulatory capacities, we can see that human beings possess a genuine, if relative, degree of freedom.

The Stoic Framework: Diachronic Freedom

To understand the case for free will, we must first distinguish between “choice” and “free will”. A choice is often viewed as a synchronic event—a single moment in time where one selects between option A or B. If we only look at these isolated instances, it is easy to find deterministic causes that seem to “force” the hand. However, “free will” is better understood as a diachronic trait—an evolving disposition that develops over time through practice, habituation, and reflection.

The Stoics were the first to fully articulate this view within a deterministic framework. They believed that while the universe is governed by an unchangeable chain of cause and effect, humans retain power over what “depends on us”: our thoughts, our emotional reactions, and our mental assent to external events. As Marcus Aurelius famously noted, “You have power over your mind—not outside events. Realize this, and you will find strength”. This Stoic freedom is not an “all-or-nothing” miracle; it is a capacity for self-regulation that exists in degrees and must be cultivated through “spiritual exercises” or disciplined mental training.



Deconstructing the Libet Illusion

The most common scientific weapon used against free will is the "Libet paradigm". In the 1980s, Benjamin Libet identified the "readiness potential" (RP)—a build-up of neural activity that precedes a conscious intention to move by several hundred milliseconds. To many, this was the "smoking gun" of determinism: the brain had already decided to act before the "self" was even aware of it.

However, modern neurophysiology has largely dismantled this interpretation. We now know that the readiness potential is often an "averaging artifact". When researchers look at individual trials rather than averages, they find that a decision to act is often accompanied by both positive and negative neural shifts. Furthermore, the RP is present even during automatic, unconscious movements, suggesting it reflects general preparatory processes or a "felt urge" rather than a definitive, unconscious command.

Critically, the Libet experiment involves arbitrary, meaningless tasks—like pressing a button for no particular reason. When researchers study "deliberate" choices—such as deciding which charity to support with a real donation—the readiness potential disappears. This suggests that life-forming decisions, which reflect our values and history, operate through entirely different neural pathways than the reflexive "button-pushing" used to deny our agency.

The Spectrum of Freedom: From Addict to Meditator

If free will is a diachronic capacity, it naturally follows that it exists on a spectrum. At one end, we might place a heroin addict in the throes of withdrawal. This individual is impulsively focused on a single, urgent target; their freedom is minimal because they lack the capacity to override an immediate, biological drive.

At the other end of the spectrum is the "mindful" individual—perhaps an experienced meditator who has spent decades training their cognitive and emotional self-regulation. This person has developed a "neural brake" in the orbito-frontal cortex, allowing them to pause, observe an impulse, and consciously say "no" to it. Between these two poles, most humans exercise varying degrees of "relative free will" based on their upbringing, education, and commitment to self-discipline.

“This suggests that life-forming decisions, which reflect our values and history, operate through entirely different neural pathways than the reflexive "button-pushing" used to deny our agency.”

This capacity for self-regulation is the empirical foundation of what philosopher Harry Frankfurt called "second-order desires". While a first-order desire might be "I want a cigarette," a second-order desire is "I want to be the kind of person who doesn't want cigarettes". Freedom lies in the ability of this meta-cognitive "second-order will" to effectively influence and reshape our primary impulses over time.

The Predictive Brain: Proactive Agency

The reductionist "billiard ball" model of the mind—where brain activity at t1 causes an intention at t2, which causes a movement at t3—is increasingly outdated. Modern neuroscience instead views the brain as a proactive, predictive system. We do not simply react to the world; we constantly anticipate it.

This "predictive coding" is the engine of human agency. By setting long-term goals and values, we create "criterial causes" that bias our future behavior. When we decide today to become more patient, we are setting the "criteria" that will govern our neural responses during a stressful encounter tomorrow. Through this proactive willing, we are not just reacting to our past; we are actively shaping our future selves.

Conclusion: Reclaiming the Self

The claim that science has "disproven" free will is not only premature but fundamentally ignores the complex, time-extended nature of human psychology. While we are certainly influenced by our biology and environment, we are not enslaved by them.

By integrating the wisdom of the Stoics with the findings of modern neuroscience, we arrive at a more robust understanding of the self: as a self-determined agent capable of diachronic regulation. Through mindfulness, meta-cognition, and the cultivation of second-order desires, we move beyond the role of the marionette and take hold of the strings of our own lives.

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“Through mindfulness, meta-cognition, and the cultivation of second-order desires, we move beyond the role of the marionette and take hold of the strings of our own lives.”



By Dennis Flanagan, DDS, MSc, FAAID,
DABOI/ID

“Stoicism teaches that while we cannot control the external events that happen to us, we have absolute sovereignty over how we perceive and respond to them.”

EDITOR'S NOTEBOOK

My take on Stoicism

Many years ago, I read that most decisions made in our society were based on an emotional response. Disbelieving this, I embarked on a quest to disprove it. I researched decision making, negotiating, religion, parables of Christ, psychosocial issues. All this led up to Stoicism.

Stoicism is a school of Hellenistic philosophy founded in Athens by Zeno of Citium in the early 3rd century BC. It was expanded upon by Marcus Aurelius in *Meditations*. Stoicism was intended as a philosophy of life, a personal, practical psychological toolkit for inner peace and moral excellence. Stoicism teaches that while we cannot control the external events that happen to us, we have absolute sovereignty over how we perceive and respond to them. This perspective makes Stoicism an effective basis for modern mental health.

The basis of Stoicism is a dichotomy of control. As Epictetus wrote, some things are up to us, and some are not. Our personal thoughts, intentions, and actions are within our own power; the weather, the economy, the opinions of others, and the eventual outcome of our efforts are not. This is an important concept.

Much of our suffering, such as anxiety, frustration, and despair, stems from misplaced energy: trying to control the uncontrollable or neglecting the areas where we actually have agency. By truly focusing exclusively on our own character and how we respond, we maintain a sense of internal stability that cannot be subverted by life events.

Stoicism provides several spiritual exercises that mirror techniques used in modern psychological therapy.

- **Objective Representation:** This involves stripping away the emotional coloring we add to events. Instead of labeling a situation as a catastrophe, a

Stoic describes the event objectively, in simple terms. This can eliminate the specter of panic and allows for rational problem-solving.

- **Premeditation of Evils:** This is the practice of visualizing potential setbacks before they happen. This is not pessimistic; it serves as mental inoculation. By contemplating challenges in advance, we can eliminate the element of surprise and realize that we have the resources to endure them.
- **Love of Fate:** This is the true acceptance of the present moment we are in. Live in the moment. Rather than wishing things were different, Stoicism calls us to embrace our reality as it truly is.

Mental health is often compromised by rumination or anticipatory anxiety. Stoicism anchors the individual in the present moment. Good resides in our current choices and character. We don't need to seek validation from external entities or social status.

Stoicism refashions adversity as a gym for the soul. A difficult or stressful situation should be seen not as a threat, but as an opportunity to practice patience, courage, and justice. This reframing transforms a mindset of victimhood into one of self-validation and purpose.

Stoicism does not advocate the suppression of emotion, but rather the transformation of passions, unhealthy and irrational emotions, into healthy feelings born out of reason. This teaches us to distinguish between what we can change and what we cannot change. Stoicism provides a durable perspective against the stressors of life, fostering a lucid state of tranquility.

Practicing Stoicism can refine one's life and hopefully prevent life errors based on an emotional response.



By Justin Withrow
Partner, Flannery Georgalis

LEGALBITE

Credentialed for the Courtroom: How Dentists Can Leverage AAID Credentials in a Malpractice Defense

“In a malpractice case involving an ABOI Diplomate or AAID-credentialed dentist, the credentials become relevant both to the selection of defense experts and to cross-examination of plaintiff's experts.”

When a dental malpractice claim arises, the narrative matters as much as the clinical record. For those with AAID credentials, they are more than letters after a name — they can be powerful evidence of competence, training, and commitment to patient safety that can shape the outcome of a malpractice matter.

This article explores how AAID credentials can be strategically deployed in the defense of a dental malpractice case, from pretrial preparation through expert testimony.

Courts and juries evaluate a dentist's conduct against what a reasonably competent practitioner in the same or similar field would have done under the circumstances. A general dentist who has earned AAID Fellowship (Associate Fellow or Fellow) or ABOI/ID Diplomate status can legitimately argue that their relevant peer group is not the average general practitioner. This can raise the bar by which their decisions are evaluated, but it also means the jury sees a dentist who voluntarily pursued the highest available standard.

Defense counsel should incorporate AAID credential information into case strategy from the outset. This includes:

- Gathering all documentation of credentialing requirements, examination results, and continuing education compliance

- Obtaining official AAID publications that describe what Fellowship and Diplomate status require
- Identifying the dentist's continuing involvement with the AAID
- Preparing a timeline of the dentist's implant experience that predates and encompasses the treatment at issue

In a malpractice case involving an ABOI Diplomate or AAID-credentialed dentist, the credentials become relevant both to the selection of defense experts and to cross-examination of plaintiff's experts.

Defense experts with comparable or superior credentials lend authority to opinions that the treatment at issue met the standard of care. Conversely, if plaintiff's expert lacks requisite education and training in implant dentistry, that gap can be explored on cross-examination as bearing on the reliability and foundation of their opinions.

Defense counsel should not assume, however, that credentials alone carry the day. The expert must still explain the clinical reasoning in terms a lay jury can follow. Credentials open the door; clear explanation walks the jury through it.

“Used strategically, AAID Fellowship and Diplomate status can shift the evidentiary narrative before a case ever reaches the jury. The key is to understand what the credentials actually require, document them thoroughly, and present them in terms that resonate with a lay audience.”

Juries respond to credentials differently than judges or attorneys. The goal at trial is to translate the significance of AAID status into human terms. Effective approaches include:

1. Using a simple demonstrative that explains the credentialing process step by step
2. Having the defense expert explain — without being asked directly — that the defendant dentist practices at an advanced level recognized by a credentialing body
3. Introducing continuing education records not just as a technical exhibit, but as evidence of a professional who keeps current
4. Framing the credential in the context of patient benefit: this dentist pursued advanced training because they wanted to deliver better outcomes for their patients

AAID credentials can also create exposure if not handled carefully. Counsel for the plaintiff may argue that a Diplomate's advanced training required heightened vigilance or more sophisticated pre-surgical workup. If the record shows that the dentist did not follow protocols consistent with advanced implant training, the credential could be

used against them. AAID credentials do not guarantee a perfect outcome, and defense counsel should not suggest they do. The argument is competence and preparation — not infallibility. Overstating the significance of credentialing can invite skepticism and open the door to a punishing cross-examination. Importantly, equating AAID or ABOI credentials with specialty status, especially in a jurisdiction that does not recognize implant dentistry as a specialty area, could invite additional scrutiny.

AAID credentials represent a genuine and verifiable investment in clinical excellence. In the context of a dental malpractice defense, they provide a factual foundation for arguing that the dentist at the center of the litigation is not an average practitioner caught in an unfortunate outcome — rather, they are a highly credentialed, highly trained provider.

Used strategically, AAID Fellowship and Diplomate status can shift the evidentiary narrative before a case ever reaches the jury. The key is to understand what the credentials actually require, document them thoroughly, and present them in terms that resonate with a lay audience.

For any dentist facing a malpractice claim, those letters after your name have meaning — make sure your defense does, too.



AAID Credentialed Dentists Receive Complimentary Legal Consultation

A valuable new benefit for our credentialed members: a free one-hour legal consultation with Justin Withrow.

- Email: jwithrow@flannerygeorgalis.com
- Phone: (216) 302-7573

2026 Fellow and Associate Fellow Candidates

2026 CANDIDATES FOR CREDENTIALLED MEMBERSHIP

The Admissions and Credentials Board (A&C) will consider applications for credentialed membership. In accordance with AAID policy, the A&C Board publishes the list of candidates and invites comments from voting members. Your feedback regarding the candidates is crucial and will be considered in the Board's recommendation for their advancement to Associate Fellow or Fellow.

FELLOWS

Madhurietha Arumugam, DMD, MDS
Raul Garcia, DMD
Janmeet Grover, DMD
Sungwon Han, DDS
Hisato Hotta, DDS
Timothy Kamp, DMD

Lama Kanaan, DMD
Karen Kowalesik, DMD
George Kreisheh, DMD
Xinyan Lucy Liu, DMD
Yuriy May, DMD
Dalvir Pannu, DDS

Fadi Raffoul, DMD
Alex Ramos, DDS
Svyatoslav Sokolovskiy, DDS
April Tressler, DDS
Han Yu, DMD

FELLOWS BY CREDENTIAL (ABOI)

Hussein Al-Mufti, DMD, BDS, MPH
Ahmed Ameen Al-Obaidi, BDS, DDS, MFDS
David Cantwell, DDS
Richard Conkle, DDS
Ahmed Eldib, DDS
Ziad Eskandar, DMD
John Ha, DDS, FICOI, DABOI/ID

Tracey J. DellaVecchia, DDS
Sanjay Mali, BDS
Cara Minichetti, DDS, MSD
Alaleh Moazami, DMD
Beenish Orr, DMD
Mohamed Othman, DDS
Manoj Patel, DDS

Andrew Peterson, DMD, MS
Irfan Qureshi, BDS
Joshua Shieh, MDS, BDS
Taneshwar Singh Chahal, BDS, MDS, DMD
Sridhar Sista, DDS
Chedly Vincent, DMD

ASSOCIATE FELLOWS

Micheal Abboud, DMD
Malik Abumansour, BDS
Vishal Advani, DDS
Thomas Ahn, DDS
Doaa Alnaggar, DDS, BDS
Nasser Alnasser, BDS
Judley Alphonse, DMD, DDS
Ahmed Alshareef, BDS
Rashad Altawaty, DDS
Mazen Aly, DDS
Thalita Andenmatten, DMD
Nichole Anderson, DDS
Taylor Anderson, DMD
Tram Anh Nguyen, DDS
Shweta Annaldasula, DDS, BDS
Saj Arora, DDS
Ambika Arun, DDS, BDS
Satyavrat Arya, DDS
Soufian Askar, DDS
Lakhdar Bahous, DDS
Ariella Banbahji, DDS
John Beaty, DMD
Friend Bechtel, DMD
Eun Bee Kim, DMD
Pirtpal Benipal, DMD, BDS

Ahd Berkdar, DMD
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Bibeka Bhattarai-Koirala, DMD
Animesh Bhattiprolu, DDS
Joseph Boulos, DDS
Jared Britt, DDS
Jorge Cabrera, DDS
Luis Calixto, DDS
Cassandra Cao, DDS
Omel Cardenas, DDS
Malek Chahada, DMD
Briana Chang, DMD
Hoon Chang, DDS
Arjun Chawdhry, DMD
Serina Chen, DDS
Katy Chou, DDS
Nadine Darwiche, DDS
Joshua Day, DDS
Kristopher Devers, DDS
Kimberly DeWire, DMD
Cat Do, DDS
Mohamed Elaghory, BDS
Karim Elmorshedy, DMD
Ibrahim Elyamany, DDS
Aryan Emamian, DDS

Jesse Engle, DMD
Amanda Espinosa, DDS
Charles Estrada, DMD
Christopher Fallago, DMD
Samar Faraj, DDS
Bashar Fargo, DDS
Jonathan Fernandez, DMD
Lee Fletcher, DMD
Marco Garcia, DDS
Rupinder Gill Nagra, DDS
Andrew Gobran, DDS
Bryan Goldesberry, DMD
Giovanni Gonzalez, DMD
Dan Greenberg, DDS
Yonghua Guo, DMD
Dhruva Gurjar, DMD
Elias Gutierrez, DDS
Paul Haggan, DMD
Mason Haley, DDS
Adam Hallam, DDS
Thomas Hanna, DDS
Adis Hasanagic, DDS
Chad Ho, DDS
Charlie Hsieh, DDS
Maria Iacomacci, DMD

ASSOCIATE FELLOWS

(CONTINUED)

Sreenath Ir, BDS
Ricardo Jara Castro, DDS
Pournima Joshi Pournimaj, BDS
Charles Kai Chow, DDS
Krzysztof Kamocki, DDS, DMD, MD, PhD
Brian Kang, DDS
Kunal Karan, DDS
Ashley Karczewski, DDS
Krish Karia, DDS
Kosmas Kasimatis, DMD
Sreelakshmi Keesara, DDS
Muhammad Khan, DMD
Zarjan Khan, BDS, DDS
Gina Khouri, DDS
Dongsu Kim, DDS
Joanna Kleckner, DDS
Rasika Kolte, DDS
Tiffany Konklewski, DDS
Michael Korn, DDS
Kayahan Kosar, DMD
Ola Kourani, DMD
Deepika Kumar, DDS
Puneet Kumar, DDS
Adam Kwiatkowski, DMD
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Joseph G. Landry II, DDS
Michael Laraway, DDS
Anh Le, DDS
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Kristin Lee, DDS
Stephen Li, DMD
Blake Ma, DMD
Kush Mangal, DMD
Saurabh Mankotia, BDS, MSD
Ramy Mansour, DDS
Renee Marin Gomez, DDS
Akshara Mary Jacob, BDS, MDS
Neeraja Mayalagu, DDS
Adam Mileski, DDS

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Pedram Mir Aghazadeh, MS, DDM LMU
Hannah Misook Hong, DDS
Hiroshi Morita, DDS
Sina Mousavi, DDS
Hira Mubashir, DDS
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Lakshmi Nallamothu, DDS
Garrett Nelson, DDS
Peter Nghia Nguyen, DDS
Nathan Nguyen, DDS
Nick Novakovich, DMD
Evan Olson, DDS
Matthew Ora, DDS
Rozhyar Othman, BDS
Eduardo Pais, DMD
Amrit Pal Singh Grewal, BDS
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Gauri A. Pande, DDS
Toran Pandya, DDS
Sajan Parag, DMD
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Amar Patel, DMD
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Ronak Patel, DDS
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Raleigh Pioch, DDS
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Felicia Pranata, DDS
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James Ritter, DDS

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Lucy Slutsky, DMD
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Alina Solomiychuk, DMD
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Lance Taylor, DMD
Shane Tewis, DDS
Geng Tian, DMD
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Zhongtang Xu, DDS
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Saeed Yazdianpour, DMD
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Miyoung Yoon, DDS
Cathy Zhao, DMD
Elizabeth Zikry, DDS
Hui Zuo, DMD

ASSOCIATE FELLOWS BY CREDENTIAL

Malik Abumansour, BDS, MSD
Mohammed Al-Baghdadi, DDS, BDS, MS, PhD
Milagros Diaz, DDS, MSD

John Erdeljac, DDS, MS, OMFS
Daniel Greenberg, DDS
Chance Hunsaker, DDS, MS
Vanessa Phan, DMD

Ali Jawad Saleh, DDS, MSD
Jared M. Wirth, DMD, MS
Saeed Yazdianpour, DMD, MSC

ACADEMIC ASSOCIATE FELLOWS

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Maria Furman, DDS
Eoon Hye Ji, DDS, PhD

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Ignacio Troiano, DDS, MSD
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Climbing Higher

The Cotopaxi Expedition Raises \$60,000 for Charity

When we first set foot on the glaciated slopes of Mount Cotopaxi, an active volcano in Ecuador, we knew the physical climb would test our ultimate endurance. What we didn't fully realize, however, was just how much strength we would draw from our community. Every grueling step we took up that mountain, we carried the overwhelming generosity, encouragement, and belief of our fellow AAID members.

We are proud to share that the Cotopaxi Expedition Fundraising effort successful raised a grand total of \$60,000 to be distributed among five remarkable charities. This includes a generous \$12,000 contribution from the AAID Foundation, alongside personal matching pledges to other charities.

From the beginning, this climb was never about reaching a high-altitude summit for ourselves—it was entirely about lifting others higher. Because of the incredible support of our members, staff, and donors, we did exactly that. These vital funds are already being put to work by incredible organizations, providing shelter, fighting human trafficking, feeding hungry youth, and serving vulnerable populations both locally in Central Florida and across the globe.

The five primary beneficiaries are:

- **Rescue Outreach Mission**
- **Love Missions Global**
- **The Children's Hunger Project**
- **The Rotary Club of Lake Mary Charitable Giving Foundation**
- **The American Academy of Implant Dentistry Foundation (AAIDF)**



Standing on the breathtaking slopes of Cotopaxi was an unforgettable moment, but the true summit of this journey is right here: seeing the tangible, real-world impact we have made together. We proved that when we climb together, we climb higher.

The physical expedition may be over, but the mission to serve others continues. We extend our deepest, heartfelt thanks to everyone at the AAID who supported, encouraged, and donated to this cause. We are deeply honored to have partnered with the AAID community and look forward to finding future opportunities to make a meaningful impact together.

**In Energy,
Dr. Sangiv Patel & Dr. Rajiv Patel**

Photo: Dr. Sangiv Patel (left) and Dr. Rajiv Patel. This was taken at the José Rivas Refuge at nearly 16,000 feet elevation on the active volcano and features the official expedition banner, which proudly displays the logos of our community partners.

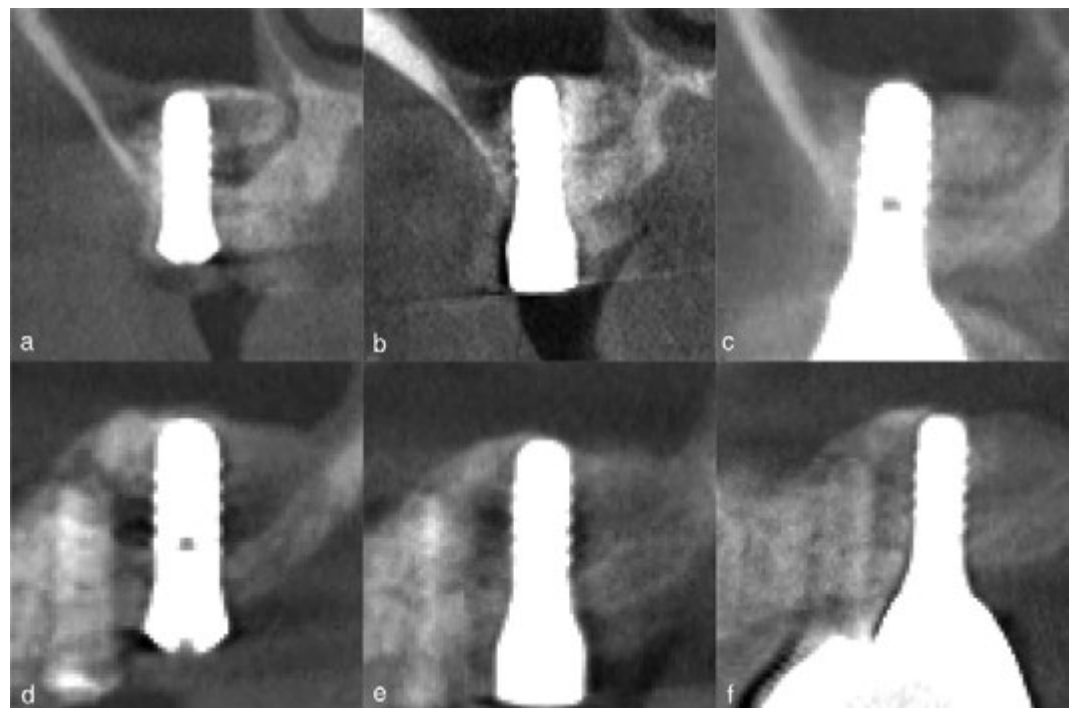


JOISAMPLER

CLINICAL CASE REPORT

Implant Insertion in the Presence of Bone Islands in the Maxillary Sinus: A Case Report

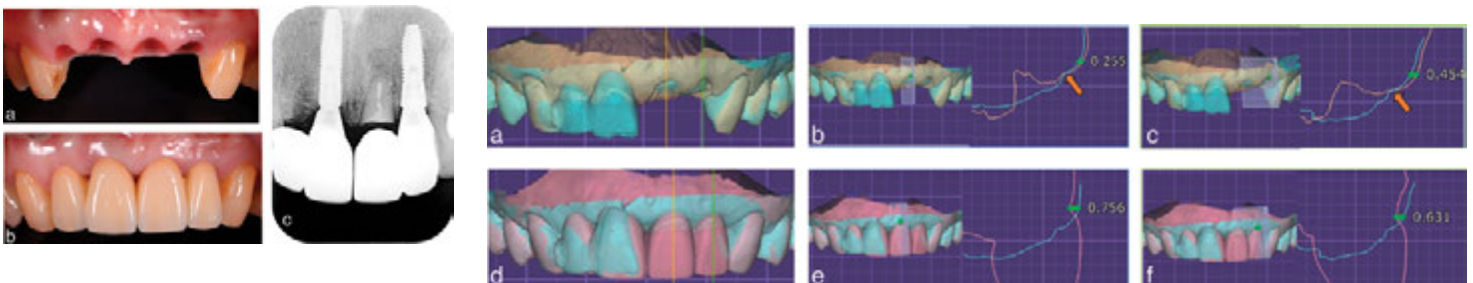
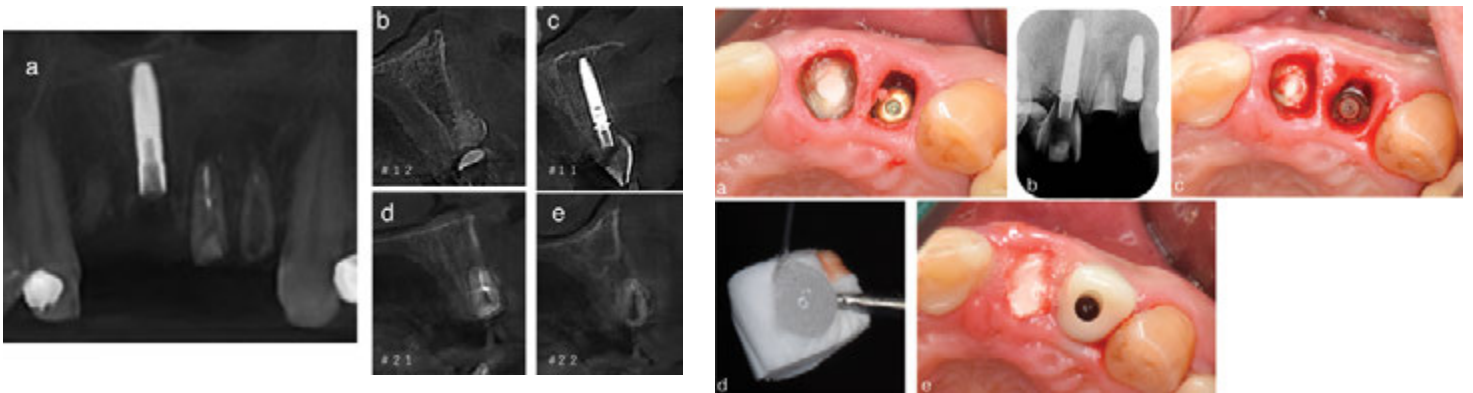
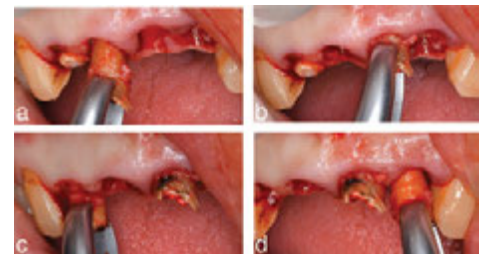
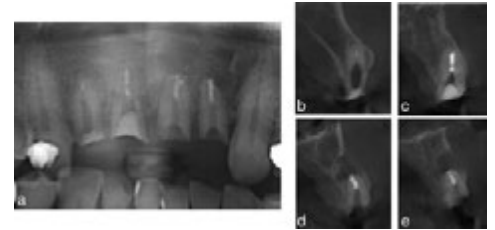
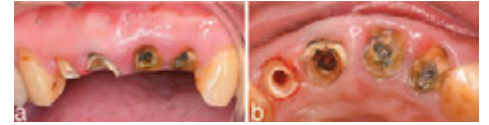
Bone islands in the maxillary sinus are rare, and no established guidelines exist for implant surgery in their presence. This case report presents an approach to implant surgery utilizing bone islands in the maxillary sinus. In this case, we utilized the bone island, performed osteotome sinus floor elevation combined with concentrated growth factor (CGF), and simultaneously inserted a Straumann Soft Tissue Level implant for a 56-year-old male patient. Based on 1-year follow-up examinations and cone beam computed tomography (CBCT) images, the approach yielded favorable outcomes. Utilizing bone islands in the maxillary sinus during implant surgery appears effective, but longer-term follow-up and additional cases are needed to validate this approach.



CLINICAL CASE REPORT

Tooth Transplantation and a Root Submergence Technique After Enucleation of Multiple Continuous Radicular Cysts for Implant Treatment: A Case Report

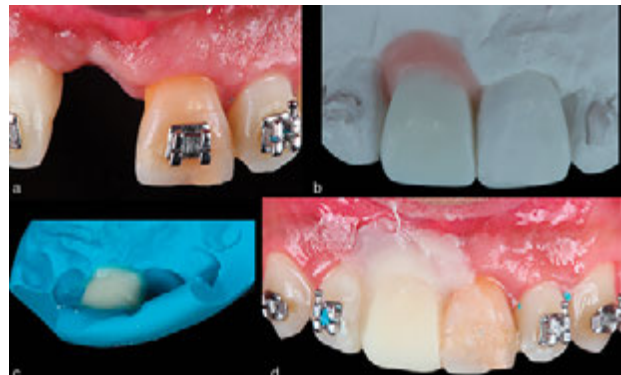
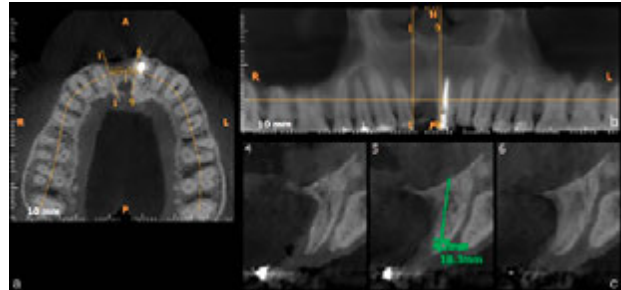
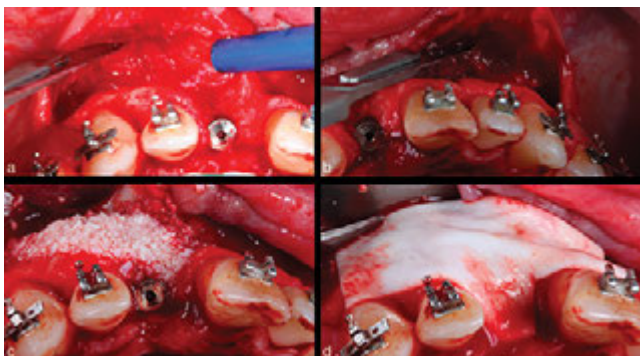
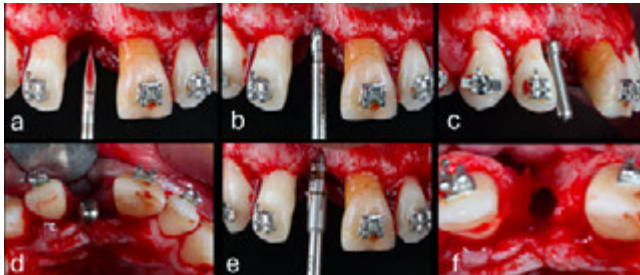
When a radicular cyst-involved tooth is challenging to save, tooth extraction and cyst enucleation are required. Since only thin facial bone is present on the coronal side of cystic defects, bundle bone loss and continuity of the cystic cavity after tooth extraction may result in extensive vertical bone defects. To prevent major bone augmentation, the following procedure was performed: the left maxillary incisor (#9), which exhibited apical lesions was extracted, while the right maxillary incisor (#8), despite having a healthy periodontal ligament but being difficult to save, was transplanted into the extraction socket of the left incisor (#9). After 5 months, the bone defect had completely regenerated without any resorption of the facial bone. The regenerated bone could be used for implant placement without exposure to the implant's rough surface. In addition, the alveolar bone and alveolar contour regenerated by the tooth transplantation showed no significant decrease even 2 years after the installation of the final prosthesis, and they maintained their esthetic condition. The results indicate that tooth transplantation with healthy periodontal tissue helps regenerate bone defects.



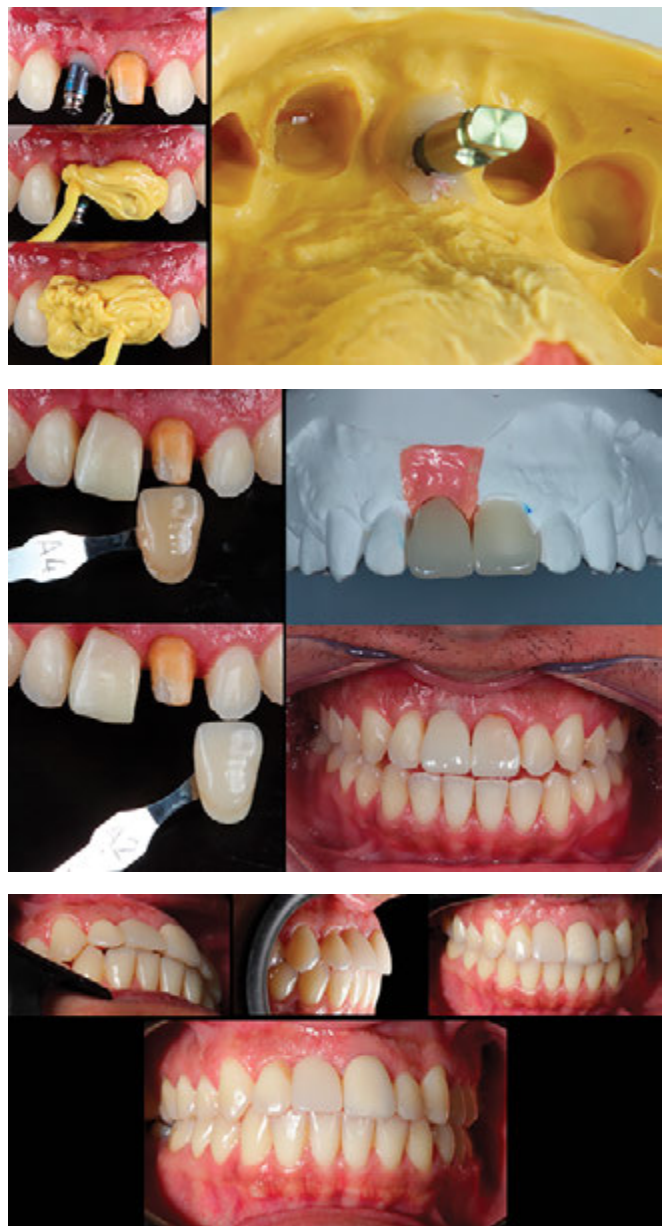
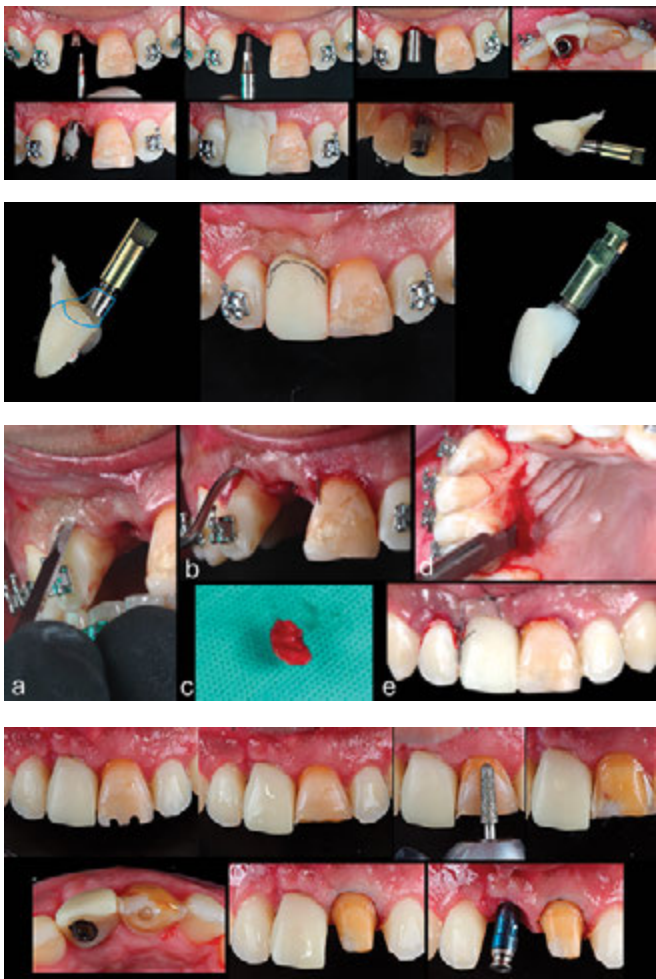
CLINICAL CASE REPORT

Guided Bone Regeneration and Connective Tissue Graft With Implant Placement in Critical Bone Defect Ridge: A 10-Year Case Report Follow-Up

Implantology plays an important role in oral rehabilitation, but sometimes requires supplementary procedures to restore both functional and aesthetic parameters. The presence of alveolar bone and keratinized soft tissue is crucial for achieving an aesthetically pleasing result when installing an implant. However, the early loss of a tooth affects the anatomy of the remaining periodontal tissues, making it challenging to achieve the clinical results desired by both the patient and the professional. The rehabilitation of the dental arch with osseointegrated implants enables the improvement of patients' quality of life, complemented



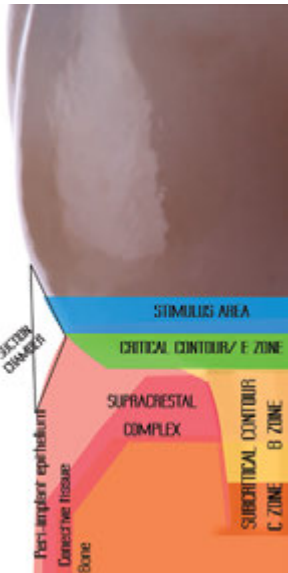
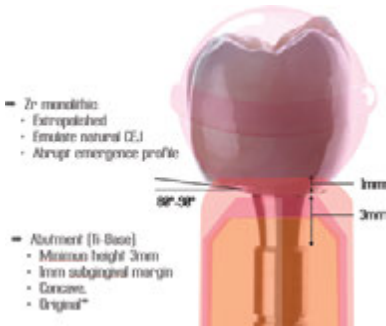
by the advent of guided bone regeneration (GBR), which provides an excellent alternative for reestablishing bone tissue, thereby allowing the implant to be fully integrated and maintained during functional loading. The evolution in the development of biomaterials and techniques related to GBR has revolutionized this therapeutic modality, thus facilitating the clinical resolution of cases with tissue deficiencies. This report presents a clinical case description outlining the methods, techniques, and materials of choice for the placement of a single implant, utilizing GBR with bovine xenogeneic bone graft and connective tissue graft via a tunneling technique. The execution of the planned procedures resulted in a satisfactory outcome for the patient. It returned functionality and aesthetics, demonstrating that they are effective alternatives capable of success in cases of bone resorption in critical areas. Guided bone regeneration improved peri-implant tissue maintenance, increasing prognosis during a 10-year follow-up.



CLINICAL CASE REPORT

Ovoid Emergence Profile Implant Restoration Design for Stabilization and Improvement of Peri-Implant Soft Tissue: Case Series and Technical Report

This case series evaluated the peri-implant soft tissue improvement with an ovoid emergence profile implant restoration design on internal conical connection dental implants. An extrapolyished zirconia monolithic 360° ovoid design critical contour, like “lollipop,” with a similar cement-enamel junction (CEJ) of replaced tooth, was used on an original titanium abutment, CAD/CAM abutment (TiBase), or multiunit abutment, with a minimum height of 3 mm and a concave design, to improve an optimal implant-supported restoration emergence profile that can stimulate peri-implant soft tissues due to the pressure and suction that generate a mechano-transduction response of soft tissue cells. Nine cases were rehabilitated using a full digital workflow and an ovoid emergence profile design, with follow-up at 6 months. A visual comparison was made between the placement photographs and the follow-up appointment photographs to assess the changes in peri-implant soft tissues over each period. In all cases, a visual soft tissue improvement can be appreciated, which seems to be an increase in soft tissue volume and the creation of new papillae. Within the limitations of this case series, it can be concluded that the ovoid emergence profile restoration design can improve peri-implant soft tissue without the need for temporary restorations or peri-implant mucogingival surgery.





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The AAID is pleased to welcome the following new members who joined between March 2, 2026 and June 1, 2026. The list is organized by state, with the new member's city included. International members are listed by country and province (if applicable). If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of *AAID News*.

PLEASE WELCOME THESE NEW MEMBERS IN YOUR AREA

UNITED STATES

California

Terrence Chen, Ridgecrest
Sunny Badyal, Elk Grove
Daniel Bonanno, Oceanside
David Bonanno, San Diego
Mark Redford, Sacramento
Jimin Suh, Oakland
Tayem Taka, San Diego
David Yang, Arcadia

Colorado

Hua Gao, Englewood

Connecticut

Ayesha Ali, Orange

Delaware

Jahne Bristow, Lewes

District of Columbia

Brittney Gant, Washington

Florida

Carlurette Baez Henry, Wesley Chapel
Matthew Strickland, Sarasota

Georgia

Justin Galliani, Grovetown
Abby Gail Shalaby, Atlanta

Maryland

Yeremi Canizales, Severna Park
Abdullah Senjab, Glenn Dale
Jennah Wagner, Severn

Massachusetts

Jonathan Lee, Boston
Issac Nawar, Cohasset
Darius Tenorio, Boston

Missouri

Amit Kumar, Independence

Montana

Robert Wilcox, Butte

Nebraska

Brandon Toscano, Omaha

New Hampshire

Joseph Simonson, Nashua

New Jersey

Manpreet Anand, Carteret
James Venuti, Midland Park
Cigdem Yilmaz Sastim, Livingston

New York

Carl Embury, West Seneca
Nibras Ibrahim, Pittsford
Ekta Pandya, Peekskill
Dennis Verma, Bellerose

North Carolina

Glenn Baldwin, Durham
April Savoy, High Point
Yan Zhang, Chapel Hill

Ohio

Davis Edward Garrison, Ashland

Pennsylvania

Dat Vu, Newtown

South Carolina

Liena Abreus, Myrtle Beach
Theresa Joseph, Camden
John Campbell Lake Jr, Newberry
Meriana Martin, Myrtle Beach

Tennessee

Ayman Haroun, Clarksville

Texas

Chance Hunsaker, Houston
Andrew Robert Mueller, Dallas
Carly Schaefer, Austin

Utah

Saniya Bansi Bhusari, Salt Lake City

Virginia

Ariane Dias-Silveira, Newport News
Kevin Ellorin, Virginia Beach
Hiba Elnour, Alexandria
Shehzana Fatima, Fairfax
Heta Jasani, Ashburn
Parth Maganlal Kalathiya, Ashburn
Curtis Kim, Arlington
Anusha Nagapuri, Brambleton
Elma Parsa, Ashburn
Suman Raghavan, Chantilly
Wael Safadi, Yorktown
Hafiza Qurrat Ul Ain Sajjad, McLean
Karthick Thangamani Nadar, Bristow
June Yi, Chantilly

Washington

Daniel Shoop, Gig Harbor

Wisconsin

Frank Galka, Shorewood
Josephine Hayes-Birchler, Milwaukee

newmembers

CANADA

Alberta

Shrey Pandya, Edmonton

Ontario

Michael Awad, Kingston
Kunal Gupta, Burlington

INTERNATIONAL

India

Swapnil Kurhade
Jonathan Thomas

Malaysia

Soon Teik Tan

Republic of Korea

Jihyung Yoon

United Kingdom

Minas Leventis

STUDENT MEMBERS

Jilaine Abad
Anas Abualola
Kiran Ahmed
Ali Alshabeeb
Madhuri Annepu
Uswa Arain
Mohammed Basma
Fiona Chen
Carson Chou
Tyson Galbraith
Nicholas Ha
Muhammad Hamza
Abdallah Hassan
Cecilia Hurlbert
Hyunjae Im
Bhavdeep Kahlon
Anahita Karimi
Ray Byunghyun Kim
Iris Lee
Germano Lelis
Joseph Logsdon
Evan Lomax
Nona Marvian
Sam Meradj
Pedram Mir-Aghazadeh

Margaret Mirabella-Pimer
Kyle Morris
Joy Na
Arshia Naimath
Marlen Onsy
Caroline Parfomak
Romin Patel
Ali Sabouri
Elnaz Sadeghi
Kamron Safarnejad
Anek Sahota
Johanna Samano Beltran
Mohammed Samarah
Jonathan Sawyers
Edward Schott
Karin Shamardani
Sakshi Sharma
Connie Shen
Leah Shinno
Eric Sun
Craig Sutkin
Delvin T Swift
Breno Tavares
Veola Thomas
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2026 AAID ANNUAL CONFERENCE

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Email: drsiyer@aol.com
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Contact: Domenical Sanchez
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AAID NEWS STAFF

EDITOR

Dennis Flanagan, DDS, MSc, FAAID, DABO/ID
editor@aaid.com

ASSOCIATE EDITOR

Swati Agnihotri, DMD, AFAAID

AAID EXECUTIVE DIRECTOR

Carolina Hernandez, MBA, CAE

AAID MARKETING & COMMUNICATIONS DIRECTOR

Matthew S. Switzer

adbin dex

ASI Dental.....	40
Glidewell.....	31
Impladent	24
Influential Dental.....	37
Preat.....	39
Versah.....	2

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