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By Matthew Young,
DDS, FAAID, DABOI/ID

PRESIDENT'S MESSAGE

Connecting, Learning, and Innovating: **The Heartbeat of AAID**

As this inspiring year develops through summer, my excitement builds for what is, for many of us, the highlight of the AAID year: our Annual Conference! This November 12-15, 2025, we'll gather in the vibrant city of Phoenix for what promises to be an exceptional event. The theme, "Rock the Dental Implant World: Where Innovation Meets Expertise," perfectly captures the spirit of what we strive for at the AAID: pushing the boundaries of what's possible in implant dentistry while grounding our advancements in solid, evidence-based practice. Beyond the cutting-edge science and clinical pearls, our Annual Conference is truly about connection. It's about seeing old friends, making new ones, and sharing in the unique camaraderie that defines our community of dedicated implant dentists.

Our Annual Conference Education (ACE) Committee co-chairs, Dr. Brian Jackson and Dr. John Minichetti, along with the rest of our passionate ACE Committee members, have developed an amazing educational lineup. I met Dr. Jackson in Mumbai, India while we were lecturing for the MaxiCourse run by Dr. Shankar Iyer. We had an amazing time during the program and have been great friends ever since. I met Dr. Minichetti in Washington, D.C. 20 years ago during an AAID Conference while he was giving a laptop presentation on maxillary sinus lifts. His lecture was amazing, and he was so accessible during and after. Like with Dr. Jackson, we've been friends ever since. This is the power of being together in person. During the Annual Conference, we will hold our District Caucus lunches where you can meet colleagues that practice in your region. You can also connect with a Study Club and mentors in your area or become a mentor to those around you. Furthermore, we will also have several exciting hands-on, limited-attendance workshops where you can meet peers and mentors.

During my 25 years in the AAID, I have gained experience and knowledge and earned bona-fide credentials. Nevertheless, the best part about joining the AAID has been developing the relationships I have with our members, teams, and the awesome representative that support us. Every time I've hit a plateau or hurdle and wondered where my next phase will be, I've been lifted up by my AAID friends and colleagues. This is a group that wants you to succeed and enhance the quality of care for your patients and community. Our leaders in the AAID are on the cutting edge of advancement and are happy to share, whether it be about practice management, surgical protocols, use of PRF and growth factors, or the latest in digital dentistry advances. The Annual Conference is an ideal venue to ramp up your skills and your enthusiasm for your practice.

The Annual Conference and other AAID in-person events have always been inspiring for me. They have helped me to advance my skills and enhanced my love of the implant dentistry profession. While I learn a lot from the Main Podium presentations and Hands-on Workshops, I learn even more from talking to colleagues and friends

about how they practice and the way they develop their procedures. This is where our long-term inspiration comes from.

Just this year, we had a great Northeast District Meeting in New York City that covered everything from surgery and prosthodontics to digital surgery and growth factors. The sharing of knowledge and experience was amazing. More recently, the Central District, in conjunction with the Midwest Implant Institute, put on an impressive All-on-X hands-on program, giving attendees the opportunity to perform live surgery under the guidance of credentialed mentors. Finally, we had the Southern District event at Dr. Michael Wehrle's facility in Pueblo, Mexico. I was thrilled to attend and serve as a mentor. I worked with fifteen amazing clinical leaders and twenty awesome attendees to place and restore dental implants. All of the proceeds from the Pueblo event went to the charitable organizations of the AAID Foundation, the AAID Southern District, and the Casa Del Sol Orphanage. I returned home from Mexico even more inspired to raise the level of my practice.

I encourage each of you to join us at the Annual Conference in Phoenix this November. Whether you're seeking to refine your skills, explore the latest technologies, or simply recharge your professional batteries, the AAID Annual Conference offers an unparalleled experience. Beyond the formal sessions, take advantage of the social events, the exhibit hall, and the countless informal opportunities to connect with peers who share your passion for implant dentistry. It's in these moments of shared experience and casual conversation that some of the most profound learning and valuable connections often occur. Let's come together to "Rock the Dental Implant World" and reinforce the strong bonds that make the AAID such a special and impactful organization. I look forward to seeing you there!

By Carolina Hernandez, MBA, CAE,
AAID Executive Director

EXECUTIVE DIRECTOR'S MESSAGE

The AAID at 75: A History of Innovation & Compassion

Just after World War II, a wave of innovation was reshaping society, fueling economic growth and transforming lives. At Walter Reed Army Hospital, surgeons were achieving remarkable breakthroughs in anatomical reconstruction, using artificial implants to restore function and dignity to wounded soldiers. These advances sparked a powerful question: if such techniques could rebuild the human body, could they also be adapted to improve dental care?

Driven by a deep concern for patients who struggled with conventional dentures, Dr. Norman Goldberg began exploring new possibilities. His commitment to improving patient outcomes resonated with fellow dentist Dr. Aaron Gershkoff. Together, they pioneered a new approach to dental restoration, laying the foundation for the field of oral implantology and the American Academy of Implant Dentistry (AAID).

Their work was not just about innovation; it was about compassion. It was about giving people back the ability to eat, speak, and smile with confidence. And it all began with a simple, powerful desire: to improve the lives of patients through better care.

In 2026, the AAID will proudly celebrate our 75th anniversary. This anniversary will mark three-quarters of a century dedicated to improving implant dentistry, promoting education, and upholding the highest standards of patient care. It's a huge milestone that really highlights the mission of the Academy, the innovations in the field, and the lasting impact of everything its membership has done together.

Since 1951 – when 13 professionals gathered in St. Louis to charter the American Academy of Implant Dentures (the organization's original name) – to today, the AAID has been a leader in every major development in implant dentistry, from the first blade and subperiosteal implants to the advanced root-form systems used now. Our members have consistently pushed the boundaries of what's possible, conducted important research, developed new techniques, all while generously sharing their knowledge.

At the heart of the Academy lies a space for members to learn and grow as implant dentists. Like its founders, we share a common desire to improve the lives of patients and a passion for advancing dental care. Through the Annual Conference, Implant Institute, District Meetings, and MaxiCourse programs, the AAID consistently delivers the most comprehensive, cutting-edge, and innovative educational training available. This dedication to lifelong learning ensures that AAID members stay at the top of their profession, delivering excellent results for their patients. Generations of implant dentists have improved their skills, embraced new technologies, and contributed to the ever-evolving world of our field, all within the supportive network that the AAID provides.

Beyond education, the AAID has been a powerful champion for the recognition of implant dentistry as a specialty and the rights of our members to advertise their training and education in implant dentistry. Tireless efforts have been made to establish standards of care, support innovation and research in the field, and educate the public about the benefits of dental implants. The AAID has played a key role in shaping how implant dentistry is viewed and accepted, changing it from an unfamiliar and seemingly dangerous procedure to a widely accepted and often preferred solution for replacing teeth.

Celebrating 75 Years of AAID

Help Tell Our Story

To mark the Academy's 75th anniversary, a special project is underway to collect photos, stories, and artifacts that reflect the journey of the AAID and its members. We ask you to explore old files, photo albums, or personal recollections. Even the smallest item or story can make a meaningful impact.

The Academy is looking for:

- Photos from early AAID meetings or events
- Images of groundbreaking implant cases
- Historical documents or memorabilia
- Personal stories of mentors, challenges, or pivotal moments in implant dentistry

Every contribution adds to a rich, inspiring tribute that will be shared throughout the anniversary year. These memories will help preserve the past and inspire future generations. Selected submissions will be featured throughout our anniversary celebrations.

To submit your photos, stories, and other historical artifacts, or if you have any questions, please contact our AAID Director of Marketing and Communications at editor@aaid.com.

Today, the Academy finds itself once again at the threshold of a transformative era. Breakthroughs in artificial intelligence, the convergence of digital technologies, evolving work paradigms, and heightened global interconnectivity are reshaping patient care and implant dentistry again. Much like previous pivotal moments in history, the Academy is ready to support innovation, champion research, and train the next generation of implant dentists – driving forward a future where patient care reaches new heights.

The journey ahead promises to be as transformative as the past, and the AAID stands ready to meet the next 75 years with the same passion and purpose that have defined its history.

Live Surgery Conferences

The Antidote to the Traditional Dental Implant Meeting

Few events demonstrated just how vital hands-on live surgery implant dental education is than the recent meetings hosted by the AAID Central and Southern Districts in Columbus, Ohio and Puebla, Mexico, respectively.

“This event offered something rare in implant education: live, one-on-one, supervised patient surgeries, with prosthetic completion and postoperative follow-up,” said Michael Fioritto, DDS, FAAID, DABOI/ID. Dr. Fioritto helped organize the event organized by the Central District, and hosted by Rob Heller, DDS, AFAAID at the Midwest Implant Institute.

“What made this Central District course unique was not just that surgeries were performed - it was that there was one-on-one supervision from ABOI Diplomates. Each participant had the opportunity to place implants under the supervision of experienced clinicians, with detailed planning, intraoperative mentoring, and, perhaps most critically, a support system for follow-up built in,” he said.

Even years after the COVID pandemic loosened its grip on society, it can still be difficult to attract busy implant dentists to a conference and even harder, at times, to expect them to sit through lectures from well-intentioned and thoughtful national leaders.

“Dental implants are not abstract concepts; they are practical, long-term tooth replacements that must integrate into living tissue,” Dr. Fioritto said. “Understanding the intricacies of bone manipulation, soft tissue handling, and individualized prosthetic planning goes beyond what lectures can teach. While classroom instruction is essential, it is through hands-on surgical experience that we truly grasp the subtleties that distinguish satisfactory results from exceptional ones.’

Enter the AAID Live Surgery Event—the tonic for the conventional dental meeting.

Anyone who has volunteered on an AAID Annual Conference planning committee knows the daunting number of details and sometimes exorbitant costs that make any conference a logistical nightmare.

Undeterred by those factors and in search of a better educational experience, Dr. Fioritto and his Ohio colleagues sought to put on a live surgery event that relied on volunteer implant dentists, patients in need of complex procedures, and a setting with enough operatories to handle the anticipated turn out.

Dentists were charged a below-market fee for the three-day event; students could attend for free, and discounts were offered for dentists who brought their own patients.

Dr. Fioritto stressed that while they were looking for complex cases, it ultimately came down to selecting patients in need who required several tooth extractions. The program lineup was comprehensive and consisted of essential implant procedures and treatment planning.

"I feel this is a new way of looking at meetings. I think it has a lot of promise," he said.

Live-Surgery Training with a Philanthropic Twist

Meanwhile, in Puebla, Mexico, the AAID Southern District live surgery event recently concluded at Dr. Michael Wehrle's clinic. Dr. Wehrle's bootcamp-like approach mixes with his commitment to giving back to the Puebla community. The result was a three-day live surgery conference that provided attendee implant dentists with the advanced skills that ensure a competitive edge in today's marketplace.

The genesis for Dr. Wehrle's AAID Charity All-Star Course took place at the 2024 AAID Annual Conference in Atlanta when he started talking to several of his colleagues from the Southern District about exporting his boot camp seminar approach and using it for an AAID meeting.

Dr. Wehrle had already created the ideal clinic for a live event with his state-of-the-art facility built to U.S. standards in Puebla. It contains a 20,000 square-foot dental facility with eight operatories, a professional dental clinic, a modern, comfortable hotel, a dining hall, and large conference rooms for lectures, parties, and business meetings.

For the July 2025 event, he pivoted to work with the AAID to attract implant dentists and students to his implant mecca in Mexico. Would his drill instructor approach work with attendees?

"I whistle at them; I yell at them. I tell them they got to do this and tell them to do that," Dr. Wehrle said. Rather than complain, this group told him they wanted more! The payoff came when students saw the surgeries in real time, when they can ask questions and absorb the information and procedures unfolding in front of them, he explained.

The AAID Charity All-Star Course stands in stark contrast to other seminars because Dr. Wehrle has invested 10 years and millions of dollars in his clinic and has created a 'dental implant city' of sorts, replete with housing, food, and meeting facilities that are difficult to match in the United States.

Both Dr. Fioritto and Dr. Wehrle are at the tip of the spear in the changing dynamic of professional dental education. Both recent live surgery events proved to be successful, providing important logistical lessons on how to conduct a meeting and manage event marketing, costs, meeting structure, and other complexities that have given meeting planners headaches for decades.

For more information on Dr. Wehrle's remarkable organization, scan the QR code below.

To learn more about the Midwest Implant Institute, scan the QR code below.

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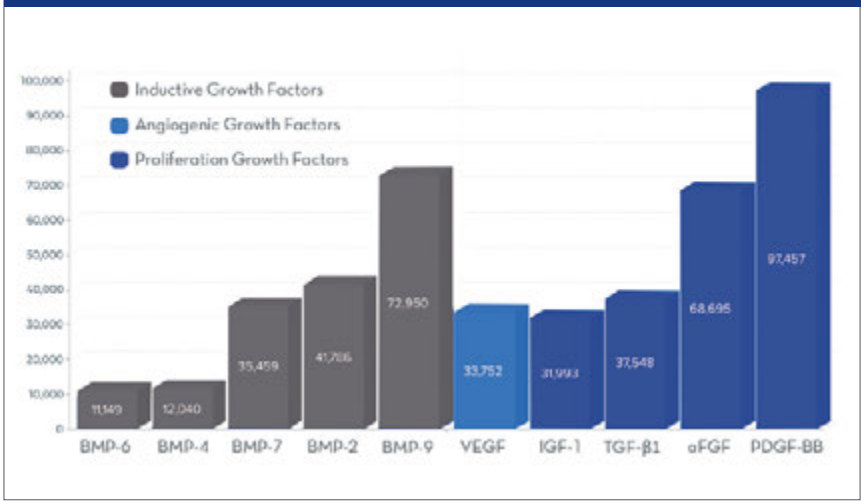

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By Dennis Flanagan, DDS, MSc, FAAID, DABOI/ID

LITERATUREREVIEW

When is an implant too close to an adjacent tooth?

This is a synopsis of my upcoming article in JOI, "Dental Implants: Adjacent Tooth Proximity and Contact" that I believe deserves attention.

The placement of dental implants in close proximity to adjacent natural teeth is a complex and sometimes unavoidable occurrence. Whether due to anatomical constraints, drift, surgical inaccuracy, or limited space, the risk of implant or osteotomy contact with adjacent tooth roots remains a practical concern in implant dentistry. Despite frequent discussion, there is little consensus on a definitive "safe" distance from adjacent roots, with the often-cited 1.5 mm threshold lacking scientific validation.

Imaging Limitations and Planning

Accurate determination of implant-to-root proximity is technically challenging. Traditional periapical radiographs suffer from parallax distortion, while cone beam computed tomography (CBCT) is unreliable when bone thickness between structures is 1 mm or less. The resolution limits of CBCT, particularly in distinguishing titanium from adjacent tooth structures, mean that final placement must be guided by surgical judgment rather than imaging precision alone.

Proximity and Clinical Consequences

Proximity of an implant to an adjacent tooth can complicate prosthetic fabrication and compromise periodontal health. Encroachment upon the natural tooth may result in inadequate prosthetic space, leading to unesthetic outcomes, gingival recession, and marginal bone loss.

There is also potential for physiologic compromise. Implants that impede normal vascular pathways may inhibit osseous remodeling, particularly in patients on medications known to alter bone metabolism (e.g., bisphosphonates, SSRIs, warfarin, and PPIs). The implant's diameter and displacement volume play a significant role; larger implants may obstruct local vasculature, limiting osteogenesis and promoting bone resorption. Nonetheless, narrow diameter implants may not cause an obstruction.

Studies show smaller-diameter implants and mini-implants are less likely to impair remodeling due to reduced physical interference. Additionally, the rough surface texture of most implants promotes osseointegration, even when space is minimal. However, whether bone formation in such tight quarters is functionally adequate remains unknown.

Contact Classification and Outcomes

Implant contact with tooth roots can be classified based on the depth of tissue penetration:

- Grade 1: Periodontal ligament (PDL) contact
- Grade 2: PDL and cementum contact
- Grade 3: PDL, cementum, and dentin penetration
- Grade 4: Full penetration including pulp

Each increasing grade correlates with more significant damage and potential sequelae such as root resorption, pulp necrosis, or retrograde peri-implantitis. Still, reports and studies—often based on animal models or orthodontic mini-screws—suggest that minor contact, particularly Grades 1 and 2, may heal without long-term complications.

In fact, some successful implants have been documented with incidental or even intentional contact with tooth roots, particularly when pulp was not violated. Healing typically involves cementum proliferation and PDL regeneration, especially in superficial cases.

Surgical Considerations

The hardness and structural variability of dentin—especially in older patients—means implant drills may or may not penetrate the tooth root depending on the drill type, speed, pressure, and angulation. Most implant drills are harder than dentin and bone, making penetration possible, especially when visibility or access is limited.

Despite the potential for contact, most implant drills are designed to cut bone efficiently while minimizing trauma. If contact occurs, especially in posterior regions where access is limited, removal and repositioning of the implant or orthodontic movement of the involved tooth may be warranted.

Repair and Healing Potential

Evidence suggests that non-pulpal contact injuries (Grades 1–2) are often self-limiting. Cementum and PDL can regenerate over minor indentations or abrasions caused by drills or implant fixtures. Even in orthodontic contexts where screws contact roots, reported incidence of long-term complications is extremely low (0.28%).

Studies have even demonstrated that roots in contact with implants may develop new cementum once the offending structure is removed or the tooth is orthodontically repositioned. While human data are limited, findings suggest conservative management may be justified in some cases, especially when pulpal integrity is preserved.

The 1.5 mm Myth

The frequently mentioned 1.5 mm “safe distance” is speculative and lacks empirical basis. This dimension does not clarify whether it refers to spacing from the PDL, cementum, or root dentin. Nor does it account for variations in implant diameter, root morphology, or the vascular anatomy of the surrounding bone.

Some studies imply that proximity under 0.6 mm increases the risk of root resorption, yet such conclusions are primarily derived from small animal studies or orthodontic loading scenarios—not percutaneous implants under occlusal force. In one long-term human case, a 1 mm implant-to-root clearance did not lead to interproximal bone loss after 10 years, suggesting that proximity alone does not guarantee pathology.

Risk Management

Contact between a dental implant and adjacent tooth root is best avoided, but when it occurs, clinical management depends on the depth and location of contact. Superficial damage may not require intervention, while deeper intrusion may necessitate endodontic therapy or extraction. Repositioning the implant or moving the tooth away with orthodontics are possible management strategies, though the latter lacks robust clinical validation in humans.

Surgical guides, precise preoperative planning, and experienced surgical technique are essential to minimize the risk of contact. Importantly, clinicians must be aware that even with careful planning, anatomical variation and patient-specific factors can complicate outcomes.

Conclusion

The issue of implant proximity to adjacent teeth is underreported and poorly studied. There is no universally accepted distance for safety, and the often-cited 1.5 mm clearance lacks scientific justification. Root contact by an implant or drill should be avoided when possible but may not invariably lead to adverse outcomes.

Healing of the PDL and cementum is likely in superficial contacts. Deeper injuries involving dentin or pulp carry more risk and should be evaluated case by case. Until definitive human studies provide clearer guidance, prudent surgical planning and conservative treatment are recommended.

Further research is urgently needed to determine what proximity constitutes biological risk and to clarify the long-term outcomes of implant-root contact. In the meantime, clinicians must rely on judgment, technique, and cautious planning to avoid inadvertent harm while delivering successful implant therapy.

How Robotic Technology is Shaping the Future of Implant Dentistry

By Swati Agnihotri, DMD, AFAAID

Robotic technology is increasingly making an impact in various medical fields, including dentistry. With the growing demand for dental implants, innovations that enhance precision, safety, and efficiency are particularly valuable. We sat down with Alon, a co-founder of Neocis, a company focused on dental robotics, to discuss the origins of this technology, its capabilities, and its impact on implant dentistry

> *During surgery, it's crucial to understand that the robot does not operate autonomously. The dentist remains in control of the drill while the robot provides real-time guidance.*

Swati: Alon, thank you for joining us. Given your background in engineering and surgical robotics, how did you identify implant dentistry as a field ripe for this type of technological innovation?

Alon: My background is in engineering; I studied computer science at MIT. My early work involved computer graphics and image processing. I then transitioned to robotic surgery at Mako Surgical, focusing on orthopedics, where I encountered many concepts similar to those in image processing and robotics. After noticing a slowdown in innovation there, we decided to explore other medical markets where our expertise could be applied. My father, a retired endodontist, inspired us to explore dentistry. We saw that dental implants were a significant and growing market, and technologies like cone beam CT and intraoral scanning were already widely adopted. This showed us that our robotic surgery approach would be a great fit for this field.

Swati: As a clinician, I've seen firsthand the limitations of both freehand surgery and traditional surgical guides. Could you explain the key technological difference of a robotic system, particularly its use of haptics, and how it addresses these clinical challenges?

Alon: Absolutely. Robotic systems are designed to assist clinicians with planning and executing dental implant cases. Planning starts by loading cone beam CT scans and intraoral scans into software, where you can virtually place the implant in the desired position. During surgery, it's crucial to understand that the robot does not operate autonomously. The dentist remains in control of the drill while the robot provides real-time guidance. Think of it like a drill press; the robot stabilizes the drill, preventing any deviations from the planned angle and depth, ensuring precision.

Our core technology for guidance is haptics, which provides physical feedback, along with visual indications on the screen. The robot arm provides this physical guidance. This is fundamentally different from traditional freehand surgery, where you rely solely on your skill and tactile feel, posing risks like nerve or sinus damage. It also differs significantly from static surgical guides. While guides offer a fixed path, they have significant drawbacks: they are costly and time-consuming to manufacture, and they lack flexibility. If you need to slightly adjust the implant position mid-procedure, you're stuck or have to abandon the guide. With a robotic system, if you need to change the plan during surgery, you can easily adjust the position or angulation in the software with a click, and the robot will immediately guide you to the new position.

The only other technological competition is navigation systems. These are like a GPS on a screen, providing visual guidance but no physical restraint. If your hand slips while using a navigation system, you see the mistake happening on the screen. The physical guidance provided via the robot arm is critical for precision.

Swati: Full-arch restoration in edentulous cases presents unique challenges, particularly with bone reduction and achieving correct prosthetic space. How does this technology perform in these complex situations?

Alon: We received FDA clearance for full-arch procedures in 2020, and since then, we've performed numerous cases. We've seen significant improvements in workflow efficiency and enhanced accuracy, giving clinicians confidence that everything will fit correctly with the prosthetic. In addition to implant placement, the system is also cleared for bone reduction, which is often necessary in these cases. Planning bone reduction is much easier. You can use a bone reduction handpiece that is precisely guided to remove material up to the planned level. This prevents drilling too deeply and hitting a nerve, a common concern, while also ensuring enough bone is removed to avoid the problem of insufficient space for the prosthetic later. The system enables safe, guided bone reduction, followed by precise implant placement.

Swati: Beyond clinical precision, what is the practical impact on a practice's workflow, especially regarding the time and efficiency of complex cases?

Alon: Yes, it definitely can, particularly as case complexity increases. For more complex procedures involving multiple implants, or especially full or dual arches, there can be significant time savings. We've seen practices complete a full arch in around 30 minutes and sometimes a dual arch in about an hour. Compared to spending an entire day on a dual arch with traditional methods, this efficiency is crucial. It allows practices handling higher volumes to potentially double their capacity for these procedures.

> *The system enables safe, guided bone reduction, followed by the use of a different handpiece for guided osteotomy preparation and precise implant placement.*

Swati: This technology seems to address a wide range of pain points for different types of practitioners. Can you elaborate on the different categories of users and the specific benefits they report, both clinically and from a business standpoint?

Alon: Our customer base is quite broad. It includes general dentists who perform a high volume of implants, and for them, the robotic system solves many problems by replacing cumbersome surgical guides. Another category is general dentists who perform lower volumes and want to grow their practice; the system helps them feel more comfortable taking on cases they might have previously referred out. Specialists, such as oral surgeons and periodontists, are also key customers. For them, the precision and accuracy of the system mean they can place implants so well that it makes the restorative dentist's job significantly easier. The economic return on investment comes in multiple ways. First, there's a significant marketing opportunity; patients are drawn to state-of-the-art technology, which helps attract new patients. Second, it improves case acceptance rates because dentists can better explain and reassure patients about the accuracy and safety of robot-guided methods. This leads to higher revenue. And as mentioned, for specialists, the increased referrals are a significant economic benefit. Crucially, the increased efficiency in complex cases allows practices to perform more procedures, significantly boosting volume and revenue.

Swati: You mentioned a large number of implants have been placed with this technology. What data do you have to support the claim of reduced complications and improved safety?

Alon: We are constantly gathering more data. What we've observed is significant—for specific issues, such as hitting a nerve, we have not seen any of those. We've placed over 60,000 implants using the system to date. We use accuracy as a strong proxy for reduced complications and better implant longevity, as malposition can cause implant failure. We have conducted several accuracy studies, and our data shows that the system is more precise than traditional methods and even other guided technologies, which ultimately impacts implant longevity and reduces complications.

Swati: The idea of a robot working with the dentist, not replacing them, is a critical point for clinicians. How does the training process ensure a seamless integration of the technology into a practice's existing workflow and build that essential confidence?

Alon: It's interesting for dentists once they experience the haptics. They realize the robot isn't taking over; it's working with them, and they remain in control of the drill's movement, speed, and planning. The robot helps execute their plan with high precision. This "aha moment" gives dentists the confidence they need. It also gives patients confidence, as they see the dentist is still very much involved and in control. During the procedure, there are confirmation steps throughout. Dentists see visual confirmation on the screen and physically feel the robot guiding them, validating that the system is working as intended. We offer a comprehensive two-day training program for the entire dental team, which covers everything from setup to intraoperative use and how to integrate the robot seamlessly into the practice workflow.

Swati: Given that this was the first dental robot to receive FDA clearance, what was that regulatory journey like, and what were the key learnings?

Alon: It was not easy. The FDA hadn't seen anything like a dental robot before. We had extensive discussions and back-and-forth communication and conducted clinical data collection. We got our first clearance at the end of 2016. In the early days, a hot topic was training and human factors. This scrutiny, while challenging at the time, prompted us to develop a significantly stronger training program and processes, which ultimately resulted in a very robust system and program. Now, obtaining new indications, such as full arch and bone reduction, involves straightforward discussions because they understand the technology. Being the first wasn't easy, but it paved the way for the future.

Swati: A common question for a capital investment of this magnitude is the financial aspect. How do dental insurance and malpractice insurance currently handle this technology?

Alon: I must be careful here as I'm not an expert on insurance. However, codes do exist for guided surgery, typically related to surgical guides, although they may not receive extensive reimbursement. I have heard of a proposal for a specific robotic surgery code for dental implants, which reflects the belief that robotics will become a standard of care. Regarding malpractice insurance, while I can't provide concrete data showing a direct reduction in premiums, using a system like ours demonstrates a practice's commitment to utilizing state-of-the-art technology and providing the highest level of care.

Swati: Looking to the future, what broader trends do you see impacting dental robotics, and where do you envision this type of platform evolving in the next 5 to 10 years?

Alon: A significant trend is the push for a more streamlined digital workflow in dental practices. Currently, various digital components, such as CBCTs, intraoral scanners, and planning software, often exist in fragmented silos. Our platform aims to provide a centralized digital ecosystem that integrates all these pieces. You can view your CBCT and intraoral scans together, plan the implant, and utilize the robot for precise execution—all within a single, streamlined workflow. This will make dental practices increasingly digital and efficient.

Looking further out, this type of platform has the potential to expand beyond implants into other dental procedures that would benefit from robotics, such as tooth preparation or orthognathic surgery. Our method of attaching to the teeth also enables us to track and guide procedures on bony anatomy throughout the head, opening up possibilities for expansion into areas such as ENT or neural procedures.

Swati: It has been a pleasure learning about this technology, and it seems like a tremendous amount of persistence was required to reach this point. What has been your most important lesson as a leader in healthcare technology?

Alon: It's persistence. When you're an employee, it's one thing, but as a CEO and co-founder, there are so many challenges. In the early years, you sometimes feel like you'll never get there. The lesson is about being persistent and having faith that the technology will cross the "chasm" into mainstream adoption. You stick with it for years, and eventually, you get the opportunity to look back and see how far you've come while knowing the journey continues.

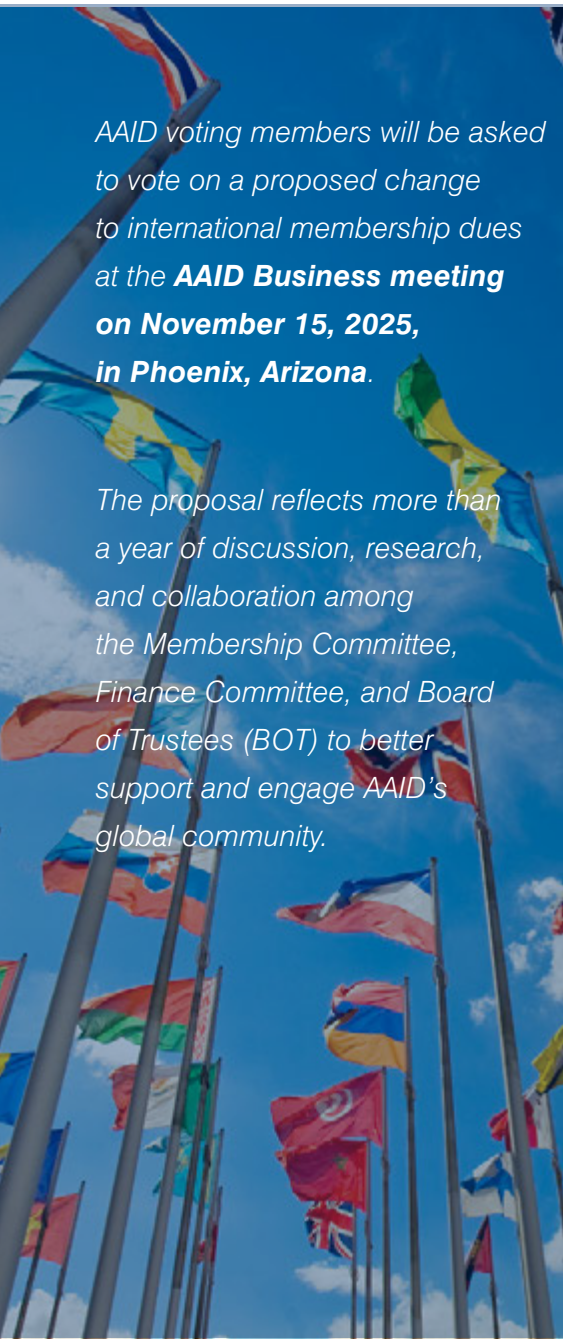
Swati: Thank you so much for sharing your insights.

Alon: My pleasure. Thank you for having me.

A Look at Current Challenges and Limitations

Despite the significant advancements and benefits discussed, robotic-assisted dental surgery is not without its challenges. The high cost of equipment is a major barrier to widespread adoption, limiting the technology's accessibility to smaller clinics and potentially making procedures more expensive for patients. Furthermore, the systems require a substantial learning curve and specialized training for dentists and their staff, which adds to the initial investment of time and resources. Technical complexities and the possibility of software glitches or hardware malfunctions are also concerns, as they could disrupt a procedure and compromise patient safety. Although robotic systems enhance precision, they are not a silver bullet. Some critics argue that the over-reliance on automation could diminish a practitioner's skill and adaptability in unique clinical scenarios, and that the technology may not consistently achieve the "sub millimetric accuracy" often claimed. Cases have been reported where patients experienced deviations in implant depth or position that could endanger them, leading some to question the reliability of the systems for all cases. However, as with any emerging technology, these challenges are driving innovation and paving the way for a more precise, efficient, and accessible future for all of implant dentistry.

By Dr. Jasmine Sung, FAAID, DABOI/ID
AAID Membership Committee Chair



*AAID voting members will be asked to vote on a proposed change to international membership dues at the **AAID Business meeting on November 15, 2025, in Phoenix, Arizona**.*

The proposal reflects more than a year of discussion, research, and collaboration among the Membership Committee, Finance Committee, and Board of Trustees (BOT) to better support and engage AAID's global community.

FROM THE **AAIDMEMBERSHIPCHAIR**

AAID Voting Members to Consider International Dues Adjustments at 2025 Annual Conference

Background

In 2022, the AAID Global Committee was formally integrated into the Membership Committee, consolidating domestic and international membership strategy under one structure. In September 2024, following inquiries from several members, concerns were raised to the committee about how the current dues structure may create barriers for international members—particularly those from lower-middle-income countries.

While all AAID members receive the same benefits regardless of location, dues are currently based only on membership class (e.g., General Member, Associate Fellow, Fellow). Many international members perceive the cost of dues as disproportionately high given currency exchange rates and other economic factors, which may discourage new or renewing members. Many international members, particularly those from lower-middle-income countries, have expressed concerns about affordability and perceived value.

Recommendations

At the **November 2024 BOT meeting**, the Board requested that the Membership Committee conduct research to better understand the needs and challenges of international members. Additionally, the BOT requested that the Membership Committee develop recommendations for restructuring international membership offerings and dues. Following several meetings in early 2025, the Membership Committee developed two formal recommendations. In accordance with AAID policy—which delegates dues decisions to the Finance Committee—the Committee submitted its proposals for review to the Finance Committee and then to the AAID Board:

- **Recommendation 1:** Reinstate the **$195 General Member rate** for individuals residing in **lower-middle-income countries**, as defined by the **FDI World Dental Federation**.

  Status: Reinstated by the AAID Board of Trustees; will take effect with the 2026 membership renewal cycle beginning October 1, 2025.

- **Recommendation 2:** Establish a **$495 annual membership rate** for **credentialed members** (Associate Fellows and Fellows) from lower-middle-income countries, **as defined by the FDI World Dental Federation**.

  Status: Approved by the AAID Board of Trustees for a vote by the membership at the 2025 Annual Conference.

What This Means for You

AAID voting members will have the opportunity to cast their vote on **Recommendation 2** at the upcoming Annual Business Meeting in **Phoenix, Arizona on November 15, 2025**. These efforts underscore the Academy's commitment to supporting the global implant dentistry community by ensuring that membership remains both accessible and valuable to professionals around the world, ensuring that all implant dentists—regardless of geography—can access the benefits, education, and professional development that the AAID provides. We encourage all voting members to attend the Annual Business Meeting this November to participate in this important decision about our Academy's global future. For questions or additional details, contact the Membership Department at membership@aaid.com.

LEGALBITE

Will the One Big Beautiful Bill Make Dentists Smile?

By Allen M. Schiff, CPA, CFE

On July 4, 2025, President Trump signed into law the One Big Beautiful Bill Act (OBBBA), a reconciliation package that includes a broad array of tax provisions affecting dentists and their dental practices. As a result of the OBBBA, there are significant developments within federal tax legislation. This article will answer many of your questions, with the hopes of making dentists smile!

This article will highlight key tax provisions within this legislation. I will emphasize the key tax provisions that will impact the dentist as an individual as well as their dental practices as a business.

Individual Income Tax Provisions

Permanent extension of lower tax rates and brackets: With any new Tax Law, it is always feared Tax Rates will increase. The OBBBA generally makes the tax rates enacted in 2017 permanent. What this means for dentists, is we are not anticipating any New Tax Rates for dentists for a long period of time. As a result of this provision, it will allow dentist to anticipate their individual taxes for this extended period.

SALT Deduction Cap: The state and local tax (SALT) deduction cap is now increased from $10,000 to $40,000 per household but would be phased out for anyone with modified adjusted gross income (MAGI) over $500,000. Unlike some other caps on MAGI, the $500,000 applies whether filing status is single or married filing jointly. However, if filing married filing separately, the $500,000 becomes $250,000. Here's how the phase out impacts the SALT deduction: If the dentist's MAGI is $600,000 (i.e., $100,000 over $500,000), then your deduction is reduced by $30,000 (30% of $100,000). So, for any dentist with MAGI of $600,000 and above, your SALT Deduction is back to $10,000, which is the current cap. If you MAGI is between over $500,000 but under $600,000, for example, $560,000 your deduction would only be reduced by $18,000 (30% of $60,000). In 2030, the deduction will revert to back to the current cap of $10,000 regardless of MAGI.

Charitable Deduction: Speaking of itemized deductions, because of the OBBBA, there is now an above-the-line deduction that is added for charitable contributions that will begin in 2026 ($1,000 for single filers, $2,000 for joint filers). This provision is available to those dentists who do not itemize their tax deductions. If you itemize, you will not be able to claim an amount equal to the first ½ of 1 percent of your adjusted gross income (AGI). For example, if your AGI is $300,000 and you made charitable contributions of $5,000 during the year, you will only be able to deduct $3,500. (i.e., $5000 less $300,000 times .005).

Estate and Gift Tax Exemption: The increased exemption is made permanent and raised to $15 million per individual ($30 million for married couples) in 2026, indexed for inflation. As a result of these new Estate and gift tax exemptions, the dentists can plan accordingly, knowing that these exemptions are now permanent. These exemptions will increase in the future because they are indexed for the indexed for annual inflationary adjustments. Just remember that several states have inheritance taxes separate from the federal estate and gift tax that are not changed by the OBBBA.

Enhanced Deduction for Seniors: For 2025–2028 if you are age 65 or older, there is a new $6,000 per senior tax deduction that is available in full for you if your income falls below $75,000 ($150,000 for joint filers). If your MAGI exceeds $175,000 single or $250,000 for joint filers, no part of the $6,000 is available. And, if you file married filing separately, the deduction is not allowed regardless of income. Importantly, this senior deduction is available whether you itemize or take the standard deduction.

Car Loan Interest Deduction: For 2025–2028, up to $10,000 of interest on loans for U.S.-assembled passenger vehicles may be deducted, subject to income phaseouts. To be eligible for this new tax deduction:

- Auto loans must be originated after December 31, 2024.
- The automobile must be a new passenger vehicle (not a used vehicle). The vehicle can be a car, minivan, van, SUV, pickup truck, or motorcycle). The gross vehicle weight rating must be under 14,000 pounds.
- The final assembly of the vehicle must have occurred in the United States.
- The vehicle must be for personal use. The deduction will not be allowed for commercial purposes.
- The vehicle loan must be secured by a lien on the vehicle.

Business Tax Provisions

Trump Accounts: The OBBBA creates a new kind of savings account, called "Trump accounts." Dentists are now permitted to make contributions to a Trump account for the benefit of an employee or a dependent of an employee and such contribution will be excludable from the income of the employee, up to $2,500. Here is how the Trump accounts work:

- The Dentist can establish a Trump account contribution program to provide contributions to the Trump accounts of its employees or their dependents.
- The Dentist contributions are not included in the employee's gross income.
- $2,500 maximum excludible amount (adjusted for inflation beginning in 2028)
- Plan must meet requirements like §129 dependent care assistance programs.

A cautionary note: Employer contributions to a Trump account, while tax-free to the employee, might be tax-deductible for the employer as a business expense, provided the employer follows specific plan documentation and non-discrimination requirements outlined in the legislation.

Bonus Depreciation: If you purchase Capital Assets for your Dental Practice, there is 100% expensing (bonus depreciation) available to you for qualified property that is placed in service after Jan. 19, 2025. The definition of "Qualified property" is property that has a depreciation period (life) of 20 years or less. For Dentists, it applies to dental equipment, computer equipment and leasehold improvements.

Sec. 179 Depreciation Expensing: The maximum amount a Dental Practice may expense for qualifying expenses has increased to $2.5 million, with the phaseout threshold raised to $4 million, both indexed for inflation after 2025. The bonus depreciation, as outlined above, and this new Sec. 179 Depreciation limit, will allow dentists the ability to claim in full, the first-year write-offs for all new equipment purchases on an annual basis.

PTE: As a result of the OBBBA, the "PTE", Pass through Entity Tax Deduction, continues. A PTE would apply if a Dental Practice were operating as a Partnership or as an S Corporation. The PTE Tax Deduction was in danger of being eliminated during the OBBBA negotiations but, it managed to survive all the discussions that surrounded it. This is a great tax planning opportunity for Dentists to save money on their taxes

Form 1099 reporting threshold:

- **1099-MISC and 1099-NEC:** For dentists that have employed Independent Contractors such as Dental Associates, Temporary help, Attorneys, etc., there is new tax reporting requirements. The Form 1099 information reporting threshold for payments for these services increases to $2,000 in a calendar year (up from $600) in 2026, and the threshold amount will be indexed annually for inflation beginning in 2027.
- **1099-K:** The OBBBA clarifies whether you will receive a 1099-K used to report payments you receive through third-party networks like PayPal, Venmo, and Etsy, among others. Initially (before 2021), users only received a Form 1099-K if they earned over $20,000 and had more than 200 transactions. In 2021, under the American Rescue Plan Act, the threshold was lowered to $600 with no transaction limit, but the IRS kept delaying its enforcement. OBBBA restores the $20,000/200 transactions standard. It's important to remember that regardless of whether you receive a 1099-K, all income derived from the sale of goods or services is considered taxable and must be reported on your tax return, unless specifically excluded by law.

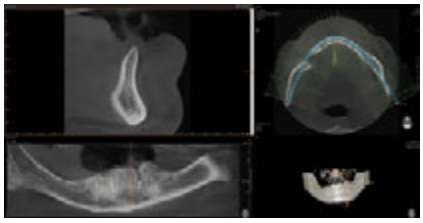
OTHER ITEMS OF NOTE

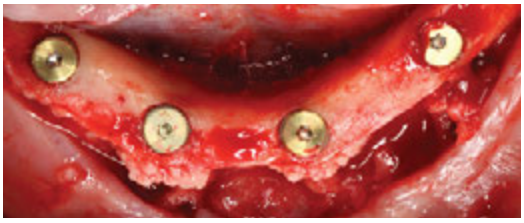
- Overtime income deduction: This new deduction - up to $12,500 for single filers and $25,000 for joint filers, albeit with earnings caps - may trigger questions from your team about applicability to them. Be sure to consult with your accounting, HR, and/or legal professionals for a review of your practice policies on overtime.
- Student Loans: Navigating student loan rules and payback requirements has been complex, and the OBBBA has added even more decision points that current borrowers must make beginning in July 2026. There are provisions that impact current borrowers, parents of children with student debt, and future borrowers. If you or a member of your team fall into one of those categories or your practice offers education assistance to team members, consult with professionals for advice on your particular situation.

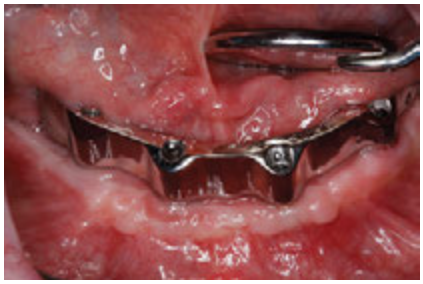
This article attempted to give dentists an idea of the current Tax Provisions contained within the OBBBA, that will allow the dentists to apply these new concepts, with the hopes of educating the dentist to make informed decisions, thus reducing their individual tax liability. This article is not designed to give tax advice, but only to inform you that the new Big Beautiful Bill will Make Dentists Smile Again! Please be sure to consult with your tax professional, so they can help you with your specific tax needs.

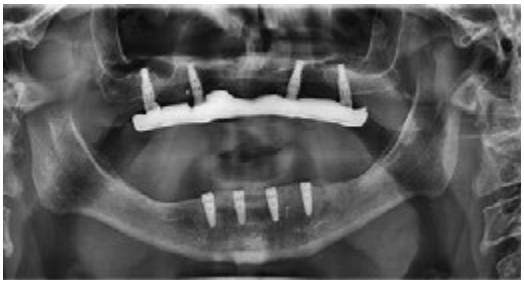
Allen M. Schiff, CPA, CFE is the Managing Member of Schiff Dental CPAs (www.schiffcpa.com) as well as the President of the Academy of Dental CPAs (www.adcpa.org). If you would like to reach out to Mr. Schiff, please email him at Aschiff@Schiffcpa.com or call 410-321-7707.

JOI SAMPLER





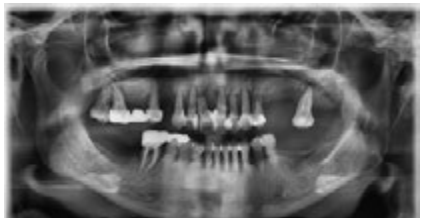


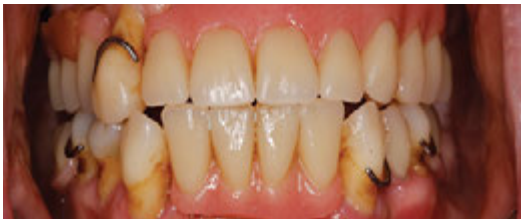


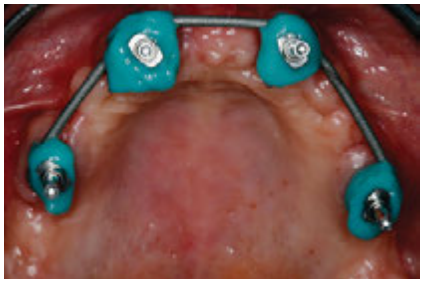
CLINICAL CASE REPORT

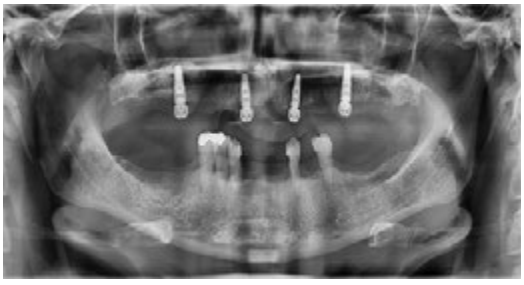
Implant-Prosthetic Rehabilitation of the Edentulous Mandible in a Patient With Class III Malocclusion and a Retrognathic Maxilla

In this case report, the authors demonstrate the challenges of implant-prosthetic mandibular rehabilitation of a male 71-year-old patient with a reconstructed left-sided clefting congenital deformity and class III malocclusion with anterior crossbite and retrognathic maxilla.









CLINICAL CASE REPORT

Reconstruction of Atrophic Alveolar Process With Xenograft, Fibrin-Rich Plasma, Titanium Mesh, Implant Placement, and Immediate Provisionalization

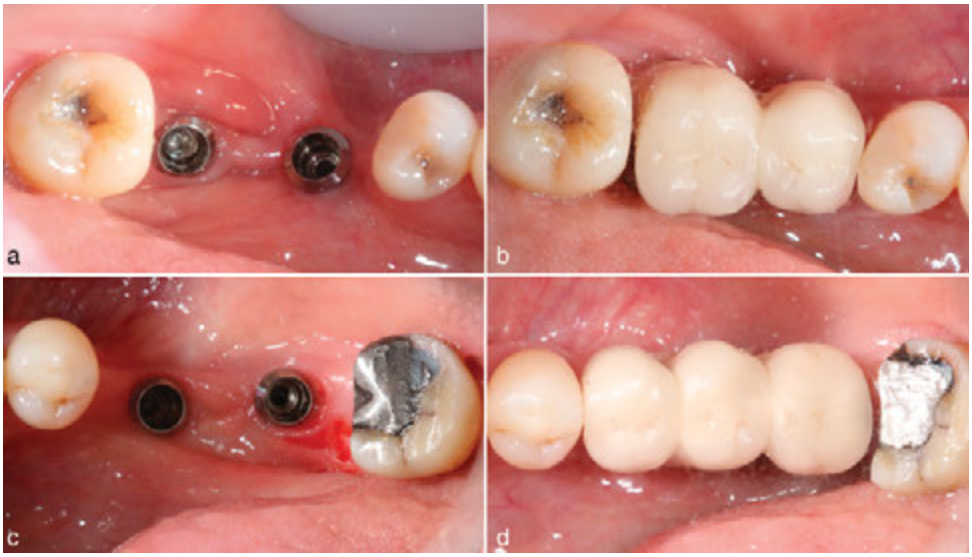
This clinical case reported on the reconstruction of an atrophic alveolar process with xenograft, fibrin-rich plasma (FRP), and titanium mesh; placement of an implant; and immediate provisionalization. The reported case had a significant horizontal and vertical bone deficiency. The combination of different elements, such as the xenograft combined with FRP, the placement of a titanium mesh, and the final coverage of the mesh with an FRP membrane, resulted in a gain not only in the horizontal but also in the vertical direction.

JOISAMPLER

CLINICAL CASE REPORT

Preoperative Simulation With 3D-Printed Models for Bilateral Inferior Alveolar Nerve Lateralization: A Case Report With 6.5-Year Follow-Up and Literature Review

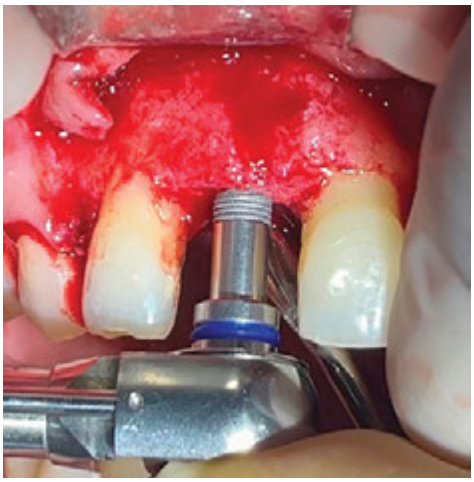
This report described a procedure for bilateral IANL with simultaneous implant placement using 3D printing in preoperative planning and concentrated growth factor (CGF). 3D printed models enabled surgeons to gain a detailed understanding of the underlying anatomy and improve the precision of the surgical path.

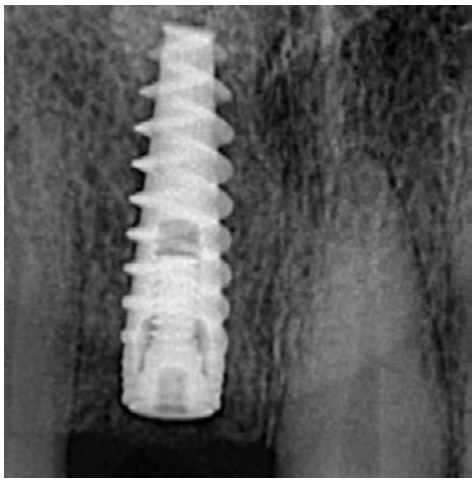


CLINICAL CASE REPORT

Maxillary Implant-Supported Overdenture in a Heavy Smoker Patient With Generalized Stage IV Grade C Periodontitis: A Clinical Case Report

This case report detailed the implant-supported prosthetic rehabilitation of the maxilla in a female smoker, following the loss of natural dentition due to stage IV, grade C generalized periodontitis. The chosen treatment strategy successfully addressed the patient's preference for a fixed, palate-free, and relatively cost-effective solution.

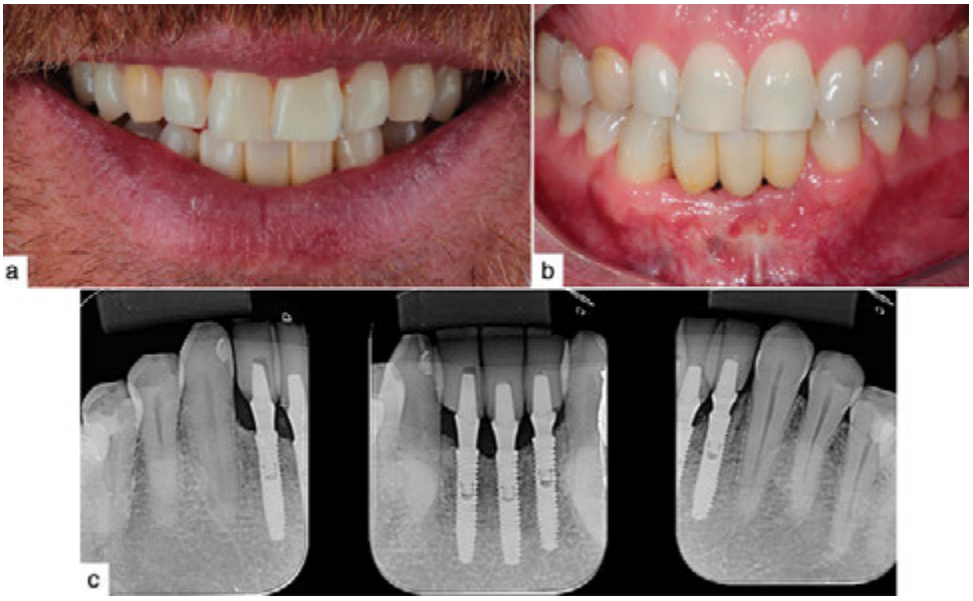




CLINICAL CASE REPORT

Long-Term Success of rhBMP-2 in Maxillofacial Bone Regeneration: A 10-Year Case Study

Authors present the case of a 55-year-old male with extensive periapical osteolytic lesions on teeth #23, #24, #25, and #26 linked to childhood trauma. Case findings validated the efficacy and safety of rhBMP-2 in maxillofacial regeneration, enhanced by collagen and titanium mesh, positioning it as a compelling alternative to autogenous grafts with sustained implant success.



2026 SLATE OF OFFICERS

The AAID Nominating Committee, chaired by Edward R. Kusek, DMD, FAAID, DABOI/ID, presents the following slate of officers for consideration at the AAID 2025 Annual Business meeting, to be held November 15, 2025 at 2pm in Phoenix, Arizona.

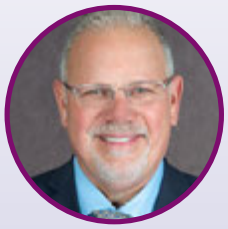
President

Donald Provenzale
DDS, FAAID, DABOI/ID
(automatic per Bylaws)

President – Elect

Bill Anderson
DDS, FAAID, DABOI/ID

Vice President



Mario Silvestri
DDS, FAAID, DABOI/ID

Treasurer

Daniel Domingue
DDS, FAAID, DABOI/ID

Secretary

Jason Kim
DDS, FAAID, DABOI/ID

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

(3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chair of the Nominating Committee or that person's designee at least 30 days in advance of the election [i.e. October 16, 2025] at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election.

(4) A nominee not announced by the Nominating Committee must include the signatures of at least 5 percent of the voting membership on the petition [i.e. 57 signatures].

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

Dr. Jason Kim completed his Periodontal training and received a master's certificate from Rutgers School of Dental Medicine, Department of Periodontics. He is a Clinical Associate Professor at NYU College of Dentistry, having served as Section and Surgical Director for NYU CDE Implantology Program. He is currently Director of Full Mouth Reconstruction: Periodontal and Prosthetic Approach to Comprehensive Patient Treatment and Clinical Assistant Professor in the Department of PG Periodontics at Rutgers School of Dental Medicine. He was appointed to Dean's Faculty at University of Maryland School of Dentistry and is a Diplomate of the American Board of Periodontology and the American Board of Oral Implantology, an Honored Fellow with the American Academy of Implant Dentistry (AAID), and also a Diplomate of the International Congress of Oral Implantologists. Dr. Kim served on the Board of Trustees with the AAID and is a Past President for the Northeast District of the AAID. He is on the faculty of several AAID MaxiCourses (New York, Las Vegas, Washington D.C., Nova Southeastern University, Boston, Asia, and UAE). He is a co-founder and co-director of Manhattan Dental Implant Seminars and is in private practice in Flushing, NY. Dr. Kim lectures nationally and internationally on implant dentistry, bone regeneration, biologics, guided surgery, and more.

Watch Dr. Kim's Nomination Video

BYLAWSAMENDMENT

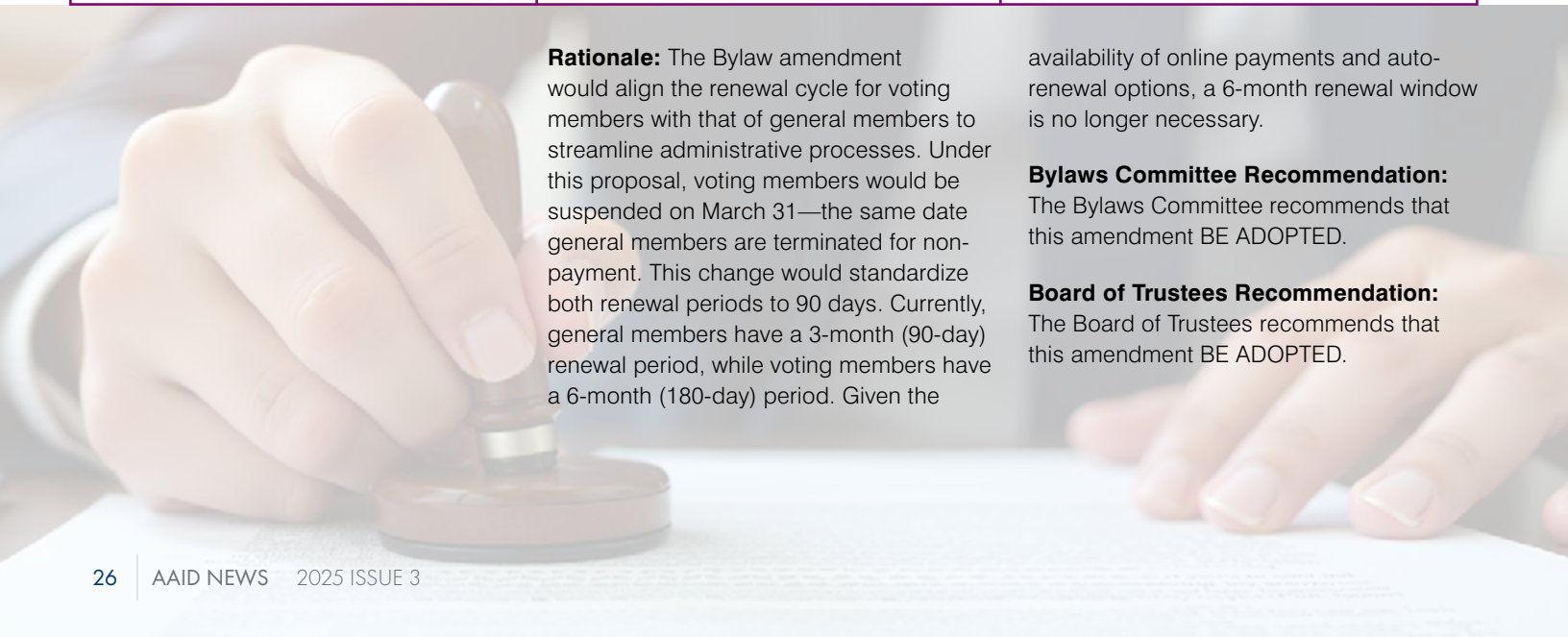
Proposed Bylaws Amendment

At the upcoming AAID Business Meeting on November 15, 2025, members will vote on a proposed bylaws amendment. The AAID Bylaws Committee, AAID Membership Committee, and Board recommend the following amendment be adopted:

AMENDMENT 1: (lines 168-169)

Amend ARTICLE IV - DUES, ASSESSMENTS, AND FEES. Section 1C.

CURRENT WORDING	PROPOSED AMENDMENT	IF ADOPTED WILL READ
A) Payment of Dues: Membership dues of all classes shall be payable on the 1st day of January each year.	**A) Payment of Dues:** Membership dues of all classes shall be payable on the 1st day of January each year.	**A) Payment of Dues:** Membership dues of all classes shall be payable on the 1st day of January each year.
B) Delinquency of Affiliate Associate Fellow/General/Student (Resident) Members: The membership of Affiliate Associate Fellow/General/ Student (Resident) Members whose dues are not received by March 31 will automatically be canceled.	**B) Delinquency of Affiliate Associate Fellow/General/Student (Resident) Members:** The membership of Affiliate Associate Fellow/General/ Student (Resident) Members whose dues are not received by March 31 will automatically be canceled.	**B) Delinquency of Affiliate Associate Fellow/General/Student (Resident) Members:** The membership of Affiliate Associate Fellow/General/ Student (Resident) Members whose dues are not received by March 31 will automatically be canceled.
C) Delinquency of Voting Members: Voting Members whose dues are not received by March 31 will be notified by the Headquarters Office that their membership rights and benefits are suspended. The names of Voting Members whose dues are still in arrears on May 15 will be referred to the Board of Trustees, which by majority vote, may terminate their voting membership.	**C) Delinquency of Voting Members:** Voting Members whose dues are not received by March 31 will be notified by the Headquarters Office that their membership rights and benefits are suspended and ~~. The names of Voting Members whose dues are still in arrears on May 15~~ will be referred to the Board of Trustees, which by majority vote, may terminate their voting membership.	**C) Delinquency of Voting Members:** Voting Members whose dues are not received by March 31 will be notified by the Headquarters Office that their membership rights and benefits are suspended and will be referred to the Board of Trustees, which by majority vote, may terminate their voting membership.



Rationale: The Bylaw amendment would align the renewal cycle for voting members with that of general members to streamline administrative processes. Under this proposal, voting members would be suspended on March 31—the same date general members are terminated for non-payment. This change would standardize both renewal periods to 90 days. Currently, general members have a 3-month (90-day) renewal period, while voting members have a 6-month (180-day) period. Given the availability of online payments and auto-renewal options, a 6-month renewal window is no longer necessary.

Bylaws Committee Recommendation: The Bylaws Committee recommends that this amendment BE ADOPTED.

Board of Trustees Recommendation: The Board of Trustees recommends that this amendment BE ADOPTED.

new members

The AAID is pleased to welcome the following new members who joined between May 6, 2025 and August 4, 2025. 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

Alabama
Macy Glassco, Scottsboro
Cameron Walsh, Trussville

Arizona
Gregory Lord, San Tan Valley
Krystal Miles, Tucson
Tarun Sachdeva, Lake Havasu City
Steven Velasco, Litchfield Park

California
Navpreet Bedi, Fairfield
Hernan Cardenas, Campbell
Leo Chang, Walnut Creek
Steve Deng, San Carlos
Ghazaleh Hosseini, Concord
Maximillion Jensen, Fair Oaks
Hafid Ortega, Los Gatos
Andrew Peterson, Arcadia
Steven Phan, Sacramento
Ian Topelson, Centennial
Na Wang, Cupertino
Timothy Wu, Mountain View
Jing Xu, Cupertino
Yi Yang, Cupertino

Florida
Aref Al Naib, Clearwater
Alexander Alvarez, Fort Pierce
Claudia Barros Chaviano, The Villages
Hans Garcia-Jordan, West Palm Beach
DahinaHernandez Lafargue, Fort Myers
Jose R Machado Cespedes, Miami
Jignesh Patel, Palm Harbor

Georgia
Kara Johnson, Acworth

Idaho
DakotaBaker, Idaho Falls

Louisiana
GeraldDejean II, Opelousas

Massachusetts
Helen Zheng, Watertown

Nevada
Kristi Agari, Las Vegas

New Jersey
Tamari Gochiashvili, Middletown Township

New York
Ralph Ragucci III, Mount Sinai

North Carolina
Lejla Streets, Jackson Springs

Ohio
Robert Bang, Newark
Elizabeth Hanks, Cincinnati
Alaa Soliman, Avon
Shruti Jadeja, Salem

Pennsylvania
David Gordley, Slippery Rock
Zaid Salman, Newtown Square

South Carolina
Maite Lestayo, North Augusta

Texas
Ali Golshani, Austin
Beena John, Sugar Land
Mariya Khawar, Sugar Land
Annie Kim, Flower Mound
Humzah Mahmood, Farmers Branch
Nisreen Obeid, Houston
AhmedRekik, Hurst
Payam Zohdi, Frisco

newmembers

Virginia
Amber Hogan, Williamsburg
Trang Le, Vienna
Sasha Mohammadi, Vienna
Saumitra Saravana, Fredericksburg
Michael Whyte, Henrico
Hui Zhou, Henrico

Washington
Anastasiya Dovzhenko, Bellevue
Vijaya Bharathi Jawaharlal, Snoqualmie
Alaleh Moazami, Kirkland

Wisconsin
Tyler Glaser, Rothschild

CANADA

Alberta
Tarquin Scott, Calgary

INTERNATIONAL

Chile
Natalie Penaloza Monares

India
Abhijit Kale
Harsha Karunakaran
Sajna Sadanandan

Saudi Arabia
Munerah Binshabaib

United Kingdom
Jeremy Willetts

studentmembers

Austin Adams
Reema Alnuaimi
Nour Altabbaa
Hend Altajjar
Kyla Augustine
Michael Bankes
Dedrian Barrett
Jared Baysinger
Emma Bihlman
Kendall Block
Andrew Borrell
Maurice Bourl
Phillip Brownlee
Michael Charles Caputo
Trevor Conrad
Sarah Danesh
Roshiel De Guzman
Yoleida del Arca
Zachary Eckels
Elaina Fridley
Ayushi Gaudani
Andriy Gaydaychuk
Junyan Ge
Kara Gibbon
Melodee Grant
Thomas Gryb
Joon Han
Rebecca Harper
Dennis Hartman
Martin Haugstad
Shayla Hoskins
Casper Huang
Dina Hussein
Mark Ibrahim
George Kokkinos
Zack Kraushaar
Samuel Laberge
Maykol Lacorte
First Name Last Name
Jonah Lee
Irene Lee Hung
Aaron Lubell
Bhargavi Marupaka
David Molina
Jacob Morton
Cristina Muncy
Brooke Naquin
Shannon Noroozi
Kevin Park
Sapan Patel
Teerarat Phuatrakoon
Tex Pierce
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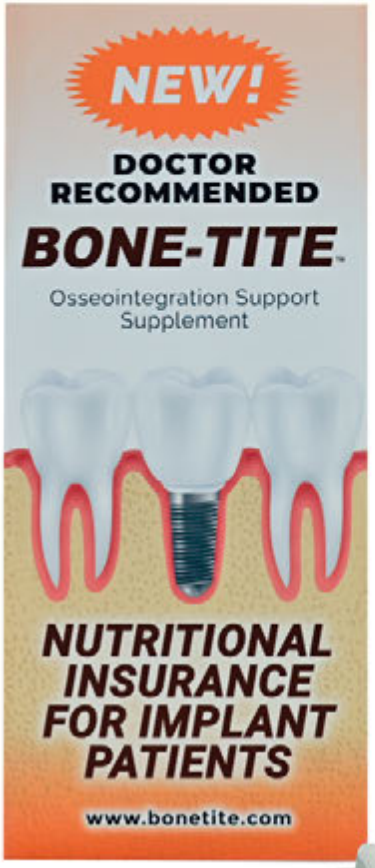

Teeth in a Day™ Innovator, Dr. Thomas J. Balshi

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- ✔ Patient subclinical nutritional deficiencies are very common.
- ✔ Poor nutrition has proven to be a significant risk factor for increasing the likelihood of implant failure.
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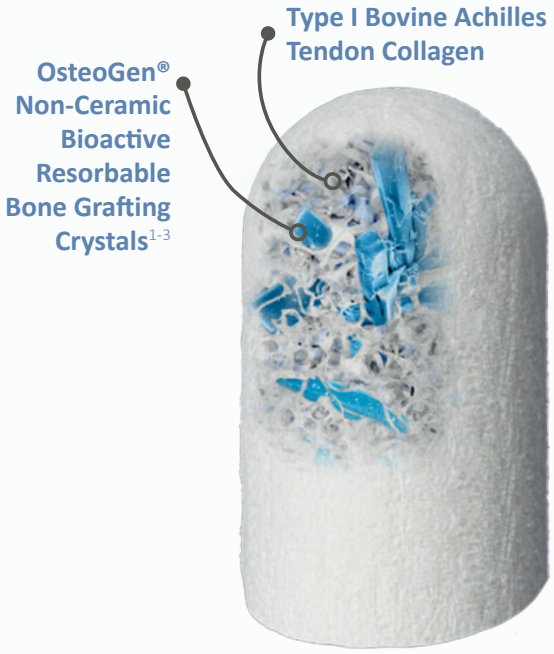

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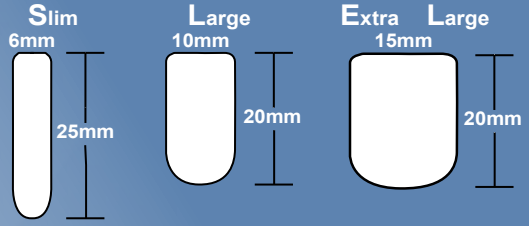

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