

AAID NEWS

The Golden Standard

Dr. Don Provenzale
AAID's Incoming President

INSIDE

Should the Implant Surfaces
Have Uniformly 100-Micron
Craters?

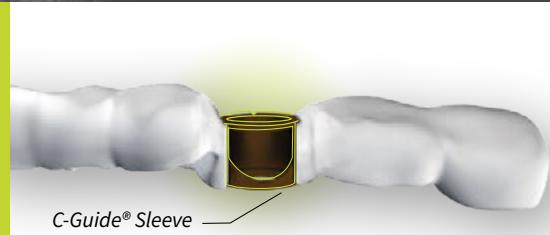
5 Critical Questions Doctors
Must Ask Themselves When
Confronted With An Adverse
Patient Event

Two Implant Dentists Turn
Their Passion for the
Outdoors Into a Mission
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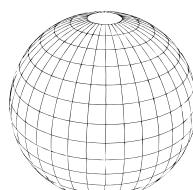


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AMERICAN ACADEMY
OF IMPLANT DENTISTRY

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By Carolina Hernandez, MBA, CAE,
AAID Executive Director

EXECUTIVE DIRECTOR'S MESSAGE

A New Chapter for AAID: Our Exciting Move to 300 S. Wacker

I am excited to announce a significant change for our organization. AAID will relocate its headquarters to a dynamic new location at 300 S. Wacker Drive, with the new office opening in August 2026.

This strategic move is more than a change of address; it's an investment in our ability to serve you better. This move gives us the opportunity to modernize our infrastructure and create an environment that reflects our commitment to excellence. Our new headquarters will provide the tools and resources that empower our team to deliver exceptional value to our members and strengthen the foundation for AAID's continued success.

Why This Move Matters for Our Members

Our new location offers infrastructure designed to enhance member engagement and professional development. The building's state-of-the-art conference center features two flexible training rooms and a shared common area, perfect for hosting Board meetings, planning groups, and educational sessions. This means more opportunities for in-person learning and networking in a setting that reflects the professionalism of the Academy.

Just steps from the iconic Willis Tower, the Academy is relocating to the heart of Chicago's dynamic business district—a hub of commerce, innovation, and connectivity. This area is home to leading corporations, financial institutions, and professional services, creating an environment that reflects the Academy's commitment to excellence and growth. Visiting members will find themselves surrounded by world-class accommodations, including The LaSalle and JW Marriott, and exceptional dining options

such as The Florentine and The Grillroom. With proximity to major transportation hubs and cultural landmarks, members can enjoy a seamless experience that combines professional engagement with the energy of one of the nation's most influential urban centers.

A Space That Inspires Excellence

While our primary focus is on the Academy's mission, we recognize that a thriving team is essential to delivering outstanding service. The new location provides features that keep our staff energized and productive.

The location offers convenient access to major commuter hubs, including Union Station and Ogilvie Transportation Center, making travel easier for those who commute into the city. For team members who rely on public transportation, the Quincy CTA stop is just a five-minute walk, providing seamless access to Chicago's extensive 'L' system.

Beyond convenience, the new space includes wellness-focused amenities such as a yoga studio, fitness center, and bike storage. These features help our staff recharge and maintain balance, which translates into better service for our members. A modern, accessible workplace also strengthens our ability to attract and retain top talent—the professionals who drive the Academy's mission forward every day. By creating an environment that supports collaboration, health, and efficiency, we are investing in the people who make our work possible and ensuring that AAID continues to grow and thrive.

We look forward to welcoming you to our new home at 300 S. Wacker and to this exhilarating new chapter for our organization.





The Golden Standard

Dr. Don Provenzale
AAID's Incoming President



When Dr. Don Provenzale talks about dentistry, the story begins in a basement workbench in suburban Chicago. As a boy, he watched his father—also a passionate dentist—melt gold with a torch and spin it in a small centrifuge to cast crowns. His dad let him hold the torch, and the heat, light, and precision of those moments lit a spark that never went out. Years later, after school, the son would head straight to the office to learn laboratory work—first gold crowns, then denture waxups—absorbing the craft and the ethic that dentistry is, at its best, both science and service.

That grounding never left him, even as his path seemed to veer. After dental school at Loyola, Dr. Provenzale won a coveted slot in a medical anesthesiology residency, a rarity amongst dentists. He loved the hospital's pace and purpose—so much that he was offered a pathway to complete classic medical rotations that might lead to a career as an anesthesiologist.

But something kept drawing him back to the dental operatory. On long days, he'd finish in the OR, get in the car, and when not on-call he would head to his father's practice for evening appointments. One night, after a particularly exhausting shift, he realized he was looking forward to dentistry more than anything else. A lecture by the late Dr. Carl Misch—the modern pioneer who “wrote the book” on implantology—sealed the decision. Dr. Provenzale would pour his energies into implant dentistry and never look back.

He dove into advanced training through the American Academy of Implant Dentistry (AAID), completed the rigorous Associate Fellow and Fellow pathways, and earned board certification through the American Board of Oral Implantology. He also became an early adopter of digital workflow. Several years ago, he brought home a 3D printer he didn't quite know how to set up; his brother Jim—a graphic designer by trade—had it assembled and humming in under two hours and soon began designing and producing surgical guides, prosthetics, and other dental appliances. Dr. Provenzale's practice now touts an in-house, digital dental laboratory.

Today, Dr. Provenzale practices in Downers Grove, Illinois and lives in nearby Naperville. He carries forward the legacy of his father, a former Chicago Dental Society president who practiced until late in life, even serving as the prison dentist at Menard Correctional Center after retirement.

That lineage resonates through the way Dr. Provenzale leads. He recalls how early implant pioneers were ostracized by some mainstream dentists and, as a result, built a culture of generosity—teaching, sharing cases, and troubleshooting shoulder to shoulder. It's a culture he embodies.

"If a young dentist asks to shadow me or needs help, the answer is always yes—come see everything," he says. As AAID's next president, he wants to protect and extend that ethos while tackling two big priorities.

First, he supports ongoing efforts to secure broader recognition of implantology as a distinct area of practice—work that requires patient, state-by-state advocacy. Second, he is pressing for a clearer, more meaningful credentialing structure within AAID. He argues that the organization's entry credential, Associate Fellow, undersells the rigor required—at least 300 hours of continuing education plus examination—and can appear diminished next to looser designations from other organizations.

His proposal: retire "Associate Fellow," make "Fellow" the foundational credential for fully credentialed members, and create an enhanced, post-Fellow designation—akin to how other dental groups use "Master"—to recognize advanced achievements. A nomenclature task force

is at work, and Dr. Provenzale is intent on "cutting through the red tape" to deliver a system that matches AAID's traditions and standards.

Dr. Provenzale's story is also personal. He's a second-generation practitioner who spent nearly three decades working alongside his father. He's the product of a close family, mostly attorneys (plus his mother, a retired judge)—and a mentor to the next generation that includes a nephew, John Provenzale, now in his third year of dental school. At home, he and his wife, Danielle (who is an attorney), are proud parents to their daughter Rachel (also an attorney) and doting grandparents to a toddler grandson, Dominic.

*With his two favorite mentors,
Dr. Duke Heller and Dr. Hilt Tatum.*





With AAID Past-President Dr. Brian Jackson and AAID President-Elect Dr. Bill Anderson at an AAID event in San Francisco.



With Dr. Hilt Tatum.



Dinner with his wife Danielle and AAID Past-President Dr. Ed Kusek.



Touring the Italian countryside with his family.



Backstage with his daughter Rachel and his wife Danielle while performing on trumpet in an orchestra on tour in Italy.



3 Generations of Dentistry - the late Dr. Donald J. Provenzale, Sr. (left) and John Provenzale - D3 Student (middle).

Dr. Provenzale's Goals

On occasion, Provenzale also swaps his scrubs for a tuxedo (or sometimes just a black T-shirt.) Having played the trumpet professionally since his senior year in high school when he played nationally and did two tours in Europe, he still performs several times a year with various musical groups.

Looking to fill any gaps in his very busy schedule, Dr. Provenzale also frequently laces up to play men's league ice hockey.

In times of sporadic absences from his practice, his patients are competently cared for by his associate, Dr. Karen Kowalesik, who is an AAID Associate Fellow as well as AAID Central District Vice-President.

As Dr. Provenzale steps into the presidency, he isn't aiming to upend a beloved organization. Instead, he wants to honor a 75-year legacy of curiosity and courage by making AAID's pathways clearer, its recognition stronger, and its doors as open as the pioneers had established. From a basement torch to the digital forefront and leadership rostrums, his trajectory reflects what implant dentistry can be when tradition and innovation pull in the same direction: craft with purpose, continually renewed.

Dr. Provenzale has a number of specific goals he'd like to achieve during his AAID Presidency:

- Increase public and professional awareness of the AAID's role in setting the standard for the field of implant dentistry by highlighting our pioneers throughout the years, such as Aaron Gershkoff, Norman Goldberg, Leonard Linkow, Duke Heller, Hilt Tatum, Carl Misch, and many others.
- Provide enhanced support for Residency Training programs in oral implantology.
- Make the Google search-engine term "Implantologist" standard and ubiquitous so that the public can properly define what they are seeking when searching for an implant dentist.
- To extend acknowledgement to AAID credentialed members who have aptly demonstrated their commitment to their education in this field, he is proposing elimination of the term "Associate Fellow" to be replaced by the designation "Fellow." Currently, "Associate Fellow" members are in fact credentialed members with full voting rights.

Some fun with his grandson, Dominic.





EDITOR'S NOTEBOOK

Should the Implant Surfaces Have Uniformly 100-Micron Craters?

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

Osseointegration is the direct structural and functional connection between vital bone and the implant surface. This connection is critical for the long-term success of dental implants (1).

Rough surface dental implants are generally produced by acid etching and sandblasting. This process enhances osseointegration by increasing surface area and bone-to-implant contact. Surface roughening via sandblasting and acid etching accelerates and strengthens osseointegration by increasing surface area and promoting anchorage (2,3). Nonetheless, bone-to-implant (BIC) contact does not reach 100% (2,3).

Titanium bioactivity can be revived with photofunctionalization by enhancing surface hydrophilicity. (3)

Rough implant surfaces are made to accommodate cellular bone architecture and enhance osteoconductivity. Sandblasting is usually performed with alumina or corundum, followed by an acid etch to add craters. These craters are typically 20–50 μm in size, while acid etching creates additional pits between 1–10 μm increasing the Sa (arithmetic mean height) by 1.5–2.0 μm .

Roughness is categorized into macro-roughness (>10 microns), micro-roughness (1–10 microns), and nano-roughness (<1 micron). Each of these has a slightly different bone response (3,4). The intermediate

topography ranges from about 10 μm to 500 μm has not been well explored (3,4).

Sandblasting with large 250–500 μm particles can create macro-scale craters ranging from 20–100 μm . 100-micron craters, dimensionally, are classified between micro-roughness and macro-roughness.

In the 50–400 μm range, 100-micron craters appear to be the dimension for optimal osseointegration, mineralized bone formation, and mechanical interlocking. These concavities support vascularization and facilitate trabecular bone penetration. Hybrid surfaces combining 100-micron craters with nano-features may produce synergistic effects that enhance osseointegration and provide undercuts that promote mechanical retention with bone (3,4,5).

Nano-roughness increases surface area, improves cell attachment, and enhances mechanical interlocking between the implant and bone. Anodized titanium with nanoscale features improves blood clot retention and early osseointegration; however, clinical evidence demonstrating improved long-term outcomes remains limited (2,3,4).

The ideal roughness of dental implants for maximizing bone-to-implant contact and long-term integration remains unclear (2,3,4). The clinical significance of nano-roughness is also uncertain for implants designed for long term osseous contact (2,3,4).

<p>New three-dimensional printing techniques can produce implants with complex, multidimensional surface properties. Through electrochemical anodization, hydrothermal processing, and other surface-modification technologies, these implants can be engineered with nanotopography that also promotes hydroxyapatite deposition. Osteoblasts readily adhere to these surfaces, allowing better mineralization and to inhibit bone loss. (5)</p>	<p>topographic stress concentration. A higher Sa value, around $13\text{ }\mu\text{m}$, has been shown to significantly reduce shear strain.</p>	<p>Surface design must also account for local bone quality. Dense cortical bone may be better for larger craters for initial stability, but potentially not for softer bone causing vulnerability to micromotion during early healing, increasing the risk of early implant failure.</p>
<p>Three-dimensional-printed titanium implants generally develop rough surfaces with spherical protrusions $30\text{--}40\text{ }\mu\text{m}$ in diameter and concavities approximately $100\text{ }\mu\text{m}$ deep. This level of roughness can increase surface area by up to 185%, aiding protein adsorption and cell attachment.</p>	<p>Sandblasting and acid etching can actually reliably produce $100\text{-}\mu\text{m}$ craters. Crater sizes between 50 and $400\text{ }\mu\text{m}$ are considered favorable for supporting bone ingrowth. Bone naturally tends to engage $100\text{-}\mu\text{m}$ concavities, which appear to be the dimension best for osteocyte migration and early mineralization. Craters smaller than $100\text{ }\mu\text{m}$ may limit bone formation due to insufficient vascularization or fibrous tissue ingrowth.</p>	<p>Various bacterial species differ in their tendency to adhere to specific surface textures. <i>E. coli</i> preferentially attach to zirconia surfaces, whereas <i>S. aureus</i> and <i>P. aeruginosa</i> adhere more readily to titanium. Zirconia micro-channelled surfaces appear to support vascularization and thus may hasten osseointegration before a bacterial colonization can occur. (6)</p>
<p>The roughened topography influences cellular behavior, that is, promotes osseointegration. Craters between 1 and $100\text{ }\mu\text{m}$ enhance osteoblast adhesion and proliferation. Roughness values of Sa $1\text{--}2\text{ }\mu\text{m}$ are associated with high bone-to-implant contact (BIC) and implant survival rates approaching 95%.</p>	<p>Trabecular bone may extend $30\text{--}40\text{ }\mu\text{m}$ into $100\text{-}\mu\text{m}$ craters within the first two postoperative weeks, contributing to early implant stability. These crater sizes also pose a lower risk of releasing surface particles as compared to excessively rough textures. Overly coarse textures may shed titanium particles, potentially causing inflammation or osteolysis.</p>	<p>Coarse sandblasting with $25\text{--}75\text{ }\mu\text{m}$ abrasive particles can create surface concavities of approximately $100\text{ }\mu\text{m}$. These crater dimensions have been associated with BIC values of $60\text{--}70\%$ in healing times of $3\text{--}4$ weeks.</p>
<p>Rough implant surfaces support osteoconduction by providing mechanical retention sites that distribute functional loads across a larger area, reducing</p>		<p>Bone exhibits a strong tendency to engage 100-micron craters on roughened dental implant surfaces, promoting mechanical interlocking and rapid osseointegration. This crater size supports mineralized bone formation and contributes to early implant stability. Manufacturers should consider designing implant surfaces with uniform $100\text{-}\mu\text{m}$ craters across the implant surface that is in contact with bone to optimize clinical performance.</p>

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Rocking the Dental Implant World

A First-Timer's Journey Through AAID 2025



By Swati Agnihotri, DMD, AFAAID

Executive Summary: The Convergence of Clinical Excellence and Community

The practice of implant dentistry, despite its technical sophistication and surgical precision, often feels like a lonely pursuit. Like many clinicians, I often find myself working in isolation within the confines of my operatory, somewhat insulated from broader professional conversations, except through academic journals or occasional local study clubs. To overcome this professional isolation, I decided to attend the American Academy of Implant Dentistry (AAID) Annual Conference in Phoenix, Arizona, in 2025 to connect more meaningfully with the implant community.

This exciting event not only highlighted the latest advancements under the inspiring theme "Trends in Implant Dentistry," but also revitalized my professional enthusiasm

through the warmth and camaraderie shared with fellow attendees. This article offers a detailed account of my experiences, spotlighting the educational tracks, social events, and the collegial atmosphere that defined my week.

From Dr. Paul Goodman's keynote address to the detailed workshops on zygomatic implants, the conference highlighted that progress in implant dentistry is as much about social connections as it is about clinical expertise. My observations suggest that while technical skill is the foundation of our profession, it is the shared knowledge and emotional support of our community, what I like to call "camaraderie", that truly nurtures a practitioner's career over time.



We wanted to include all levels of implant dentistry, not just showcase very high-end advanced procedures that the majority of our members do not perform, so that everyone felt part of the conference and no one thought, 'Wow, this is way over my head.'

— Dr. Brian Jackson

Introduction: The Solitary Practitioner and the Call of the Desert

In modern dentistry, implantologists, whether general dentists or specialists, often occupy a unique, somewhat lonely position. The decisions I make chairside, which involve complex factors such as biology, biomechanics, and patient psychology, are challenging to carry out alone. Like many practitioners, I am confronted with the rapid commoditization of dental services and the relentless advancement of technology.

My motivation to attend the AAID 2025 Annual Conference stemmed from a desire to share my experiences, evaluate

my protocols against my peers' collective insights, and find a sense of community. The AAID, known for offering credentialing pathways to both generalists and specialists, seemed the perfect platform for this reintegration.

Dr. Brian Jackson, the Scientific Chair, effectively articulated the philosophy of inclusivity that guided the event: *"We wanted to include all levels of implant dentistry, not just showcase very high-end advanced procedures that the majority of our members do not perform, so that everyone felt part of*

the conference and no one thought, 'Wow, this is way over my head.'"

While the materials promised "New Trends & Technologies," the underlying theme was clearly people-centered. As a first-time attendee, I was curious if this would feel like a true homecoming rather than just another trade show. I'm excited to say that AAID 2025 exceeded the typical transactional nature of professional gatherings, creating an inclusive atmosphere filled with mentorship and collaboration.

Arrival in the Valley of the Sun: Venue and Logistics

The conference was held at the Sheraton Phoenix Downtown, acting as the residential hub, with the adjacent Phoenix Convention Center serving as the intellectual core. This logistical arrangement was a strategic masterstroke. Dr. Jackson noted the challenge of finding the right fit for a growing organization: "The AAID has experienced remarkable growth, making it a challenge for 90% of hotels, while still being underutilized by larger conference centers. By hosting our engaging social events at hotels and convening in a convention center, we

found the ideal balance for an enjoyable experience for everyone involved."

The proximity allowed for an easy five-minute walk between the lecture halls and the hotel. Mid-November in Phoenix offered a climatic reprieve; the crisp mornings and sun-drenched afternoons encouraged us to step outside. Dr. Jackson observed: "Everyone feels better when you're standing in the sun or in a nice warm night with a clear sky. So obviously, location is huge."

The atmosphere in the hotel lobby was vibrant from the moment I arrived, and the registration process was refreshingly smooth. While the color-coded badges for Fellows and Diplomats initially seemed to create a hierarchy, I quickly realized these distinctions were opportunities for connection rather than barriers.



Wednesday, November 12: The Genesis of Connection

The conference commenced on Wednesday with a blend of forward-looking education and critical social ice-breaking.

The Educational Prelude

The morning sessions served as a barometer for the industry. Dr. John Minichetti, the conference Co-Chair, explained the deliberate shift in focus: "It's not all about Zygos or all about robotics, we tried to keep a blend of lectures involving perio or aesthetics and the stuff that you could really relate to every day. I think the success, particularly on the main podium, is that the topics weren't as esoteric as they were a couple of years previously."

One standout session was "Ceramic Implants: An Innovative Solution to Peri-implantitis." The packed room indicated the profession's collective anxiety regarding this issue. Listening to clinicians discuss their challenges with titanium sensitivity and aesthetic demands created a rare sense of shared vulnerability in our field.

The Welcome Reception

The Welcome Reception kicked off the event in a relaxed atmosphere. Walking into a ballroom filled with strangers can be intimidating, but the AAID's welcoming culture was immediately apparent. The reception featured food, drinks, and a lively

sense of reunion. Experienced Fellows actively engaged with younger dentists, transforming "camaraderie" into a genuine experience. Conversations flowed from technical topics to personal stories, revealing that our fundamental challenges, patient acceptance, clinical longevity, and personal fulfillment are often the same.





“Dr. Paul Goodman challenged us to stop practicing in isolation, urging us to ‘pay attention to joining organizations’ like AAID not just for their clinical skills but for camaraderie”

— Dr. Swati Agnihotri

Thursday, November 13: The Heart of the Conference

Thursday was the "power day," featuring the keynote, main podium presentations, District Caucus lunches, and the opening of the Exhibit Hall.

Keynote Address: Dr. Paul Goodman

At 11:00 AM, the main hall filled for the keynote by Dr. Paul Goodman, known for his "Dental Nachos" platform. His lecture, "The Life Changing Impact of Dental Implants," was kinetic and community-centric. His central metaphor, that "all tacos break and become nachos," served as a humorous but profound analogy for resilience. Things break, plans fail, and we must be ready to

pivot.

He challenged us to stop practicing in isolation, urging us to "pay attention to joining organizations like this not just for their clinical skills but for camaraderie." For me, Goodman's keynote was a validation. He positioned implant dentistry not as a liability burden, but as an opportunity for "low-stress chairside procedures" when supported by the right network.

The District Caucus Lunches

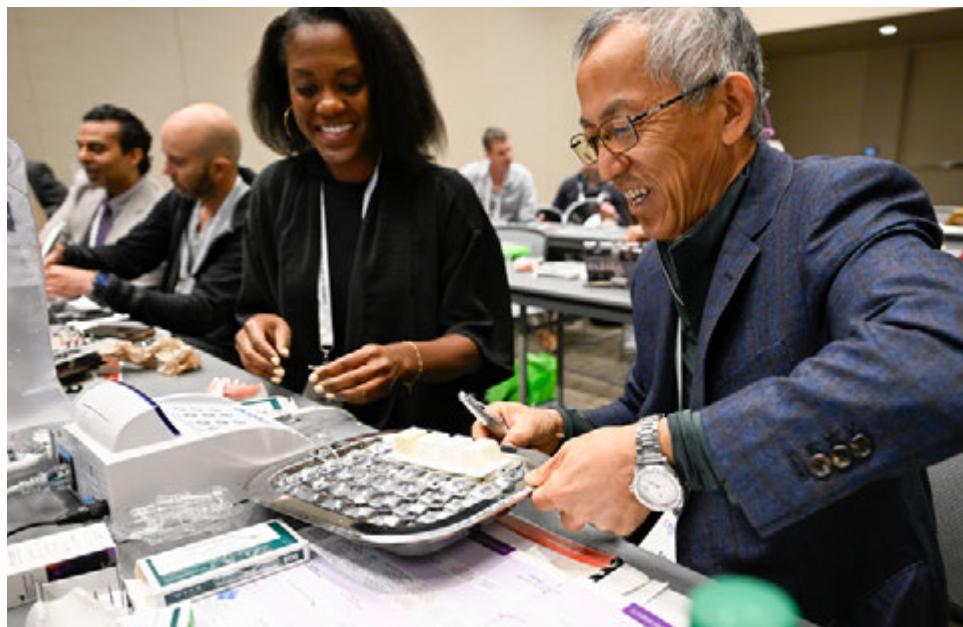
Following the keynote, the District Caucus Lunches segregated the conference into geographic regions. These lunches function

as the grassroots political and social engines of the Academy. The camaraderie here was local and specific, revolving around regional challenges and local study clubs. It was a reminder that the support network is often most effective when it is local.

Clinical Deep Dive and Social Pivot

Thursday afternoon featured high-intensity clinical education. Dr. Dan Holtzclaw's session on the "HESIAN Zygomatic Implant Protocol" was awe-inspiring. At the same time, Dr. Samantha Siranli's presentation on "Immediate Loading for Full-Arch Implants Utilizing Photogrammetry" showcased exciting digital advancements. Dr. Tarek Assi also highlighted how digital planning unites the team.

The day concluded with the Implant World Expo Reception. The Exhibit Hall is the engine room of the conference, and the vibrant atmosphere nurtured a unique camaraderie based on shared curiosity for new technology. It was terrific to witness attendees connecting and networking in such an energetic environment!





Friday, November 14: The Clinical Crucible

Friday focused on further learning through main podium presentations and workshops, with a strong emphasis on the entire dental team.

The "Main Podium" and Team Approach

Dr. Michael Pikos, a legend in the field, presented "The Evolution of Full Arch Therapy," serving as a bridge between time-tested principles and digital workflows.

A unique aspect of the AAID conference is its inclusivity of the dental team as a whole. Friday featured sessions for office staff, emphasizing that implant dentistry is a team sport. Dr. Paul Goodman returned to lead sessions on "Finding, Inspiring and Training (FIT) Your Team." At the same time, Nathan Doyal and Dr. Rachana Hegde provided

critical insights for auxiliaries on digital implants and long-term maintenance.

Women in Dentistry Reception

A significant social event was the Women in Dentistry Reception. Dr. Minichetti spoke passionately about this shift: "I want to emphasize that the women's reception has seen a significant increase in attendance. This change is long overdue and truly exciting. It's wonderful to see women taking the main stage, leading workshops, and engaging in social interactions."

This reception provided a dedicated space for female dentists to network and find

mentors who have navigated similar paths. Dr. Jasmine Sung stood out as an inspiring figure, paving the way for future women leaders.

ABOI/ID Diplomate Induction Dinner

On Friday evening, the ABOI/ID Diplomate Induction Dinner took place. Dr. Jackson remarked that this was "the first time that the Diplomates had a dinner," marking a significant new tradition. Watching the Diplomates arrive in formal attire evoked a sense of professional aspiration, a goal to strive for.





Saturday, November 15: Rituals of Passage

Saturday is the highlight of the AAID conference, featuring the Annual Business Meeting and the President's Celebration.

The Business of Belonging

The Annual Business Meeting is where camaraderie is formalized. The induction of new Associate Fellows and Fellows is a solemn and celebratory ritual. Members of the Class of 2025 walked across the stage, visually representing the "meritocracy of competence." Both Dr. Matt Young, the current president, and Dr. Provonza, the president-elect, delivered heartfelt and inspiring speeches that resonated deeply with the audience.

The President's Celebration: A Night For Honorees

The conference culminated in the President's Celebration.

During the event, a distinguished array of awards was presented:

Dr. Shankar Iyer received the Gershkoff-Goldberg Memorial Award for outstanding dedication. A past president of the AAID with over 30 years of experience, Dr. Iyer has trained thousands of clinicians worldwide and continues to drive advancements in standards and education.

Dr. C. Benson Clark received the Terry Reynolds Trailblazer Award. A pioneer who co-developed the implant department at Howard University, Dr. Clark has set new standards and opened doors for future generations, serving as a prominent lecturer and mentor.

Dr. Lukasz Witek received the Isaiah Lew Award for exceptional scholarship. An Assistant Professor at NYU, his research in biomaterials and 3D printing contributes significantly to advancements in osseointegration and tissue regeneration.

I was profoundly honored to receive the Paul Johnson Award, a recognition reflecting the dedicated service to the AAID mission. Receiving the award from Dr. Jasmine Sung held particular significance. A highlight of the occasion was accepting the award in the presence of my daughter; I brought her to the stage with me and delivered my speech while holding her. This moment not only celebrated my achievement but also marked a personal milestone in my journey of raising my nine-month-old daughter. I firmly believe that women are capable of remarkable accomplishments, and being recognized for my efforts is truly meaningful.





Insights and Reflections

Reflecting on my four days in Phoenix, several deeper insights emerged regarding the role of the AAID.

The Democratization of Excellence:

The conference reinforced that excellence is a function of training, not just title. This creates a unique camaraderie based on shared effort.

Integration of "High Tech" and "High Touch":

While sessions focused on AI and robotics, the overriding theme was that these tools are means to an end: better patient care. The technology brings us together, but the biology keeps us humble.

The Antidote to Burnout: Dr. Goodman's keynote touched on the mental health benefits of such conferences. Knowing that "all tacos break," that complications are universal, reduces the burden of perfectionism.

The Joy of the Experience: Sometimes, the true value lies in the joy of the experience itself. As Dr. Minichetti shared about his own time in Phoenix, "It was my first hot air balloon ride ever. My wife took me to the balloon event on Thursday morning at 5 AM, and it was great." These personal memories are what bring people back year after year.

Conclusion: From Phoenix to Nashville

As the 2025 Annual Conference closed, the screens flashed "Save the Date for the 2026 AAID Annual Conference in Nashville, Tennessee September 30 – October 3."

For me, this first-time attendee, the decision to go to Phoenix was validated a dozen times over. I arrived looking for CE credits; I left with a network of colleagues, a renewed passion for the surgical art, and a profound sense of belonging.

Dr. Jackson summed it up best when he said, "I just feel like we were part of a family as opposed to like attending some

conference... It just fills my heart, even if I think about it again, how great of a weekend that was."

The AAID Annual Conference is not just a meeting; it is a recharge station for the professional soul. To any colleague sitting in their operatory, feeling the weight of the profession and wondering if they should attend next year: Book the ticket. The camaraderie is genuine, and it is waiting for you!





SAVE THE DATE

2026 AAID ANNUAL CONFERENCE

Sept. 30 - Oct. 3



Nashville, TN

Gaylord Opryland Resort & Convention Center



2027 AAID Annual Conference

Sept. 29 - Oct. 2



Chula Vista, CA

Gaylord Pacific Resort & Convention Center

**WIIC/AAID
All-Star Course**

July 21-26, 2026
Puebla Mexico

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Today!**





By Justin Withrow
Partner, Flannery Georgalis

5 Critical Questions Doctors Must Ask Themselves When Confronted With An Adverse Patient Event

According to MedPro, the well-known malpractice insurance carrier, “claims data shows that cases involving implants account for 16 percent of all dental malpractice cases and 14 percent of total dollars paid out for malpractice claims.”¹ The most common issues in implant-related malpractice cases include patient dissatisfaction, failure to select appropriate procedure, insufficient documentation, and inadequate informed consent.

So, what should you do when confronted with a patient encounter that may lead to a malpractice claim? This article will identify certain strategies or issues to consider when confronted with a problematic patient or a procedure with an adverse outcome that could lead to a malpractice lawsuit.

1 Is it Documented?

The patient's chart is the most important piece of evidence in a malpractice lawsuit. Insufficient documentation can significantly undermine your defense. The importance of documentation extends beyond properly detailing the procedure in the treatment note. Proper documentation must start before the procedure, particularly in implant procedures, with gathering a complete or updated medical history, confirming any medical / dental conditions that may prevent proceeding with surgery, and obtaining medical clearance (if applicable). After obtaining the necessary medical history and imaging – x-rays and/or CBCTs – a thorough informed consent discussion must be properly documented. Your consent form should identify the procedure to be performed, the potential risks and complications, as well as alternative treatment options.

A thorough informed consent protocol does not prevent malpractice lawsuits, but it can prevent patient dissatisfaction which is commonly a predicate to a malpractice action.

Documenting your post-op activity is equally as important as the procedure itself. If a patient experiences an adverse outcome following a procedure, all follow-up outreach and communications with the patient, patient's caretaker, or emergency and/or subsequent providers must also be documented. Save any text message communications, voicemails, or emails between you and the patient, subsequent providers, and anyone else involved in the procedure.

¹ MedPro Group, “Mitigating Risks Associated With Dental Implant Procedures”, <https://resource.medpro.com/mitigating-risks-dental-implant-procedures> (accessed November 19, 2025).

2 What's My Policy?

It is important to know the type of malpractice policy you have, what is covered under the policy, and what is a triggering event for coverage. There are two main types of malpractice insurance policies – occurrence and claims-made.

An *Occurrence Policy* covers incidents that happen during the policy period regardless of when the claim is reported. For example, if you had an occurrence policy in 2010 and a patient sued you in 2025 for an implant procedure (or any procedure) that was performed in 2010, you're covered under your policy. It is unlikely that you will need tail coverage if insured through an occurrence policy. However, this type of policy is less common, and the premiums are usually far more expensive than a claims-made policy in the early years of a policy.

A *Claims-Made Policy* covers incidents that occur during the policy period. Once the policy period is over, or coverage limits have been exhausted, then there is no longer coverage. For example, if you had a claims-made policy in 2012 which you terminated or lapsed in 2014, and were then sued in 2015 for an incident in 2012, you would not have insurance coverage under the policy. If insured through a claims-made policy, it is imperative to ensure that you have no gaps in coverage. It is considered best practices to explore both "tail" (extends coverage for a period after the policy expires) and "nose" coverage (also known as prior acts coverage and covers claims before the new policy takes effect).

3 Duty to Report?

Following an adverse patient event, if the patient receives emergency services or is hospitalized, you may have a duty to self-report the incident to your State Dental Board. In some states you have as little as 72 hours and in other states you have up to thirty (30) days. For example, in Ohio, you must notify the Board within 72 hours of knowledge of an adverse occurrence

requiring hospital admission and within 24 hours of any patient mortality.² In New Mexico, a licensee must submit a written report to the Board within 30 days after any significant morbidity or mortality or other incident which results in temporary or permanent physical or mental injury.³ You need to know what requirements, if any, are applicable in your state and what requires reporting to the Board. Failure to comply with your self-reporting requirements could result in disciplinary action.

4 Take it to the Bank?

The National Practitioner Data Bank (NPDB) "is a web-based repository of reports containing information on malpractice payments and other adverse actions related to health care practitioners, providers, and suppliers.⁴ Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous adverse events."

The reportability of a malpractice settlement is important to understand because it will start a series of inquiries from various organizations and agencies. A malpractice settlement reported to the NPDB will also be reported to licensing boards, insurance carriers, state and federal agencies, peer review organizations, hospital systems where you maintain privileges, and professional society organizations. Each could then investigate you to determine whether disciplinary action is appropriate. It is also likely that in future license renewal applications or credentialing applications you will be required to disclose the settlement.

The reportability of a malpractice settlement can depend on a variety of factors including who pays the settlement, whether the claim being settled was in writing, and the structure of the settlement payment. Each entity, for example a malpractice insurance carrier, who makes a payment for the benefit of a health care practitioner in settlement of, or in satisfaction in whole or in part of, a written claim or judgment for malpractice against a

provider *must* report the payment information to the NPDB. However, the reportability is limited to malpractice payments that result from a written complaint or claim demanding monetary payment for damages. But there are exceptions to this rule. For example, individuals are not required to report to the NPDB payments they make for their own benefit. However, if that individual is the sole practitioner of a professional corporation or other entity and the entity makes a payment for the benefit of the named practitioner, that must be reported to the NPDB. The reportability (or not) of a malpractice settlement needs to be clearly understood before you agree to any settlement.

5 Team Player?

Depending on the circumstances of the claim, you may consider retaining personal legal counsel to work cooperatively with the lawyer appointed to represent you through your malpractice policy. Oftentimes, malpractice matters require swift, aggressive defense in order to maximize the likelihood of a quick, non-reportable resolution. The lawyer appointed to defend you through your malpractice carrier may not want to take the aggressive posture necessary. They may also be uncertain or uninterested in the reportability issues that can come with a malpractice settlement. By collaborating with both carrier counsel and private counsel you can ensure that you are fully protected. For this reason, I strongly advocate that all doctors have a personal, dental-focused attorney on retainer so they can immediately begin protecting your interests following an adverse patient event.

From proper documentation practices, duty to report to your licensing board, and whether a settlement will trigger a report to the National Practitioner Data Bank, there is a lot for you to consider when confronted with a malpractice claim or the threat of one. It is critical that you take the necessary steps to protect yourself, your practice, and your livelihood. Failure to do so can significantly impact your ability to practice moving forward.

² See O.A.C. § 4715-5-06, Reports of adverse occurrences.

³ See N.M. Admin. Code § 16.5.15.17 – Reporting adverse incidents.

⁴ National Practitioner Data Bank, About Us; <https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp> (accessed November 19, 2025).

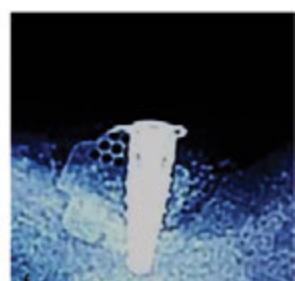
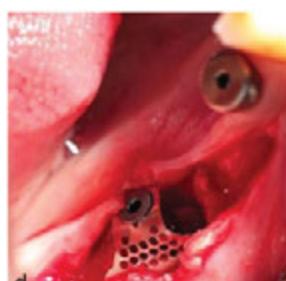
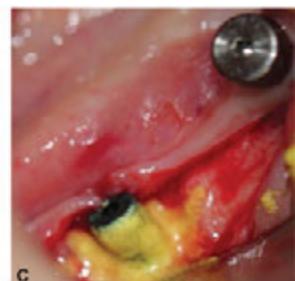


JOI/SAMPLER

CLINICAL CASE REPORT

Management of a Severe Peri-implantitis Case Using Titanium Mesh Technique with Xenogenic Bone Substitute and Collagen Matrix: A 4-Year Follow-up

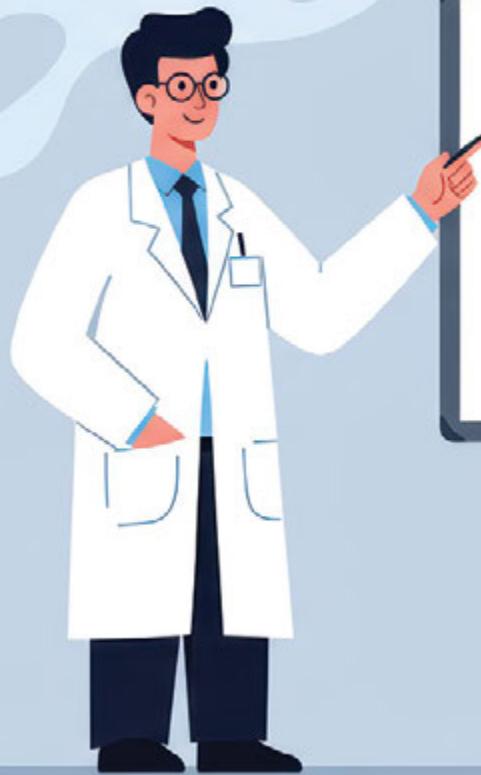
A 64-year-old woman with severe peri-implantitis around a mandibular implant was treated using a **titanium mesh technique** combined with **xenogenic bone substitute and collagen matrix**. After thorough mechanical and chemical decontamination, the materials were applied to regenerate bone and soft tissue.



At **4-year follow-up**, the case showed **stable bone gain (>80% of implant length)**, **shallow probing depths (2-3 mm)**, **no bleeding on probing**, and the **formation of keratinized mucosa**. This report demonstrates that the titanium mesh with xenogenic biomaterials can effectively manage severe peri-implantitis while avoiding the need for autogenous grafts.



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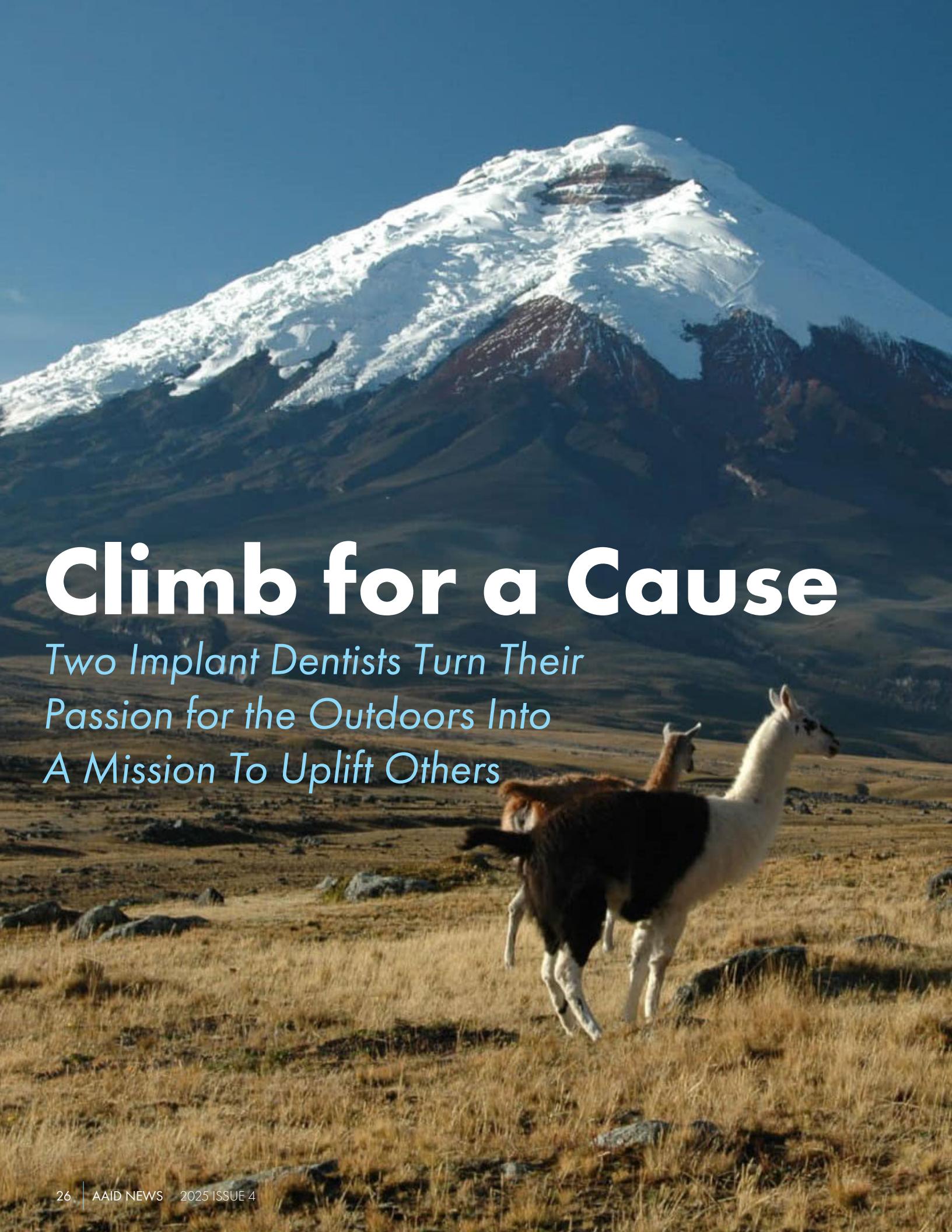
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Climb for a Cause

*Two Implant Dentists Turn Their
Passion for the Outdoors Into
A Mission To Uplift Others*



Two longtime members of the American Academy of Implant Dentistry (AAID) are taking their commitment to service to new heights—literally. In February 2026, Dr. Rajiv Patel and Dr. Sangiv Patel, both implant dentists and avid outdoor adventurers, will embark on a strenuous ascent of Cotopaxi, one of the world's highest active volcanoes, located deep in Ecuador's Andes Mountains. Their mission, however, reaches far beyond the summit. It is the inaugural effort of "Climb for a Cause", a charitable initiative created to raise significant funds and awareness for five nonprofit organizations that are close to their hearts.

The idea for Climb for a Cause grew organically from their mutual love of hiking and their shared belief in service. "We were going to do this hike regardless," said Sangiv, who practices in Melbourne, Florida. "But we believe strongly in giving back through what we call seva—service through body, mind, and wealth. This climb allows us to honor all three."

For both clinicians, the outdoors is more than recreation—it is a source of clarity, reflection, and growth. "Nature is so silent and pure," said Rajiv. "It opens your mind. Just like we respect the human body in implantology, we respect nature when we're out there."

The February ascent will take the pair up Cotopaxi's glacier-covered slopes to a breathtaking summit of 19,347 feet. The challenge is physically demanding and requires crampons, ice axes, and roped glacier travel. Climbers typically begin their final push in the middle of the night to reach the peak at sunrise, navigating crevasses, steep ice, and high-altitude conditions.

Yet both dentists see the climb as symbolic of something deeper. "Climbing is an analogy," said Sangiv. "We're physically climbing, yes, but we're also climbing on behalf of all our colleagues—to elevate our profession, to elevate our communities, and to elevate ourselves as human beings."





A Fully Self-Funded Mission With a Goal of \$100,000

Unlike many charity expeditions, Drs. Patel are personally paying all travel and expedition expenses. "It is totally self-funded," said Rajiv. "Not a penny goes to administration. Every dollar donated goes directly to the charities." He has also pledged to match donations—up to \$7,500 per charity—to double the community's impact.

The beneficiaries include a mix of local and professional organizations, including:

- Rescue Outreach Mission, which provides temporary shelter, meals, and job resources for individuals experiencing homelessness.
- Love Missions Global, which supports survivors of human trafficking through empowerment programs.
- The AAID Foundation, which funds education, research, and outreach—including research scholarships and the *Smile, Veteran!*™ program.

Additional charities were selected personally by the climbers, including The Children's Hunger Project, which helps ease food-insecurity for children.

Their ambition is bold: raise at least \$100,000 for these organizations. "This is a learning curve," said Sangiv. "But we hope it becomes a long-term AAID Foundation program—something meaningful that grows year after year."

An Invitation to the AAID Community

Although only two climbers will stand on Cotopaxi's summit, the dentists insist this is a collective effort. "Join us," Sangiv said. "Climb for a Cause is about all of us reaching a higher point—physically, mentally, spiritually, and as a profession."

For more information or to contribute to Climb for a Cause, members may contact the climbers directly or donate through the Rotary Club's secure portal, where funds will be received, tracked, and distributed.

Donate Now



new members

The AAID is pleased to welcome the following new members who joined between November 5, 2025 and December 8, 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

Arizona

Timothy Gailey, Chandler
Myra Haynes, New River

California

Arpana Gupta, Fremont
Sambhav Jain, Fremont

Florida

Sheetal Manmode, Longwood
Dayanna Tomich, Apopka

Georgia

Steven Handel, Martinez
Thomas Shepherd, Rome

Illinois

Simona Katona, Chicago

Indiana

Karmjeet Gill, Fishers

Kansas

Geoff Kerns, Leawood

Kentucky

Al-Harith Shalash, Lexington

Massachusetts

Biyi Ogunjimi, Burlington

Maryland

Stephen Clark, Hyattsville

Michigan

Jeffrey Dillingham, Troy

Nebraska

Kenneth Carey, Kearney

New Jersey

Jeremy Bowen, West Long Branch
Mark Nasr, West Long Branch

North Carolina

Francis Bald, Elizabeth City

South Carolina

Michael DeFee, Charleston

Tennessee

Susan Baker, Knoxville
Avni Sharma, Brentwood

Texas

Connor Medgaus, Round Rock
Stacy Trieu, San Antonio

CANADA

British Columbia

Amaan Kataria

INTERNATIONAL

Brasil

Pedro Augusto Lima

Republic of Korea

Soowoong Kim
Jongmin Lee

Thailand

Chalermporn Prommas

STUDENTS

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Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Assistant Director: Ninette Banday, BDS, MPH

Phone: 908-527-8880

Email: drsiyer@aol.com

Website: www.maxicourseasia.com

Augusta University AAID MaxiCourse®

Augusta, GA

Director: Douglas Clepper, DMD, FAAID, DABOI/ID

Assistant Director: Michael E. Pruitt, DMD

Contact: Cathy Mason-Smith

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Website: www.georgiamaxicourse.com

Bangalore AAID MaxiCourse®

Chennai, India

Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

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Boston AAID MaxiCourse®

Boston, MA

Director: Brian Jackson, DDS, FAAID, DABOI/ID

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Email: education@bostonmaxicourse.com

Website: www.bostonmaxicourse.com

Instagram: [bostonmaxicourse_bic](https://www.instagram.com/bostonmaxicourse_bic)

Facebook: Boston MaxiCourse

Brazil AAID MaxiCourse®

Sao Paulo, Brazil

Director: Dr. Mohammed Jasim Alguboori

Assistant Director: Dr. Suhail Mati

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Chicago AAID MaxiCourse®

Chicago, IL

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Assistant Director: Frank Caputo, DDS, MDS, FAAID, DABOI/ID

Contact: Julia Flanders

Phone: 773-236-2352

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Website: www.aaidchicagomaxicourse.com

Dallas AAID MaxiCourse®

Dallas, TX

Director: Dr. Hardeek Patel, DDS, FAAID, DABOI/ID

Assistant Director: Dr. Aman Bhullar, DMD, FAAID, DABOI/ID

Phone: 832-723-7414

Email: info@3dimplantinstitute.com

Website: www.3dimplantinstitute.com

Facebook: 3D Implant Institute

Las Vegas AAID MaxiCourse®

Las Vegas, NV

Director: John Minichetti, DMD, FAAID, DABOI/ID

Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Contact: Jenn Yang

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Email: jenn.EnglewoodDental@gmail.com

Website: www.dentalimplantlearningcenter.com

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Assistant Director: Marcelo Calderon, DMD, AFAAID

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Assistant Director: Brian Jackson, DDS, FAAID, DABOI/ID

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Email: education@nashvillemaxicourse.com

Website: <https://aaidnashvillemaxicourse.com/index.php#curriculum>

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Assistant Director: Joseph C. D'Amore, DDS, FAAID, DABOI/ID

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Newport Beach AAID MaxiCourse®

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Website: www.maxicourseca.com

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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Contact: Linnette Dobbs-Fuller

Phone: 954-262-5327

Email: dentalce@nova.edu

Website: www.dental.nova.edu/ce/courses/

Rutgers School of Dental Medicine AAID MaxiCourse®

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Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

Contact: Janice Gibbs-Reed, MA

Phone: 973-972-6561

Email: gibbs@sdm.rutgers.edu

Website: cde.sdm.rutgers.edu/maxicourse/

Oklahoma City AAID MaxiCourse®

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Program Coordinator: Loree Hopkins

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Website: aaidmaxicourseokc.com

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Assistant Director: Dr. Jose Pedroza DMD, MSC

Email: prmaxicourse@gmail.com

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Website: www.dcmaxicourse.com

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Assistant Director: George Arvanitis, DDS, FAAID, DABOI/ID

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Email: info@timaxinstitute.com

Website: www.timaxinstitute.com

Vancouver AAID MaxiCourse®

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Director: William Liang, DMD, FAAID, DABOI/ID

Contact: Andrew Gillies

Phone: 604-330-9933

Email: andrew@implant.ca

Website: www.vancouvermaxicourse.com

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UNITED STATES

AAID Bergen County Dental Implant Study Group
Location: Englewood, NJ
Director: John Minichetti, DMD
Contact: Lisa McCabe
Phone: 201-926-0619
Email: lisapmccabe@gmail.com
Website: bit.ly/2rwf9hc

Alabama Implant Study Club
Location: Brentwood, TN
President: Michael Dagostino, DDS
Contact: Sonia Smithson, DDS
Phone: 615-337-0008
Email: aisgadmin@comcast.net
Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group
Location: San Francisco, CA
Director: Matthew Young, DDS
Phone: 415-392-8611
Email: young.mattds@gmail.com
Website: www.youngdentalsf.com

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

Hawaii Dental Implant Study Club

Location: Honolulu, HI
Director: Michael Nishime, DDS
Contact: Kendra Wong
Phone: 808-732-0291
Email: mnishimedds@gmail.com
Website: www.advancedrestoratedentistry808.com

Hughes Dental Implant

Institute and Study Club

Location: Sterling, VA
Director: E. Richard Hughes, DDS
Contact: Victoria Artola
Phone: 703-444-1152
Email: dentalimplant201@gmail.com
Website: www.erhugesdds.com

Mid-Florida Implant Study Group

Location: Orlando, FL
Director: Rajiv Patel, BDS, MDS
Contact: Rajiv Patel, BDS, MDS
Phone: 386-738-2006
Email: drpatel@delandimplants.com
Website: www.delandimplants.com

SMILE USA® Center for Educational Excellence Study Club

Location: Elizabeth, NJ
Director: Shankar Iyer, DDS, MDS
Contact: Terri Baker
Phone: 908-527-8880
Email: dentalimplant201@gmail.com
Website: www.malosmileusaelizabeth.com

CANADA

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

INTERNATIONAL

Aichi Implant Center
Location: Nagoya, Aichi-Ken, Japan
Director: Yasunori Hatta, DDS, PhD
Phone: 052-794-8188
Email: hotta-dc@ff.iij4u.or.jp
Website: www.hotta-dc.com

Beirut AAID Study Club

Location: Beirut, Lebanon
Director: Joe Jihad Abdallah, BDS, MScD
Phone: 961-174-7650
Email: beirutidc@hotmail.com

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Contact: Mahia Cheblac
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Email: beirutidc@hotmail.com
Fax: +961 1 747652

Calderon Institute

Various: New York, Dominican Republic
Instructor: Dr. Mikey Elvis Calderon
Phone: 631-328-5050
Email: calderoninstitute@gmail.com

California Implant Institute

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Instructor: Dr. Louie Al-Faraje,
Academic Chairman
Phone: 858-496-0574
Email: info@implanteducation.net

Connecticut Dental Implant Institute

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Instructor: Dr. Joel L Rosenlicht, Director
Contact: Michelle Marcil
Phone: 860-649-2272
Email: michelle@jawfixers.com
Website: www.jawfixers.com

East Coast Implant Institute

Utica, NY
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Website: www.rwcimplantclub.com

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Contact: Jay Jockin

Phone: 813-774-2916

Email: Jay@fullarchssuccess.com

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Phone: 919-415-0061

Email: nick@stanleyinstitute.com

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Contact: Domenica

Phone: 908-536-9276

Website: www.smileusa.com

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Contact: Domenica

Phone: 908-536-9276

Website: www.smileusa.com

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Englewood, NJ

Instructor: Dr. John Minichetti

Contact: Jennifer Yang

Phone: 866-586-0521

Email: jenn.englewooddental@gmail.com

Website: dentalimplantlearningcenter.com

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Ti-MAX Overdenture course

Instructor: Dr. Roderick Stewart

Ti-MAX Full Mouth Reconstruction course

Instructor: Dr. George Arvanitis

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Instructor: Dr. Michael Wehrle

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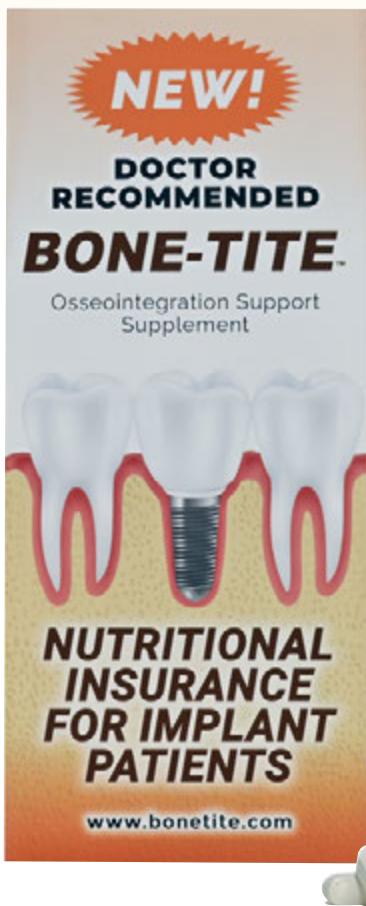
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