

AAID NEWS

From Passion to Precision:

The Journey to Mastering Implant Dentistry

INSIDE

Elevating Dentistry: Insights from Dr. Michael Sonick on Patient Care, Mentorship, and Personal Growth

Protecting Your Legacy: A Guide to Asset Protection and Tax for AAID Members

Interpersonal Relationship Experience Fuels New AAID Corporate Relations Leader



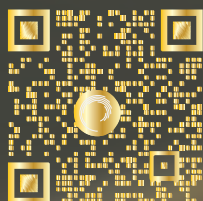
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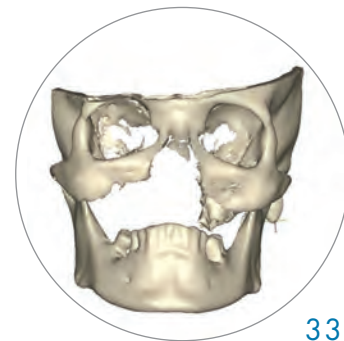
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By Matthew Young,
DDS, FAID, DABOI/ID

PRESIDENT'S MESSAGE

Ignite Your Passion: The 2025 AAID Annual Conference is Calling!

I am filled with immense excitement as we gear up for our premier event of the year: the 2025 AAID Annual Conference! Mark your calendars, because this year, we're bringing you an unparalleled experience designed to elevate your implant dentistry practice to new heights. **November 12-15, 2025 at the Phoenix Conventions Center in Phoenix, Arizona!**

As you know, AAID has long stood as the beacon of excellence in our field. We are the credentialing body that sets the gold standard, and our Annual Conference is *the* cornerstone for learning, networking, and the advancement of implant dentistry. This year promises to be no exception.

Registration opens this June! I urge you to visit aaid.com/2025-annual-conference and sign up for alerts. Trust me, you won't want to miss what we have in store. Prepare to be inspired, challenged, and invigorated. Our program committee has been working tirelessly to curate a dynamic and comprehensive agenda that addresses the most relevant and cutting-edge topics in implant dentistry today.

World-Class Education: We are bringing together internationally renowned experts – the very thought leaders who are shaping the future of our profession. Through engaging lectures, interactive workshops, and compelling panel discussions, you will gain invaluable insights into:

- **Advanced Surgical Techniques:** Explore the latest innovations in immediate implant placement, full-arch rehabilitation, ridge augmentation, and minimally invasive surgery. Learn techniques that can enhance predictability, improve

patient outcomes, and expand your treatment armamentarium.

- **Prosthetic Innovations:** Discover the newest materials, digital workflows, and aesthetic considerations in implant prosthetics. From screw-retained restorations to complex full-mouth reconstructions, you'll gain practical knowledge to deliver exceptional results.
- **Digital Dentistry Integration:** Embrace the power of technology with sessions focusing on CBCT imaging, guided surgery, intraoral scanning, and 3D printing. Learn how to seamlessly integrate digital tools into your practice for enhanced precision and efficiency.
- **Managing Complex Cases:** Gain strategies and protocols for tackling challenging clinical scenarios, including compromised sites, medically complex patients, and esthetic dilemmas. Learn from the experience of masters in the field.
- **Practice Management and Growth:** Beyond clinical skills, we understand the importance of a thriving practice. Our program will include sessions dedicated to practice management, marketing, patient communication, and strategies for sustainable growth.

Unparalleled Networking Opportunities:

The AAID Annual Conference is more than just an educational event; it's a vibrant community of passionate professionals. Take advantage of the numerous opportunities to connect with colleagues from across the country and around the globe.

- **Dedicated Networking Events:** From our welcoming reception to informal gatherings, you'll have ample opportunities to



forge new friendships, exchange ideas, and build your professional network.

- **Implant World Expo:** Explore the latest products, technologies, and services from leading dental industry partners. Engage with representatives, discover innovative solutions, and find resources to enhance your practice.
- **Mentorship Connections:** Connect with experienced AAID members. Share insights, seek guidance, and foster relationships that can support your professional journey.

Experience the Energy: There's an undeniable energy at the AAID Annual Conference – a shared passion for excellence and a commitment to advancing the field of implant dentistry. Being surrounded by like-minded individuals, all striving for the same level of mastery, is truly inspiring. You'll leave

feeling refreshed, motivated, and ready to implement new knowledge and skills in your practice.

Why Attend?

Attending the 2025 AAID Annual Conference is an investment in yourself, your practice, and the future of implant dentistry. It's an opportunity to:

- **Stay at the Forefront:** Keep pace with the rapidly evolving landscape of implant dentistry and gain a competitive edge.
- **Enhance Your Skills:** Learn new techniques and refine existing ones under the guidance of leading experts.
- **Expand Your Network:** Connect with colleagues, mentors, and industry partners.
- **Earn Continuing Education Credits:** Fulfill your professional development requirements in an engaging and impactful way.

- **Reignite Your Passion:** Return to your practice with renewed enthusiasm and a fresh perspective.

As your President, I can personally attest to the transformative power of the AAID Annual Conference. It is where lifelong learning meets camaraderie, and where the future of our specialty is shaped.

Don't delay! Visit aaid.com/2025-annual-conference when registration opens in June and secure your place at the 2025 AAID Annual Conference. I eagerly anticipate welcoming you and sharing an exceptional experience together.

Sincerely,

Dr. Matthew Young
President,
American Academy of Implant Dentistry



By Carolina Hernandez, MBA, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

AAID's Impact in Implant Dentistry Begins Before Graduation

As graduation season draws to a close, it serves as a powerful reminder of the transformative impact of education. The American Academy of Implant Dentistry is known for its support of implant dentistry practitioners and their dental practices. However, I would like to take this moment to remind us that the Academy's commitment to education starts long before a new dentist crosses the graduation stage.

AAID support starts with the faculty at dental schools. The AAID recognizes the contributions and importance of dental educators with the Academic Associate Fellow membership category. Full-time faculty and administrators in implant dentistry at accredited dental schools join the AAID as voting members. These educators are central to shaping future dentists, driving innovation and research for the profession.

AAID continues engaging dental schools by providing student/resident membership, making the Annual Conference and educational resources more affordable for the next generation of dentists. These rates help students engage with the AAID and industry leaders without financial strain. Additionally, the AAID offers recent graduate rates to support new dentists as they transition into the workforce, ensuring continued access to AAID resources and networking opportunities.

AAID's connection to the academic world is furthered with the Student Research Poster Presentations and Table Clinics at the upcoming 2025 AAID Annual Conference November 12-15 in Phoenix. These sessions offer a platform for students to present their research, receive feedback from AAID members, and integrate into the AAID community. To acknowledge the work students and researchers invest in these presentations,

the AAID offers cash prizes for first, second, and third place winners.

Support for universities extends beyond the AAID to the AAID Foundation. A cornerstone of the Foundation, the Large Research Grants and Steflik Student Research Grants, awarded \$105,000 to researchers at seven institutions in 2024. Since its founding, the Foundation has awarded more than \$1.3 million in grant funding to support research projects. The Foundation expanded its programs to also support aspiring implantologists through the Robert J. Buhite, Sr. Scholarship. This scholarship is for an individual who embodies the highest standards of academic achievement, research potential, and dedication to the field of implant dentistry. The first scholarship will be awarded in Fall 2025.

Finally, we would like to congratulate the Jacksonville University Comprehensive Oral Implantology Residency Program. Developed by AAID members including Drs. Alfred "Duke" Heller and the late O. Hilt Tatum Jr., the program graduated its first six (6) students in May 2025. This groundbreaking multidisciplinary program covers surgical, periodontal, prosthetic, and long-term maintenance aspects of implant dentistry. Congratulations on this important milestone for the residency program!

Even if your graduation is years behind you, you can still keep this connection to our academic colleagues active. At the Annual Conference, engage with the students at the Table Clinic presentations and explore the Posters. Consider supporting the Buhite Scholarship or the Research grants with a donation to the AAID Foundation. Invite a dental school faculty member to join the AAID as an Academic Associate Fellow. Your involvement helps advance oral implantology and improve patient care.

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- ✓ A strong patient nutritional profile can enhance healing, osseointegration, and overall implant success before and after a dental implant procedure.

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Thomas J. Balshi, DDS, PhD, FACP,
A leading implantologist and BONE-TITE advocate



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From Passion to Precision:

The Journey to Mastering Implant Dentistry

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An Interview with

Michael Fioritto, DDS, FAAID, DABOI/ID
and Swati Agnihotri, DMD, AFAAID



Dr. Agnihotri: *Welcome, Dr. Fioritto! Let's dive right in—what sparked your passion for implant dentistry?*



Dr. Michael Fioritto

Dr. Fioritto: It all began early in my career when I assisted at the Midwest Implant Institute in Columbus, Ohio, under the guidance of Dr. Duke Heller. I was still at Case Western then, visiting him weekly, and I found myself captivated by the surgical side of dentistry. Implants were just starting to gain traction with patients, and I saw an incredible opportunity—not only to deliver transformative care but also to build a rewarding career. The excitement of that discovery stuck with me.

Dr. Agnihotri: *That's a compelling start! How did Dr. Heller shape your path in implant dentistry?*

Dr. Fioritto: Dr. Heller has been a trailblazer since the 1980s and even served as president of the AAID about five years ago. He's mentored countless professionals, me included, and his influence was pivotal. He stressed the value of staying engaged in the field, which later inspired how I designed my courses. His guidance gave me a strong foundation to build upon.

Dr. Agnihotri: *Speaking of teaching, how did the Cleveland Implant Institute come to be?*

Dr. Fioritto: It wasn't an overnight decision—it evolved over time. Early on, I knew I needed more hands-on experience before teaching others. Colleagues like Ed Kusek and Bernee Dunson got me involved with the AAID, where I became an examiner and deepened my commitment. A turning point came during a trip to Edmonton, Alberta, to visit Dr. David Vassos. That experience lit a fire in me. Dr. Vassos boosted my confidence, showing me I was ready to shift fully into implants and education. When I got back, I overhauled my practice to focus on what I loved most.

Dr. Agnihotri: *That's inspiring! How did you transition to an implant-only practice? Was it a gradual shift, or did you always envision this focus?*

Dr. Fioritto: I'd always been drawn to implants, even while enjoying general dentistry. But I reached a moment where I had to choose. Letting go of general duties wasn't easy, but it was the right move. We had a multi-doctor practice at the time, so my associates took on those patients—many needing extensive work—which actually helped their practices thrive. For me, focusing solely on implant surgery unlocked incredible growth. Word of mouth spread as patients raved about their results, driving more referrals. I tell younger dentists: find an associate to delegate to. It's not about offloading—it's about creating a win-win where patients get specialized care and everyone benefits.

Dr. Agnihotri: *How long did that transition take, and what was the process like?*

Dr. Fioritto: I didn't start from scratch—my dad founded our practice in 1970, and I learned a ton from him, especially about sedation as a dental anesthesiologist. That skill let me dive deeper into surgery. I joined my brother and wife in the practice, and we've since grown to two locations with six or seven dentists. The shift to implants-only kicked off after visiting Dr. Vassos in late 2015. It took about eight years to

fully transition—I'd been practicing since 2002 but hesitated, fearing I wasn't ready. Colleagues like Dr. Vassos, Dr. Kusek, and Dr. Dunson nudged me forward. Looking back, I wish I'd listened sooner. It's easy to underestimate your own expertise when you're in your own bubble. Now, I take pride in delivering top-tier care with uncompromising standards.

Dr. Agnihotri: *Building an implant-only practice is one thing—how did you market it to attract the right patients?*

Dr. Fioritto: Teaching became my secret weapon. I never planned to educate, but I realized building relationships with local general dentists was key. My mentor always said, "You gain by giving." Hoarding knowledge helps no one—not patients, not colleagues, not even specialists. By teaching, I showed dentists I was skilled and reliable. They started trusting me with referrals, knowing I'd send patients back post-treatment. That trust, paired with consistent quality, grew my practice organically—no big ad budgets needed. Just today, a patient drove six hours from West Virginia to see me because her dentist sang my praises. It's about relationships and results.

Dr. Agnihotri: *That's a powerful approach! How do you ensure those relationships translate into great patient experiences?*

Dr. Fioritto: One unique trick I picked up from Dr. Vassos is taking final impressions myself. I send digital scans to the referring dentist, so all they need to do is seat the crown—whether it's a single tooth or full arch. I handle custom healing abutments or temporary crowns, ensuring healthy tissue and a seamless handoff. It saves the dentist time, skips extra appointments for the patient, and keeps everyone happy. My staff streamlines this process, so it's a team effort that elevates care.

Dr. Agnihotri: *Beyond referrals, have you explored other marketing channels?*

Dr. Fioritto: I've looked at platforms like WhatsApp or Facebook—big companies pitch \$50,000-\$60,000 monthly campaigns promising tons of full-arch cases. But it's a trap. You end up slashing fees to compete, and patients flake when they hear the real costs. I'd rather focus on predictable, efficient procedures for healthier patients who value quality over bargains. Chasing volume or ego-driven online debates isn't my style—it's about sustainable, stress-free success.

Dr. Agnihotri: *That segues perfectly into pricing and patient value. How do you convey your expertise when your fees aren't the lowest?*

Dr. Fioritto: My fees are average—not the highest, not the cheapest—but the value shines through in care and efficiency. As ABOI Diplomates, we can deliver faster treatment plans; what takes others eight months, we do in four. Patients love that. Plus, my pharmacology know-how keeps them pain-free, sparking more referrals. Being a one-stop shop—handling surgery and restorations in-house—cuts their costs and visits. It's about comprehensive, high-quality care that speaks for itself.

Dr. Agnihotri: *Sedation's a big draw too, right? Patients often seek that for complex cases.*

Dr. Fioritto: Absolutely. Referrals often mention painless visits—patients tell me, "My friend said you're the best!" I also avoid flippers or removable temporaries; patients hate them. Instead, I offer fixed solutions that look and feel great right away. It's a game-changer for their comfort and confidence.

Dr. Agnihotri: *Let's shift to operations. What's your approach to treatment planning and patient management software?*

Dr. Fioritto: It's been trial and error, but I've learned what works and trained my managers to take over daily tasks. My wife and I used to handle insurance claims ourselves, which taught me the ropes. Now, we use Denticon, a web-based system with line-item accounting. It tracks production and collections across providers and ensures accurate insurance verifications. Dedicated staff confirm codes and coverage upfront, giving patients reliable quotes. It's time-intensive but critical for trust and smooth claims.

Dr. Agnihotri: *How do you navigate PPO plans and billing to keep your practice thriving?*

Dr. Fioritto: Negotiation is key—we secure higher fee schedules by associating with plans like MetLife without full contracts. If rates don't budge, we threaten to leave, leveraging our specialist status for better reimbursements. Knowing billing codes—like PRF or bone grafts—maximizes value beyond just the implant fixture. I overhauled our process after taking over from my dad;



we were losing money on write-offs. Now, with better training and software, we quote accurately upfront, avoiding surprises that frustrate patients or hurt our bottom line.

Dr. Agnihotri: *Any advice for dentists tackling billing hands-on?*

Dr. Fioritto: You've got to dive in. I learned by handling claims myself during staffing shortages—it's the best crash course. Without that knowledge, you can't trust it's done right. Staff courses help, but they're not as invested as you are. Once I understood the system, I could guide my team to bill smartly and profitably, with no unnecessary write-offs.

Dr. Agnihotri: *What about financing options for bigger implant cases?*

Dr. Fioritto: We've tried CareCredit—meh. Proceed is our go-to; it's a loan, not a credit line, covering full treatment costs even for lower credit scores, with no prepayment penalties. We explore options like Cherry, too, always hunting for lower-fee alternatives that suit patients. The landscape shifts yearly—some flop, new ones pop up. We stay flexible.

Dr. Agnihotri: *How do you keep your team trained and ready, especially for full-arch cases?*

Dr. Fioritto: We promote from within—assistants and front desk staff prove themselves, then step up to leadership roles. Outside hires struggle to earn trust. We reward skill and dedication with responsibility and pay, no caps. For complex cases, we don't rely on floaters; our core team is trained to handle it. Post-COVID, we've flexed hours—6 AM to 7 PM—with incentives for peak shifts. It's boosted bookings, profitability, and staff retention while meeting patient demand.



Dr. Agnihotri: *How do you measure success in your implant practice?*

Dr. Fioritto: It's not just implant numbers—though I track them. Success is a thriving, growing workplace. I aim for 15-20% annual growth beyond inflation. I balance that with golf in the summer and teaching, which drives referrals. With economic shifts, fewer patients opt for full arches, so we're expanding CE—like Implant Rock Stars—to meet dentists' needs. It's a side income and keeps me sharp.

Dr. Agnihotri: *Teaching and practicing—how do you juggle both?*

Dr. Fioritto: My wife's a rockstar dentist and mom—she keeps our family humming while I teach weekends. Early on, prepping lectures took hundreds of hours, but now it's second nature. I delegate marketing to my Implant Rockstars team, focusing on surgeries and education. Whether I'm in Ohio or the Cayman Islands teaching complications, it's laptop-and-go. Repetition makes it flow effortlessly.

Dr. Agnihotri: *Tell us more about Implant Rock Stars—what's the focus?*

Dr. Fioritto: We start with basics—safety and proficiency in single implants—because those principles scale to full arches. Young docs rush to complex cases without complication know-how, which is risky. We build from implant positioning and immediate placements

to sinus lifts and full arches with photogrammetry. We're eyeing insurance and coding courses, too. It's about practical, progressive skills for real-world success.

Dr. Agnihotri: *What's the biggest change you've seen in implant dentistry?*

Dr. Fioritto: Digital dentistry, hands down. Goodbye, PVS—hello, precision and speed with intraoral scans and zirconia. Full arches fit better, screw retention simplifies retrieval, and 3D models wow patients. Labs save time, cloud systems streamline cases, and AI is on the horizon. Adapt or get left behind—it's the future.

Dr. Agnihotri: *Looking ahead, what excites you most about the next five years?*

Dr. Fioritto: I'm thrilled for more digital advances but wary of a backlash from rushed, cheap full-arch cases causing complications like peri-implantitis. We'll see a wave of docs learning to fix these messes. I hope implant dentistry earns ADA specialty status—it's complex, blending perio, prosthetics, and surgery. Better training will follow, elevating care. Politics aside, it's overdue.

Dr. Agnihotri: *Dr. Fioritto, this has been a treasure trove of insight. Thank you for sharing your journey and vision with us!*

Dr. Fioritto: My pleasure—happy to chat implants anytime!

Elevating Dentistry: Insights from Dr. Michael Sonick on Patient Care, Mentorship, and Personal Growth

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



Dr. Flanagan

A Candid Conversation Highlights a Holistic Approach to the Practice of Dentistry

In a recent engaging discussion, Michael Sonick, DMD, an AAID member and renowned periodontist, speaker, and now author, shared his profound insights on the art and science of dentistry. The conversation, brimming with wisdom gleaned from years of experience, touched upon crucial aspects of patient care, the invaluable role of mentorship, and the significance of personal growth in achieving professional success.



Dr. Sonick

Dr. Sonick eloquently articulated his philosophy that transcends mere technical expertise. Drawing parallels from his diverse background, including experiences in the hospitality industry, he underscored the paramount importance of creating a welcoming and hospitable environment for patients. He believes that providing exceptional service and treating individuals with genuine care are fundamental to building a thriving practice.

"Patients judge us on their entire experience," Dr. Sonick emphasized, highlighting factors beyond clinical skills such as cleanliness, punctuality, and positive staff interactions. This holistic approach, reminiscent of Dr. Bob Barkley's collaborative dentistry model, forms the bedrock of Dr. Sonick's practice and is a central theme in his new book, penned during the COVID-19 pandemic. His core message advocates for a shift in healthcare delivery, where prioritizing the patient experience alongside technical proficiency





leads to enhanced healing outcomes and overall business success.

A significant portion of the discussion revolved around the power of mentorship and the benefits of a supportive professional network. Dr. Sonick passionately shared his personal experiences with mentors across various fields, including dentistry, entrepreneurship, and health, emphasizing their pivotal role in his personal and professional development. He also lauded the impact of his 20-year involvement in a mastermind group, citing it as a catalyst for continuous growth.

Furthermore, Dr. Sonick highlighted the reciprocal nature of mentorship, emphasizing the importance of not only having mentors but also being a mentor

to others. He shared his commitment to improving the lives of those he encounters and his pride in mentoring numerous individuals who have achieved remarkable success.

Intriguingly, the conversation also explored the potential application of stoic principles in daily interactions with patients. Dr. Sonick suggested his book, written as a series of insightful parables, as a valuable resource for understanding and implementing these principles. He also extended an invitation to his study club, a gathering of around 300 professionals, underscoring the importance of continuous learning and shared knowledge within the dental community.

The discussion also touched upon the success of Dr. Sonick's book, which has

resonated with many in the field. There was even a suggestion to consider its distribution to dental schools, recognizing its potential to shape the next generation of dentists.

In closing, the conversation affirmed Dr. Sonick's unwavering commitment to teaching his unique and patient-centered approach to dental practice. His insights serve as a powerful reminder that true success in dentistry extends beyond clinical excellence to encompass genuine human connection, continuous learning, and a dedication to both personal and professional growth. For members of the Academy, Dr. Sonick's message offers valuable perspectives on elevating their practices and fostering deeper connections with their patients.

Protecting Your Legacy: A Guide to Asset Protection and Tax for **AAID Members**

By Daniel McNeff, CEO of Legally Mine

AAID members dedicate their careers to building successful practices and securing financial stability for their families. However, this success can be vulnerable to unforeseen challenges, including lawsuits and hefty tax burdens. In this interview with Daniel McNeff, the owner and CEO of Legally Mine, we delve into crucial strategies for safeguarding your hard-earned assets and ensuring a lasting legacy.



Daniel McNeff

Building a Fortress: Asset Protection Strategies

For many, the first step in financial security is protecting assets from potential legal threats. “The number one thing is they need to protect themselves from lawsuits,” explains McNeff. This involves strategically structuring both personal and business assets to shield them from trial attorneys and judicial rulings.

The intricacies of asset protection extend beyond simply establishing an LLC. “Not all LLCs are created equal,” he cautions. “If you don’t have the right verbiage, it doesn’t do you any good. If you’re not using the right state, it’s not going to do you any good.” State laws vary significantly, requiring a tailored approach. For example, some states mandate specific entity structures for real property, while others may impose sales tax implications if not handled correctly. Even county-specific regulations can impact asset protection strategies.

Beyond legal entities, establishing a living trust is vital for protecting your family’s legacy. This not only safeguards assets but can also potentially double the size of your estate by minimizing estate taxes.

Tax Optimization: Maximizing Your Financial Resources

While asset protection forms the foundation, optimizing tax strategies is equally crucial. “One of the ways they can build their assets is by paying as little in taxes as possible,” McNeff emphasizes. This applies to both young practitioners and seasoned professionals.





For practice owners, the potential for tax savings is substantial. “Virtually we supply a guarantee that they’ll save enough money on their taxes to pay for everything that we do,” he asserts. Examples abound, including a California practice owner who saved over half a million dollars using these strategies.

Even W-2 associates can benefit from optimized tax planning. Furthermore, innovative programs are emerging to help alleviate the burden of student loans, a significant concern for many young dentists.

Real-World Impact: Protecting Assets and Saving Money

The effectiveness of these strategies is evident in numerous real-world examples. “There isn’t a week that goes by that we don’t put at least five or six lawsuits to bed,” he reveals. By creating impenetrable asset structures, legal challenges are often deterred before they escalate.

One particularly compelling case involved a client facing legal action for alleged illegal activities. Despite the circumstances, the asset protection structure was so robust that the opposing attorney sought similar protection for themselves.

A Proactive Approach: Planning for the Future

For AAID members who have yet to consider estate planning and asset protection, the message is clear: proactive planning is

essential. “People don’t realize it, but the judges can pierce the corporate veil,” McNeff warns. This means that personal assets can be at risk even if a lawsuit targets the practice.

By strategically structuring both personal and business assets, you can shield your family and practice from potential threats. Additionally, tax optimization can significantly enhance your financial well-being.

Giving Back: Charitable Remainder Trusts

For those looking to support the AAID Foundation, charitable remainder trusts offer a powerful avenue. These trusts allow you to designate the AAID as a beneficiary while enjoying significant tax advantages. “When you pass away, the bottom line is that the remaining proceeds go to the charity of your choice, which can obviously be AAID,” McNeff explains.

Taking the First Step: A Structured Approach

For AAID members ready to take action, the initial focus should be on asset protection. “The first step is protecting those assets,” stresses McNeff. “Because you can do a lot of things with your business, with your practice, but let’s be honest, none of it’s going to mean anything if you don’t have a practice anymore, if you’ve lost your home and you lost everything else to a lawsuit.”

Simultaneously, engaging with accounting professionals is crucial. “One of the first things that we do, especially this time of year, is we go in and do the research and development tax credits,” McNeff explains. This can result in substantial tax refunds, providing immediate financial benefits.

Innovative Tax Strategies: Structured Losses

Recent advancements in tax strategies have introduced the concept of “structured losses.” This allows practice owners to significantly reduce or even eliminate their tax liabilities. “In essence, what happens now is we actually will give the self-employed or the practice owner a chance to either pay or not pay taxes altogether,” McNeff explains.

These structured losses offer substantial write-offs for capital gains and ordinary income, providing significant tax savings. For example, they can effectively eliminate capital gains taxes from the sale of a practice.

Conclusion

Protecting your legacy and optimizing your financial resources requires a comprehensive and proactive approach. By implementing robust asset protection strategies, leveraging tax optimization techniques, and considering charitable giving options, AAID members can secure their financial future and ensure a lasting legacy for their families and the profession.

Interpersonal Relationship Experience Fuels **New AAID Corporate Relations Leader**

“One of the first things I notice when I meet someone is their smile,” says Wendi Howard, Director of Corporate Relations at the American Academy of Implant Dentistry (AAID). “So, it’s a natural fit to work for AAID because implant dentists can make such a huge difference in a patient’s life by giving them back their smile.”



Wendi brings more than 30 years of sales experience to her new role, having worked with a range of businesses, associations, and healthcare organizations. She honed her expertise as founder of the Howard Marketing Group, where she led campaigns and strategy for more than seven years. Over time, her work naturally shifted into the healthcare space—an area she calls both “mission-driven and essential.”

In her role at AAID, Wendi oversees all aspects of corporate relations, including advertising, sponsorships, exhibit and corporate sales, and exhibitor management for the



AAID Annual Conference. Her goal? To serve corporate partners, staff, and volunteers with a highly personalized, strategic approach.

“Marketing and corporate relations go hand in hand,” she says. “When I meet with potential sponsors or exhibitors, I ask a lot of questions: Who is your target audience? What messaging has worked—or not worked—for you? What trade shows have delivered strong ROI? My background helps me guide companies toward the best opportunities to reach AAID’s unique audience.”

Wendi’s approach is grounded in relationship-building.





From Left to Right Wendi's son Marty, daughter Ryan, Daughter Paige, future son in law Peter engaged to daughter Danielle, Wendi and husband Tim celebrating Danielle's graduation from Loyola Law School

"Whether it's a large business or a mom-and-pop shop, it all comes down to relationships," she says. "You never know when a quick introduction call can lead to something bigger. I encourage corporate partners to schedule 15-minute coffee chats—just to see where a connection might take us."

A native of the western suburbs of Chicago, Wendi worked with several health care nonprofits and ran her own marketing agency for seven years. She also served as executive director for a healthcare management company, giving her unique insight into the needs and goals of nonprofit associations. Her diverse background includes grassroots and digital marketing, public relations, and sales, making her well-equipped to align

AAID's corporate engagement efforts with its educational mission.

"I was thrilled to be part of last year's AAID Annual Conference," she said. "It was my first with AAID, and I made it a priority to meet every exhibitor and ensure they had what they needed. There's always a glitch here or there at a live event—but being present and available makes a huge difference. I was so grateful when exhibitors and sponsors told AAID's board members said, 'Wow, Wendi really showed up for us.' That meant a lot."

Outside of work, Wendi is a passionate advocate and caregiver. She and her high school sweetheart husband have four chil-

dren ranging in age from 15 to 31. She was a foster parent for medically fragile children for many years and ultimately adopted her son after caring for him from birth.

"That experience taught me how important advocacy is," she says. "It's part of what drew me to healthcare marketing in the first place."

Above all, Wendi is excited to connect. "Our sponsors and exhibitors are essential to our mission. Whether through education, new technology, or innovation, these partnerships help our members grow their practices and better serve their patients. It's my job—and my passion—to make those connections happen."

2025 CANDIDATES FOR CREDENTIALLED MEMBERSHIP

The Admissions and Credentials Board (A&C) will consider applications for credentialed membership. 219 individuals have applied for Associate Fellowship and nine for Fellowship. In accordance with AAID policy, the A&C Board publishes the list of candidates and invites comments from voting members. Your feedback regarding the candidates is crucial and will be considered in the Board's recommendation for their advancement to Associate Fellow or Fellow.

Fellow Candidates

Matthew Annese
Michael Doe
Sangwoo Ham
Timothy Kamp
James Martin

Nishanth Reddy Puchalapalli
Grady Scott
Manoj Kumar Sundar
Han Yu

Associate Fellow Candidates

Mohamed Aboelsaad
Phillip Acevedo
Sai Pavan Adigarla
Priyanka Agarwal
Thomas Ahn
Xena Alakailly
Ameen Alameen
Hajir Aldaod
Ghayath Alhalabi
Julian Alivia
Sondus Alkadri
Luke Allender
Abdulrahman Almalki
Judley Alphonse
Danah Alradwan
Chaoukat Alsakati
Omar Al Ameen
Mohammed Ameen
Thalita Andenmatten
Katsuhide Arai
Gary Arrindell
Martina Assad
Oliver Austria
William Axtell
Hossein Azimi
Rajdeep Badwalz
Saikiran Bahadur
Tony Barriere
Runaz Barzangy
Fernando Becerra
Amirali Behdani
Animesh Bhattiprolu
Ninella Bogosian
Samy Boulos
Joseph Boulos
Dawn Broyles

Alan Bui
Corey Buring
Chris Caldwell
Eric Cao
Rafael Carrales
Vikram Chauhan
Panhavut Chim
Swapnil Chincholikar
Richard Compton
Mireille Cruz
Mouni Damineni
Bassel Dannan
Paige Davis
Julie Delcorde
Jordan Dole
Erik Engelbrektson
Victor Esmeraldo
Naeem Etemadi
Mona Ezzat
Ali Faiz
Bashar Fargo
Grace Feng
Matthew Ferguson
Michael Ferguson
Sumir Gandhi
Andrew Gobran
Janz Gonzalez
Yonghua Guo
Aaron Haag
Adam Hallam
Yoshiki Hamaguchi
Cherry Harika
Christian Harteau
Amel Hassan
Franco Hernandez
Michael Hess

Associate Fellow Candidates

Bryant Hoyos	Mohamed Hussain Mussa	Jiangyun Sheng
Sreenath Ir	Amy Nabi	Zahir Siddiqui
Mohammed Mahafazul Islam	Rupinder Gill Nagra	Sarah Siddiqui
Manish Jadhav	Upma Narula	Hardeep Sidhu
Iman Janemi	Neeka Nasrolahi	Prashant Sinha
Deborah Janfaza	Alex Nguyen	Lucy Slutsky
Shaun Janvier	Trung Nguyen	Camden Smith
Achman Jaswal	Ali Nili	Mustafa Sodi
Zheqing Jiang	Daniel Norris	Svyatoslav Sokolovskiy
Hardeep Kaur	Joon Oh	Thomas Spoonster
Prabhjot Kaur	Okeysolom Oradiegwu	Alexander Stewart
Supriya Kazi	Genta Otani	Collin Suh
Mark Keresztes	Eduardo Pais	Pradeep Sukumar
Mike Kerins	Hongying Pan	Garrett Swanson
Aoun Khan	Dalvir Pannu	Divya Swarup
Izaz Khan	Elena Panovski	Michael Taher
Shan Khan	Sajan Parag	Ayano Tanaka
Dongsu Kim	Jin Woo Park	Cesar Tapia
Michael Klausner	Sooyeon Park	Majd Theodory
Alexi Kossi	Lincoln Parker	Abdullah Tikreeti
Kevin Kunz	Mohammed Fayaz Pasha	Yoshiyasu Tomida
Kenny Kuo	Vivek Patel	Allison Tran
Gregory Lang	Ajaykumar Patel	Kenneth Troutman
Mohammed Latifi	Prasanthi Pattabhi	Ayham Al Turk
Jiyeon Lee	Mauro Perdomo	Caroline Tuttle
Joosang Lee	Adrian Perez	Saurabh Uppal
Brian Leong	Tyler Phelan	Purvi Vadaliya
Sui Yan Angel Leung	Jacob Phen	Fanny Shaulov Vainer
Michael Lien	Obed Galla Pimentel	Emilia Viola Vajda
Ken Lim	Brian Polillo	William Vaughn
Joseph Liu	Arslan Qureshi	Rohan Verma
Drew Loeser	Moses Rasberry	Shashank Vijapure
David Ludkin	Pauline Reilly-Lake	Charandeep Virk
Chris Macasaet	Steven Rodriguez	Walter Wang
Jennifer Magalhaes	Thomas Rowe	Guessy Wang
Kevin Major	Danielle Ruda	Xin Wang
Chun Piu Man	Martin Ruelas	Haitham Wehbe
Kush Mangal	Christopher Ryppl	Bryce Westmoreland
Saurabh Mankotia	Riea Sajan	Jelani Winslow
Ibrahim Masoud	Hamed Salhab	Mike Wygant
Yuriy May	Samuel Samaroo	Yuzo Yamada
Johnathon Mendoza	Sahba Sanami	Satoshi Yamamoto
Rolan Milutinovic	Deepti Sareen	Mitsuharu Yamazaki
Hideo Miyamoto	Mathieu Laforge Savoie	Yinan Yang
Mohit Modgil	Beau Schneiss	Daniel Yeager
Walaa Mohamed	Diana Sensenbrenner	Erik Young
Benjamin Moore	Aliaksandr Shabanovich	Erik Young
Amir Mostatabzadeh	Snehal Shah	Elise Zlotnikova
Taylor Mullaney	Husnain Shahid	Farid A. Zurmati



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new members

The AAID is pleased to welcome the following new members who joined between July 25, 2024 and February 15, 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

California

Zahid Ahmed, Lafayette
Stephanie Garcia, San Francisco
Baljinder Grewal, Stockton
Pratik Gupta, Irvine
Tokin Kim, Hacienda Heights
Abanoub Roman, Santa Clarita
Manbir Sandhu, Merced
Shahram Shahriyarpour, Irvine
Chanelle Sy, Mission Viejo
John Trannguyen, Anaheim

Colorado

Daniel Briskie, Longmont
Taher Dhoon, Greeley

Florida

Geany Batista Gomez, Miami
Beata Carlson, Clearwater
Daniel Dimitriu, Parkland
Victor Galvan, Arcadia
Juan Gomez Pantoja, Miami
Giovanni Gonzalez, Davie
Alex Gruenberg, Boca Raton
Cesar Hernandez, Miami
Pournima Joshi, Plantation
Jieun Lee, Tampa
Randy Lopez, Cape Coral
Jose Marcano, Orlando
Sandra Marimoto, Weston
Houssein Moussa Robleh, Wellington
Jon Michael Parlato, Davie
Akash Patel, Saint Petersburg
Niravkumar Patel, Weston
Sandra Perez de la Cruz, Wellington
Juan Porras, Fort Lauderdale
Dahood Qaisi, Tampa
Yoel Santiago, Hialeah
Mohan Saoji, Longwood
Bailey Singletary, Bristol
Kalei Vicars, Miami Shores

Illinois

Atmiya Sheth, Schaumburg
Mickey Singh, Crystal Lake

Kentucky

Seth Chambers, Lexington

Massachusetts

Ryan Borders, Lynn

Michigan

Andrew Meram, West Bloomfield

Minnesota

Stephanie Miner, Minnetrista

New Hampshire

Dhagash Patel, Sandown
Shawn Silva, Wolfeboro

New Jersey

Matthew Fusco, Newport

New Mexico

Gregory Pisotti, Albuquerque

New York

Sally Buttar, New York
Samna Minhas, Williamsville

North Carolina

Andrew O'Keefe, Greenville
Adrian Soto Lopez, Wilmington

Ohio

Evan Pivetz, Hilliard

Oklahoma

James Strand, Inola

Pennsylvania

Aysenur Genc, Hanover

South Carolina

Breanna Henley, Columbia

Texas

Charles Chow, Houston
Baha Duraini, Murphy
Mohammed Dwelee, Houston
Anthony Kofoworola-Kuti, Katy
Felicia Pranata, League City

NEW MEMBERS

Utah

S. Michael Vaughan, Murray

Virginia

Sowmya Lakshmi Karamcheti, Charlottesville

CANADA

British Columbia

Ce Wang, Fort St. John

Jihun (Leo) Moon, Vancouver

INTERNATIONAL

Guatemala

David Franco

Netherlands

Rawa Taher

New Zealand

Snehal Shah

United Kingdom

Victor Gehani

Suleyman Sakha

Students Members

Amritpal Badwalz

Mona Jahangirvand

Sarah Johnson

Hayat Masood

Madison Sharp

Clayton Singletary

2025 Central District Meeting: All-On-X with Digital Workflow



2025 Northeast District Meeting: Innovating Implant Dentistry and Facial Esthetics



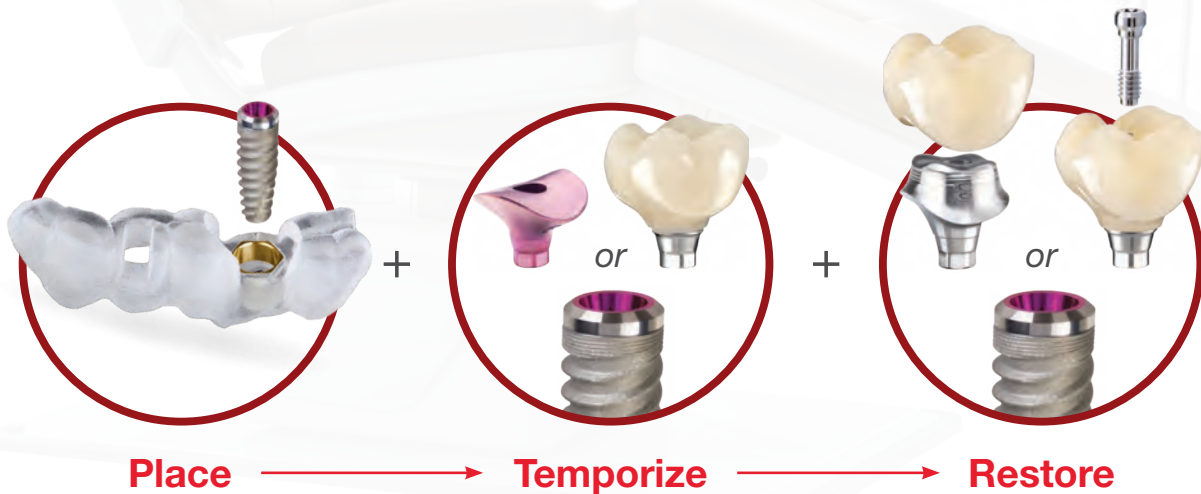
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By Tyson Downs,
Owner/Founder of Titan Web Agency,
tyson@titanwebagency.com

LEGALBITE

Are You Violating HIPAA Online? What Every Dentist Must Know

Disclaimer

Titan Web Agency makes its best effort to include accurate information in this article. Due to the sensitive nature and legal ramifications of this post, please consult an attorney to ensure your compliance. This article does not constitute legal advice.

Introduction

Imagine a single social media post costing your dental practice thousands in fines and irreparable damage to your reputation. As of February 2025, 5.56 billion individuals worldwide were internet users, and 5.24 billion of them, or 63.9% of the global population, were social media users.

With so many people interacting on platforms like Facebook, Instagram, and TikTok, the potential for accidental HIPAA violations has never been higher. A simple Instagram post, Facebook comment, or TikTok video could inadvertently expose protected health information (PHI) and lead to steep HIPAA violations. Just because HIPAA was enacted in 1996, well before the rise of social media, doesn't mean social media is exempt from the act.

What is Considered a HIPAA Violation on Social Media?

It's easy to overlook the risks of sharing information online, but dental practices must be aware of what constitutes a HIPAA violation on social media to avoid costly penalties and protect patient privacy. Below are some of the most common violations that can occur:

1. Posting Patient Information Without Authorization

One of the most significant violations is posting identifiable patient information on social media without written consent. This includes sharing anything that can be tied back to an individual, such as images, health conditions, treatment details, and

more. Even if a patient's name is not included, a violation can still occur if enough identifying information is shared.

2. Responding to Reviews in a Way That Confirms Patient Relationships

While it's tempting to respond to online reviews, doing so in a way that indirectly confirms or discusses a patient's treatment can be a serious violation of HIPAA. A simple "We're glad you had a great experience, Sarah!" could expose information about the patient's treatment or confirm their relationship with your practice, which is prohibited without explicit consent.

[Do you need a HIPAA consent template?](#)
[Check out our template library.](#)

3. Sharing PHI in Comments, Messages, or Group Discussions

Whether in public comments or private messages, sharing protected health information (PHI) in any form on social media is a HIPAA violation. This includes not just posts but also comments or group chats where patient-specific details are discussed. HIPAA still applies even if the conversation seems private or is limited to a smaller group.

4. Employees Posting Images or Case Details Without Consent

All employees involved with a patient's care must be cautious about what they share online. Posting images or details about a case without the patient's consent can lead to significant violations, even if the information is anonymized. Dental

practices should remind staff to avoid posting about any patient-related matters unless there's clear authorization in place.

Legal & Financial Consequences of HIPAA Violations on Social Media

A single misstep on social media can have devastating consequences for dental practices, both legally and financially. The repercussions of a HIPAA violation can go far beyond fines—lasting damage to your practice's reputation and patient trust can be just as costly. Here's what you need to know:

1. Fines and Lawsuits Resulting from a Single Post

HIPAA violations can result in significant fines, with penalties ranging from \$141 to \$2,134,831 per violation, depending on the level of culpability. Civil monetary penalties are enforced based on the severity of the violation. Criminal penalties can be imposed for intentional violations, leading to higher fines and even potential imprisonment. The Office for Civil Rights (OCR) within the U.S. Department of Health and Human Services (HHS) enforces these fines.

2. Reputation Damage and Patient Trust Loss

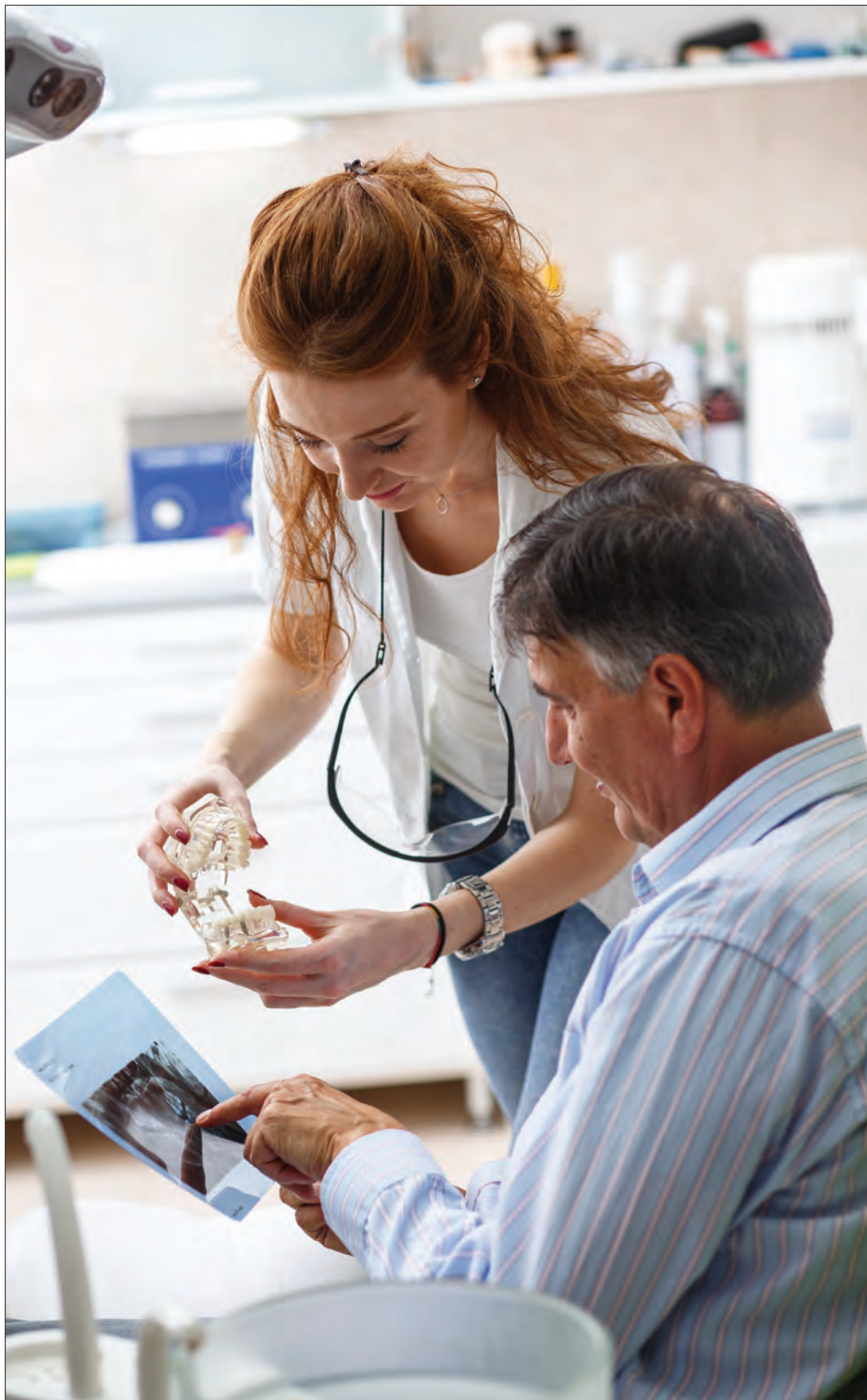
Perhaps the most significant consequence of a HIPAA violation on social media is the damage to your reputation. Once a breach occurs, patients may lose trust in your practice's ability to protect their sensitive health information. Word-of-mouth, especially on social media, can quickly spread, leading to losing existing patients and difficulty attracting new ones.

How to Use Social Media Without Violating HIPAA

Social media can be a powerful tool for dental practices—as long as it's used with care. Knowing what's safe to post and how to navigate patient-related content is key to maintaining HIPAA compliance.

HIPAA-Compliant Social Media Strategies for Dental Practices

What CAN you post safely? General dental tips, oral health education, team highlights, quick and fun videos, office tours, office



updates, and promotional offers are all fair game—as long as they don't include any patient-identifiable information.

Educational content vs. patient

stories: Stick to broad, educational posts that don't involve patient details unless you have written HIPAA-compliant authorization. For example, sharing advice on how implants improve quality of life is fine; sharing how a specific patient achieved their results is not—unless you have explicit permission.

Testimonials and before-and-after

photos: You can post these, but only after obtaining proper written consent from the patient. Make sure the consent clearly outlines what will be shared, where, and for how long. Avoid including any extra identifiable information unless the patient has approved it in writing.

The Right Way to Respond to Online Reviews Without Breaking HIPAA

Responding to patient reviews is a great way to show that you care, but replying incorrectly can lead to costly HIPAA violations.

What NOT to say when replying to

patient feedback: Never confirm or acknowledge someone is a patient—even if they've identified themselves. Avoid mentioning treatments, appointments, billing, or any personal health details.

HIPAA-safe response template: “Thank you for your feedback. We take patient concerns seriously and encourage you to contact our office directly so we can address your experience.”

Yes, I understand this is less than personable. I get it. But it's compliant, and it protects your practice. This keeps the tone professional while protecting patient privacy.

HIPAA Training for Social Media Use

Protecting patient data is a team effort. Everyone in your practice—not just the marketing or front desk staff—should be trained in HIPAA-compliant communication.

How to set up HIPAA-compliant policies:

- Create clear social media guidelines and include them in your employee handbook.

- Outline what is and isn't allowed in posts, comments, and private messages.
- Require all staff to sign a social media policy agreement.
- Update training yearly or whenever HIPAA regulations change.

Using Technology to Prevent Violations on Social Media

While no social media management tool is HIPAA-compliant or designed to handle PHI, certain platforms can still support your dental practice by helping reduce the chance of accidental oversharing online.

Tools That Can Support Safer Social Media Use:

- Sprout Social (sproutsocial.com)
 - Offers team workflows that let designated users approve content before it goes live. You can set up keyword monitoring for general health terms or sensitive phrases that may raise a red flag.
- Statusbrew (statusbrew.com)
 - Provides moderation rules and customizable post approvals across platforms. Useful for managing multi-user accounts with tighter control.
- Hootsuite (hootsuite.com)
 - Helps with post scheduling and team oversight. While it's not designed as a HIPAA compliant tool, it can support internal processes that reduce the chance of publishing unvetted content.

These platforms are not designed for HIPAA compliance and should never be used to store or process PHI. Their role is to help your team stay organized, apply consistent content review steps, and reduce preventable errors.

Smart practices to combine with these tools:

- Implement a content approval workflow for every post — even the “quick” ones.
- Assign posting access only to trained staff, and when possible, have the social media policy posted in a high traffic area that your staff will regularly see and be reminded.

Do HIPAA social media rules apply to personal accounts or only business accounts?

HIPAA rules apply to all accounts, whether personal or professional. If a healthcare employee shares PHI on their private account without proper authorization, it's still considered a violation. Just because an account is “private,” the rules still apply. All workforce members must follow HIPAA guidelines, regardless of where they post.

- Conduct regular reviews of your published content and comments.
- Keep your social media policy and HIPAA training up to date and posted in your office, and conduct regular HIPAA trainings to remind your staff of the importance of following these guidelines.

Technology can't make your practice HIPAA-compliant — but it can be part of a proactive strategy to reduce risk, improve communication, and protect your online reputation.

Final Thoughts

Social media can support patient engagement and boost your practice's visibility, but it can quickly become a liability when HIPAA is overlooked. A single post shared without the proper safeguards can lead to fines, lawsuits, or loss of patient trust.

The good news is that these risks are avoidable. You can confidently maintain a strong online presence without crossing compliance lines with clear policies, consistent staff training, and a firm understanding of what's permitted.

Members Only AAID Patient Resources Page



AAID Past President, Dr. Duke Heller, FAAID, DABOI/ID Pens New Book, "Helping Men Finish Well at Any Age"

Having lived almost 88 years has given Duke Heller the opportunity to witness numerous changes in dentistry and the responsibility to observe how the implant dentist is shaping the future, but mainly how that same dentist is serving his family. Dr. Heller's mentor Zig Ziglar, for over 30 years, told Duke to invest his life in the people who will be sitting in the front row of his funeral.

Being married for 60 years, he saw his wife graduate into heaven in 2019. God led him to become president of

the AAID in 2021, despite his health. His third book, "Helping Men Finish Well at Any Age" was written in part to provide dentists with a template for retiring from dentistry. Dr. Heller works in the Refuge Addiction Ministry for Males of addiction over 18 to find recovery. The book is available for purchase on Amazon. All the proceeds from the book go to The Refuge ministry and Word of Life ministry. A free workbook will soon be available on dukeheller.com.



AAID Obituary



Dr. J Thomas Chess

Dr. J. Thomas Chess, a long-time AAID leader and mentor to many, has passed away. Dr. Chess was a Past President, a 10-time chair of the Honored Fellow Committee, and 9-time member of the Bylaws Committee.

Dr. J. Thomas Chess, a respected leader in the field of implant dentistry and a lifelong advocate for service, passed away peacefully at the age of 78. A past-president of the American Academy of Implant Dentistry (AAID), Dr. Chess dedicated his career not only to advancing the science and practice of implant dentistry, but also to mentoring generations of dental professionals.

Dr. Chess's contributions to the AAID were profound and lasting. As president, he helped shape policies that strengthened educational standards and expanded access to quality implant care. His vision and leadership were instrumental in growing the Academy's global influence. Even after his term, he remained deeply involved, serving on committees, Honored Fellows and Bylaws in particular, presenting at conferences, and always ready to lend his wisdom and encouragement.

Dr. Chess is survived by his beloved family, including his spouse, Carol, of 52 years, their three children, and seven grandchildren. His legacy lives on in the many people he taught, helped, and inspired.



Abu Dhabi AAID MaxiCourse®

Abu Dhabi, UAE

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Assistant Director: Ninette Banday, BDS, MPH

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Facebook: Boston MaxiCourse

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Chicago, IL

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Dallas, TX

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

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Website: www.3dimplantinstitute.com

Facebook: 3D Implant Institute

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Las Vegas, NV

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Nagoya, Japan

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Nova Southeastern University AAID MaxiCourse®

Fort Lauderdale, FL

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

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Email: flinnett@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, DABO/ID

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Email: gibbs@sdm.rutgers.edu

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

Oklahoma MaxiCourse®

Oklahoma City, OK

Director: Dr. Eric Hopkins

Program Coordinator: Loree Hopkins

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Email: education@aaidmaxicourseokc.com

Website: aaidmaxicourseokc.com

Salt Lake City AAID MaxiCourse®

South Jordan, UT

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

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Website: www.maxicourseutah.com

Whatsapp: 201-238-5438

Washington, DC AAID MaxiCourse®

Washington, DC

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Website: www.dcmximaxicourse.com

Waterloo, Ontario AAID MaxiCourse®

The TI-MAX Institute

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

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Email: info@timaxinstitute.com

Website: www.timaxinstitute.com

Vancouver AAID MaxiCourse®

Vancouver, BC

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

Contact: Andrew Gillies

Phone: 604-330-9933

Email: andrew@implant.ca

Website: www.vancouvermaxicourse.com

AAID Active Study Clubs

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
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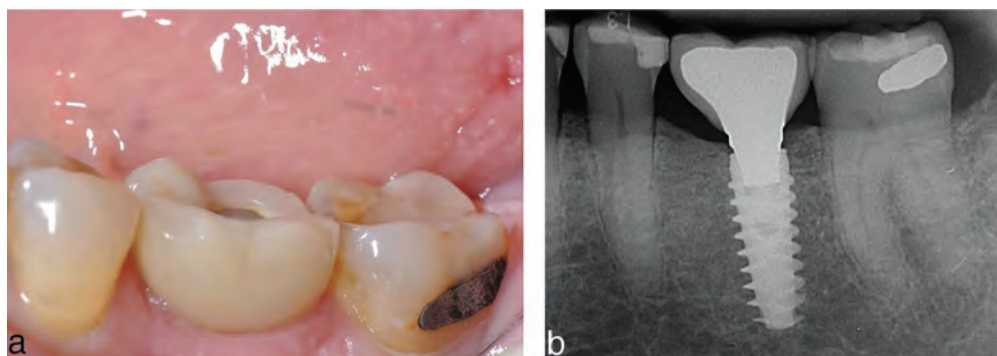
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CLINICAL CASE REPORT

Technique to Protect the Palatal Donor Area After Taking a Free Gingival Graft: The Patchwork Technique

This case report describes a technique to protect the donor area after taking a free gingival graft. Postoperatively, the donor area showed satisfactory healing after 14 days, with partial healing after the first revision and complete epithelialization during the second revision, with no reported pain or discomfort. The patchwork technique may be a more straightforward, predictable, and cost-effective alternative that protects the donor area, improves healing, and reduces pain.



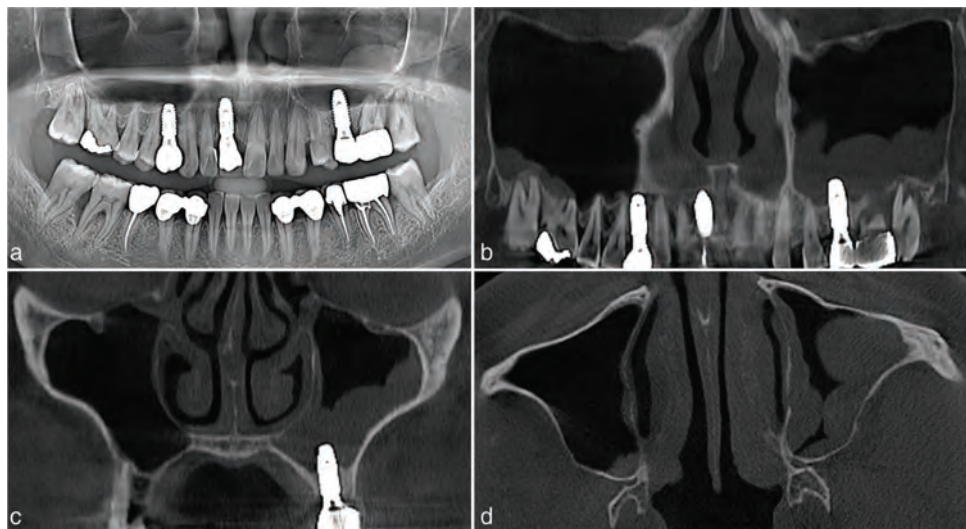
CLINICAL CASE REPORT

Management of Dental Implant Components Following Abutment Screw Loosening: A Case Report

This case report highlights the need to check all components for damage before disinfection and re-tightening if possible. Major concerns include the implant-abutment connection site, screw, and debridement of the internal implant surfaces. Scanning electron microscopy and optical microscopic exam of the debris removed after cleaning demonstrated the presence of titanium metal particles and biological materials.



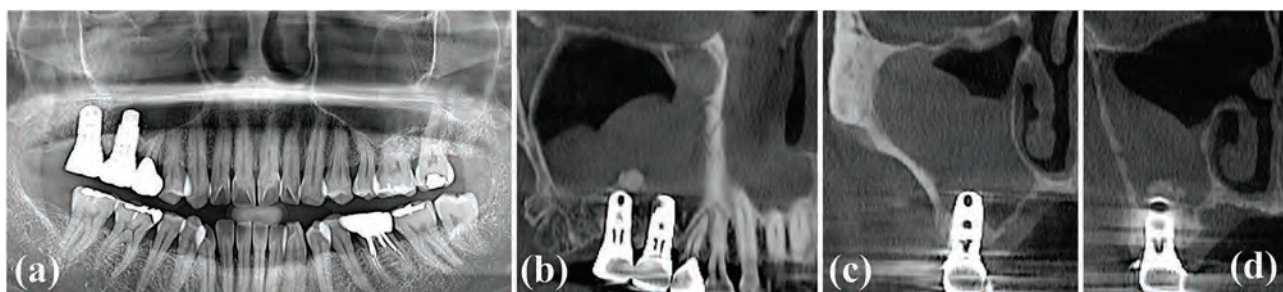
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CLINICAL CASE REPORT

Mucosal Coverage of Deeply Protruded Implant in the Maxillary Sinus: A Case Report

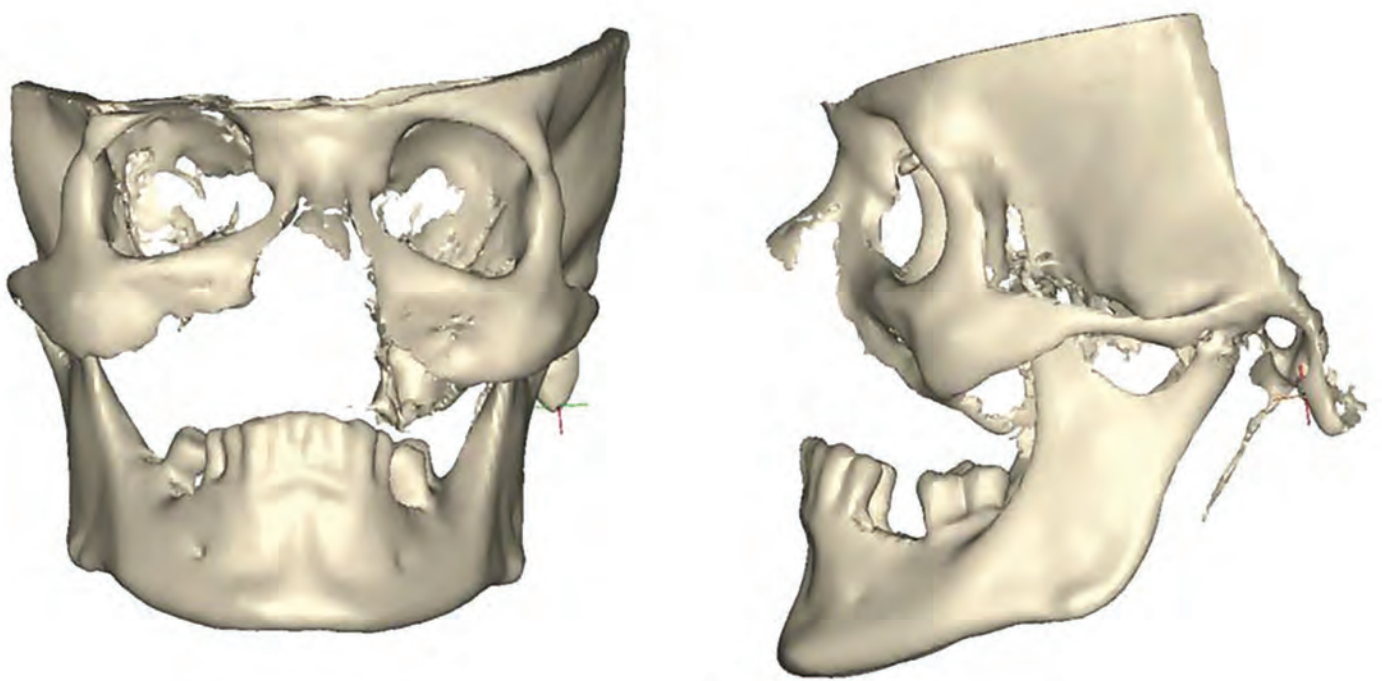
In this case report, a lateral sinus floor elevation was planned on the maxillary sinus adjacent to the deeply protruded (6.5 mm) implant #13. During sinus floor elevation through a lateral sinus window, there was no damage or perforation of the elevated sinus mucosa around the protruded implant, and the implant surface was visibly clean. This suggests that the protruding implant was covered with sinus mucosa and not exposed. Therefore, maxillary sinus augmentation can be performed without explanation or surface treatment of the protruding implant.



CLINICAL CASE REPORT

Intranasal Decontamination for Maxillary Sinus Infection Related to the Apically Exposed Implant in the Sinus: A Report of Two Cases

This case report presents 2 cases in which an intraoral approach was used to manage maxillary sinus infections related to exposed implants within the sinus. In both cases, bony access windows were created on the lateral wall of the sinus to reach the apically exposed portion of the implant. In case 1, mechanical (titanium curettes and a rotating titanium brush) and chemical decontamination (tetracycline HCl solution-soaked cotton pellets) were performed. In contrast, case 2 involved chemical decontamination performed only after removing inflammatory tissues and fluids. Following treatment, the patient's sinonasal symptoms completely resolved. Intranasal decontamination may be viable for treating infected maxillary sinuses related to apically exposed implants.



Patient-Specific Subperiosteal Titanium Implant for Maxillary Reconstruction Following Oncologic Resection: A One-Year Follow-Up Case Report

This case report presents a 54-year-old male who underwent a total maxillectomy for palatal squamous cell carcinoma, followed by chemoradiotherapy. A customized subperiosteal titanium maxillary implant (CSTMI) was designed using virtual surgical planning (VSP), stereolithographic (STL) models, and CAD/CAM technology. The CSTMI framework, incorporating endosseous implants, was secured to the orbital rims and pterygoid plates to optimize prosthetic stability and load distribution. The healing of the patient was uneventful, with no signs of inflammation or dehiscence. The prosthesis improved speech, swallowing, and oral function, significantly enhancing quality of life. At the one-year follow-up, minor screw loosening was successfully managed without complications.

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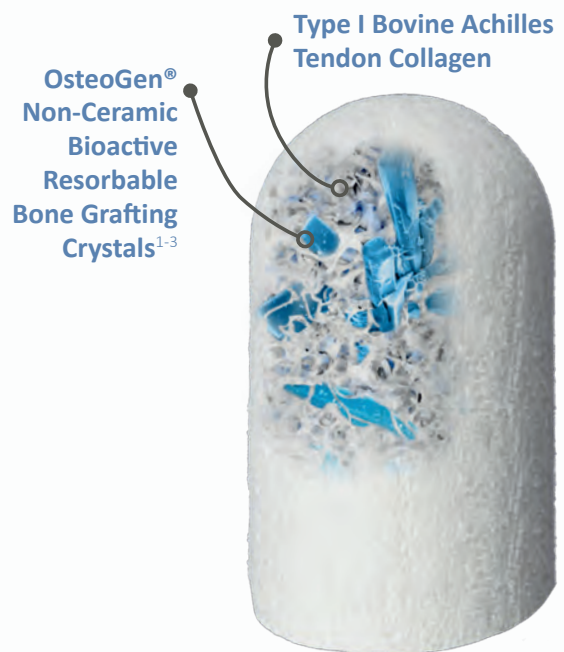
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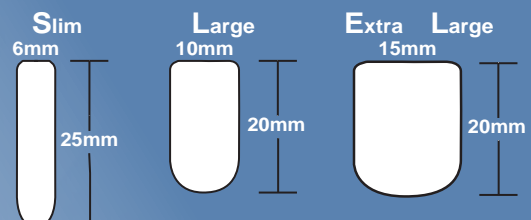
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