

AAID News

APRIL 2008

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY

Editor's Notebook



David G. Hochberg, DDS
Editor, AAID News

The strategy of strategy

“Simply put, strategic planning determines where an organization is going over the next year or more, how it’s going to get there and how it’ll know if it got there or not.” So says, Carter McNamara, MBA, PhD, of Authenticity Consulting, LLC, in his book Field Guide to Nonprofit Strategic Planning and Facilitation.

The leadership of the AAID recently engaged in strategic planning at its February Board meeting. In order to have broad input and participation, those invited went beyond simply the membership of

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Clinical Bite

Controversy Swirls About Foreign Made Dental Prosthetics

In the wake of news reports about lead-tainted dental prosthetics made in China, we soon might see public service ads warning: “Dental patients, do you know where your crowns came from?”

From toys to pet food to heparin, the safety of Chinese-made products has become a widespread public health concern. And dentistry is no exception. In Ohio, a 73-year-old woman learned her bridge from a Chinese dental lab was contaminated with lead, and a local television station reported another crown from China had toxic lead content.

Reverberations from Ohio are being felt in dentists’ offices nationwide as AAID pointed out in a special eGram it sent to AAID members. Is this experience an isolated problem or is there cause for concern about the safety and quality of crowns, bridges and other dental prosthetics made in overseas?

Predictably, media across the country have seized the story and, as a result, many patients are wondering what’s really affixed inside their mouths.

According to the National Association of Dental Laboratories (NADL), an estimated 15 percent of restorative dental products used today, mostly crowns, are produced offshore. According to NADL officials, the boom in offshore dental lab products is fueled by the shrinking number of qualified dental laboratory technicians here and cost pressures. The group estimates some 7 million restorations are produced in foreign dental labs.

Today the majority of imported dental devices are crowns and bridges. Many are made from porcelain fused to metal, but some gold crowns and implant abutments are made from alloys prone to lead contamination. Non-FDA-approved

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AAID Research Foundation tops in grant money available

According to a survey developed by the Prosthodontic Forum Organizations, the AAID Research Foundation will give the most grant money in 2008. The Prosthodontic Forum includes 14 member organizations and 11 reported plans to give grants in 2008. The AAID Research Foundation reported it will provide at least \$45,000 in grants in 2008, including \$15,000 to students.

To apply for a Research Grant from the AAID, visit www.aaid.com/research.html or contact Afshin Alavi at 877.335.2243.

The total amount of grants to be offered by other member organizations during 2008 range from \$500 to \$10,000. ▀





President's Message

By Jamie Lozada, DDS

A number of exciting developments have occurred regarding the future of our Academy, since our last newsletter. To begin, many of you already know that Ms. Sharon Bennett has taken over as our new executive director. From day one, Sharon demonstrated a strong desire to closely collaborate with our Board of Trustees and to be the overseer and executor of the vision of our Academy. During the first part of the year, I worked closely with Sharon in preparation for a strategic planning meeting that took place in early February and was inspired by her enthusiasm and breadth of knowledge.

Strategic planning is crucial for the continued growth and development of all organizations, including ours. This vital meeting included the entire Board of Trustees, current and future Academy leaders and most of our key office staff. During that meeting, we developed a new strategic plan for our Academy to help us achieve

our short and long term goals. We painfully recognized some of our weaknesses while we gained better appreciation of our unique character and strengths as an organization. We all realized that change, albeit sometimes difficult, is often necessary for continued success. Our short and long term goals are bold and visionary and in accordance with our

"Our new Vision statement is: To be the leading membership organization in implant dentistry."

annual meeting theme go "Beyond Boundaries" to continue to enrich our Academy and all its members.

On a personal note, just a few years ago, the entire Loma Linda University School of Dentistry participated in a similar process for strategic planning purposes. The interaction among faculty, students and staff created an environment of ownership, empowerment and responsibility resulting in a new and positive direction for our school. It was an extremely rewarding experience for me to participate in that process at Loma Linda University, and I was equally inspired with this

process again during our AAID strategic planning meeting.

One of the most important concepts in an organization's strategic planning is to have a clear vision statement that helps guide our future endeavors. We therefore reviewed and revised our Vision and Mission statements. We believe that the Vision statement should be

straightforward and bold since it represents what we want to be.

As an example, although credentialing is a distinguishing feature, the former Vision statement was lengthy and focused only on the credentialing offered by AAID. We recognize the Academy is more than credentialing and wanted to put forth a bigger, more encompassing Vision to the world.

Our new Vision statement is: To be the leading membership organization in implant dentistry.

In crafting the new Mission statement, we retained "to serve as the credentialing standard." However, we made three

significant changes to the Mission Statement of the Academy. First, we changed "art and science" to "science and practice." This change was made to recognize the fact that implants have become the standard of care for many treatment options in dentistry.

Second, we dropped the phrase "delivering information to the public and the practitioner." We felt that the term "education" was more encompassing and direct than "delivering information." Further, by adding "for the benefit of mankind" to the Mission, we included not only the public and practitioners, but the welfare of the world as a whole. In furtherance of the education portion of our Mission, we will be exploring the feasibility of establishing a hands-on Educational Center in Implant Dentistry owned and operated by the AAID. A special ad-Hoc committee will be convening shortly to survey our membership and deliberate this idea, with a report expected to be delivered to the BOT in the near future.

Third, we added "research support" to the Mission statement. Now that the Academy's Research Foundation's Endowment Fund has reached critical mass and

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Clinical Bite

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alloys are believed to be the chief culprit for lead contamination. It's costly to make lead-free alloys and very difficult to regulate and enforce the material content of every imported dental prosthetic.

A Florida dental lab owner told the Gainesville Times that it costs about ten times less to make a crown in China compared to the U.S. "An offshore lab is going to use the cheapest materials it can get," he said. "It costs \$20 to \$30 to make a crown in China. The gold alone is going to cost more than that, so there's no way they could be using quality materials."

Another lab owner quoted

in the same story believes what's most important is who makes the product, not where it was made. "We could not find enough qualified technicians here," he said, and added that techs his lab hires in China are trained to US standards.

While offshore-produced dental devices have become alternatives for U.S. dentists seeking to reduce costs and offset the shortage of dental labs, the American Dental Association said in an e-gram to members on Feb. 27

the lead could have come from a soldering or as a contaminant from the lab environment."

The group further advised dentists: "Labs fill the order based on what you request. The more detailed your request is in terms of what materials to use (or not use), the more assurance you will have about what they are providing."

In 2005, the ADA House of Delegates called on FDA to require dental laboratories to alert dentists in

kept in patients' records.

Noted implant dentistry educator and AAID annual meeting speaker, J. Gordon Christensen, DDS, PhD in an article published in the *Journal of the American Dental Association*, advocated tighter enforcement of existing FDA regulations so that only raw materials that have passed FDA 510(k) scrutiny are used in all dental prosthetics in the U.S. and that NADL request laboratories that dispense prosthetics made offshore to specify and identify core materials used.

"The dental profession and dental laboratory industry should encourage and support the FDA to carry out their requirements," Christensen told *ADA News*. "The ADA and state dental societies should lobby for legislative support in enforcing requirements and regulations for products made offshore."

While pressure mounts for the FDA to get tougher on foreign dental labs, the resource-strapped agency needs help from Congress to give it power and bucks to crack down effectively. According to one official, the burden of proof now lies with the foreign lab to disclose information to FDA. Through the 510 (k) process, dental prostheses producers must obtain regulatory clearance before selling products in the US. They are required to show that their products are equivalent to one already approved by FDA. The

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"The ADA and state dental societies
should lobby for legislative support
in enforcing requirements and regulations
for products made offshore."

that it will begin random testing of prosthetic devices made here and overseas. "We believe it is important that the ADA do this type of objective testing to gather intelligence on whether the Ohio testing was an isolated incident or cause for greater concern."

The ADA member communication further stated that it isn't known as yet if the Ohio incident is an isolated case, but it was surprising to learn that any dental prosthetic device might contain lead. "We understand that the lead was found in the surface in the crown, so our scientists suspect (but do not know for sure) that it could have come from the pigment. It's also theoretically possible that

advance when components or materials for a prescribed device would be produced or provided entirely or in part by a foreign dental lab. The agency does require finished dental devices to be labeled with the foreign lab's name and address.

NADL has asked FDA to improve regulation of imported dental devices by requiring that all dental laboratories, foreign and domestic, register with the agency or with appropriate state authorities. The group also believes patients should be informed about where their crowns or bridges are manufactured, and dentists should be required to include registration numbers of contracting dental labs on prescriptions

AAID NEWS

Editor

David G. Hochberg, DDS

Executive Director

Sharon Bennett

Director of Communications

Max G. Moses

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Business Bite

Are you managing your risk?

By Kenneth C. Thomalla, CPA, CLU, CFP®, COO, Treloar and Heisel, Inc.

Editor's Note: As a part of our effort to provide greater value to AAID members through the AAID News, we are offering a "Business Bite" column in each issue. Ken Thomalla is COO of Treloar and Heisel, Inc. Ken has been lecturing and writing on dental related financial planning matters for the last 17 years. He can be reached at 800-852-4900 or KThomalla@th-online.net. For more information regarding any of the above topics, contact Treloar and Heisel, Inc. at 800-345-6040 or visit www.th-online.net. Treloar and Heisel, Inc. has been endorsed by the AAID as the provider of insurance programs for members as a part of AAID's member benefit program.

There is no such thing as "one size fits all" when it comes to insurance coverage, even though that is how many dentists still make their insurance purchasing decisions. They tend not to take the time to select the best policy for their specific needs and instead rely on colleague's recommendations, or on old friends and family members. Ultimately, they create a number of risks for themselves and their families.

Your employment status plays a key role in determining the number and type of insurance policies in your portfolio. Residents and employees must insure their personal insurance needs, while business owners must also cover the multitude of business insurance needs. It is important to have regular detailed insurance reviews to be certain all risks are properly insured.

To help dentists evaluate their own business and personal insurance needs, a checklist providing guidance in this difficult area is available for download at

http://th-online.net/pdf/files/AAID_CHECKLIST_2.pdf. This checklist is only a starting point. The next vital step is to sit down with an insurance professional to design a portfolio that meets your specific needs.

Regardless of your employment situation, all dentists have a common need for several types of coverage in their portfolio. A review of these basic types of policies will keep you abreast of changes in the marketplace as well as help you determine if an in depth review of your insurance portfolio is warranted at this time.

Disability Income Insurance

Disability insurance has long been the staple of all insurance portfolios, as the dentist's most valuable asset is earning a living. Practicing individuals must ensure that their financial needs are adequately covered, and so they must stay

in focus with the ever-changing disability insurance market. In recent years, we have seen a liberalization of contract definitions and issue limits. These changes will help dentists protect their incomes, as well as broaden potential benefits.

Always look for policies that are non-cancelable and conditionally renewable, which will ensure that the contract definitions and premiums are guaranteed to age 65. Additionally, dentists should look for a liberal "own occupation" definition. An "own occupation" definition gives the dentist the assurance that the insurance company can not force them back to work in a new occupation subsequent to a disability. However, there are variations of the "own occupation" definition; the most liberal definition will pay full benefits even if the insured is earning income in another occupation. Some companies offer the

"Transitional Own Occupation" definition which will pay up to 100 % of the insured's prior income between earned income in another occupation and disability benefits. Finally, residual, cost-of-living and future increase riders should also be considered by a purchaser of disability insurance.

Life Insurance

A life insurance needs analysis should be performed every couple of years. Most individuals fail to keep current with adequate benefit levels, owner and beneficiary designations and the projected timeframe coverage is needed. All of these issues, left unresolved, can be very detrimental to the estate.

Term insurance, coverage that carries no cash value, is the least expensive and least flexible. An individual early in his career should purchase term insurance because ample

coverage can be obtained at the least cost. A few years into practice, a permanent plan of insurance should be added to the portfolio. Permanent insurance (whole, variable, or universal) contains a cash value and will provide flexibility later in life. Even when the income replacement protection provided by life insurance vanishes, life insurance is a great estate preservation tool and will probably be needed well into retirement.

Professional Liability

Malpractice lawsuits against healthcare professionals continue to be a problem across the United States.

The level of malpractice insurance coverage depends on the scope of the practice. The higher risk procedures and/or types of sedation methods performed require limits of coverage well over the limits of \$1,000,000/\$3,000,000. Limits are now available up to \$5,000,000 per occurrence and \$7,000,000 aggregate benefit. Proper limits should be considered based on your own practice situation.

Most coverage types fall into the Occurrence or Claims-made form. Some Insurance companies provide plans which will allow an individual to change from claims-made to occurrence coverage without the need to purchase tail coverage. Many companies will not require "tail coverage" if the claims-made policy was

in force for a stipulated number of years. Tail coverage is a single, lump sum premium cost to protect against future claims that may arise after a claims-made policy is no longer in force.

You should understand the differences in coverage and which type will best suit your needs.

"It is important to have regular detailed insurance reviews to be certain all risks are properly insured."

Health Insurance

This area of insurance can provide the greatest challenge for the professional. As rates continue to rise, most small businesses do not reap the premium benefits of a large group. There is not an easy answer to this dilemma, especially when a group plan is implemented for the office. One claim can really raise rates for the entire group.

Health Savings Accounts (HSA) were developed as a way to put some of the claim responsibility back to the insured. In theory the HSA makes sense, however, in practice the HSA does not work for many individuals. Individuals or families who have health issues or routinely take medications will, in all likelihood, not benefit from an HSA. Even with the funds set aside for claims, these individuals

and families would be better suited in a traditional or PPO type of health policy.

The subject of health care should be on the forefront of the 2008 Presidential Election. Any chance for major reform will require a lot of work from both sides of the aisle. However, with the discussions may come

innovative ideas from the insurance carriers and, hopefully, lower premiums to the consumer.

Auto/Homeowners

Most states have laws that require auto insurance. Most lenders require insurance on homes and condos. What is not required is the amount of coverage or limits necessary to provide adequate protection.

Auto coverage should be written for the highest liability limit available. Additionally, the collision deductible should be raised high enough to gain a premium advantage yet still be affordable should it have to be used in the event of a claim. Add on coverage like rental and towing may be covered under a credit card benefit or through an association such as AAA. Therefore, take the time to

ensure that coverage is not overlapped.

Recently, many homeowner insurers took away "guaranteed replacement" provisions in their policies. This term would allow the insured to have his home replaced regardless of the insurance coverage limit. For example, if a home was insured for \$300,000, and it actually took \$500,000 to rebuild the home after a fire, the full \$500,000 would be covered. As a result of the removal of the guaranteed replacement provision, it is now more important than ever to make sure your home is covered within at least 80% of the true cost to rebuild. It is important to note that the cost of replacing a home is rising each and every year due to increased costs in labor and natural resources.

Personal Umbrella

A personal umbrella policy will provide an extra layer of coverage over and beyond one's liability limit in an auto and homeowner policy. Auto liability limits typically cap out at \$1,000,000. An umbrella policy added to an insurance portfolio may extend coverage for another \$5,000,000 on top of the underlying auto liability limit. All dentists should have a personal umbrella policy near or above their net worth. The potential benefits greatly outweigh the small cost for this type of coverage. ▀



Legal Bite

“Objection – Speculation”

By Frank R. Recker, DDS, JD

Editor’s Note: Each issue of the AAID News will include a “Legal Bite” article written by Frank Recker, DDS, JD, who is legal counsel for the Academy. Dr. Recker will share his suggestions for dealing with every-day experiences that might lead to legal issues for dentists. Dr. Recker can be reached at: 800.224.3529 or by e-mail at recker@ddslaw.com.

When I first began the practice of dentistry many years ago, I was struck by the amount of substandard work (at least by dental school standards) that I encountered in my new practice of general dentistry. I always struggled with how to tell a patient what I saw and risk angering them, either because I was inferentially casting a negative light on their former dentist, or potentially causing them emotional or economic distress as a result of my diagnosis. All I wanted to do was to tell the patient what I saw in their mouths, and my recommendations for bringing their oral conditions to a state of health. And if that required my recommending that a crown or endodontic treatment needed to be redone, so be it. It also often involved a diagnosis of periodontal disease and a referral to a periodontist, neither of which, according to the patient, they had ever been told before!

Since we all are capable of performing dental treatment

which is less than exemplary as a result of unforeseen patient conditions, patient demands, oral habits, lack of patient cooperation, or simply patient inability to fully cooperate during a procedure, we need to recognize that less than ideal dental treatment is rendered by excellent dentists, almost everyday. And patients often

say that, without such first-hand knowledge, we need to limit our comments to patients about “what happened” in the past or “how it happened,” to simply stating what we see and recommend, and why.

Of course all dentists have an obligation to provide every patient an accurate diagnosis and pro-

lating as to how or why dental treatment outcomes are less than ideal, or below the standard of care, unless we have first-hand knowledge of the situation. And unless we stood over the previous dentist at every appointment for that patient, we can’t have such knowledge.

How a patient chooses to react or respond to your truthful revelations cannot be controlled by you — the subsequent dentist — nor should the subsequent dentist go overboard in “directing” the patient to a state board or a malpractice attorney. Indeed, often the manner in which the information is presented to the patient can minimize a patient’s negative reaction or desire to seek redress against a previous dentist through some formal process. If the patient is truly upset and insists on seeking some remedy, I would suggest limiting any suggestions to a referral to the local peer review process through the local dental society. At least that option is non-punitive, and

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“... all dentists have an obligation to provide every patient an accurate diagnosis and proposed treatment plan, with optional treatment plans when appropriate.”

feign surprise when they are advised to seek a consultation with a specialist, when in fact they have been told the same thing countless times by previous dentists. And unless we were physically present when that previous treatment was rendered or advice given, we really don’t know anything about patient demands, cooperation, compromising behavior, or even if the dentist intended to redo the work in question. Suffice it to

posed treatment plan, with optional treatment plans when appropriate. But that obligation does not require us to point fingers at another practitioner, nor to speculate on how or why the previous dental treatment looks the way it does or why it wasn’t rendered at all. In the practice of law, “speculation” is a dreaded word that is usually not permitted in the court room setting. Similarly, we should refrain from specu-

Industry News

Editor's Note: In order to bring AAID members the latest information about the trends in the profession, AAID News now provides an expanded Industry News Section.

Zimmer Dental Inc.



Zimmer Dental Inc. introduces the 4.1mm diameter *Tapered Screw-Vent®* Implant. This new offering provides a solution in clinical cases where sufficient bone exists to

accommodate an implant wider than 3.7mm, but narrower than 4.7mm.

The 4.1mm *Tapered Screw-Vent* Implant brings increased flexibility and added choice for implant placement, allows clinicians to use the maximum bone available for optimal results, and conveniently utilizes the same prosthetics as the 3.7mm design — thus eliminating the need for additional inventory.

The 4.1mm *Tapered Screw-Vent* Implant incorporates all of the features and benefits of Zimmer Dental's renowned *Tapered Screw-Vent* Implant System: proprietary friction-fit internal hex connection, triple-lead threads, both *MTX™* and *MP-1®* HA surfaces, and a tapered implant body. The versatile *Tapered Screw-Vent* Implant is now

available in 3.7mm, 4.1mm, 4.7mm, and 6.0mm sizes.

For more information, call (800) 854-7019 (outside the U.S. (760) 929-4300) or visit www.zimmerdental.com.

CareCredit



CareCredit, continued its support as Founding Donor of the GIVE KIDS A SMILE fund with a \$100,000 donation made at the recent GIVE KIDS A SMILE Advisory Board meeting. CareCredit's contribution supports the GIVE KIDS A SMILE fund, an initiative that stems from the increasing success of the annual GIVE KIDS A SMILE one-day event. The fund was established to provide grants to help dental practices and clinics expand access to care for children from low-income families. For more information on CareCredit and its patient payment programs, call (800) 300-3046 ext. 4519 or visit www.carecredit.com.

Materialise Dental

Materialise Dental has added Jennifer Bettencourt

as the company's Western Regional Account Manager, who is based in San Diego, California. If you are interested in learning more about the Simplant Platform of products and services, training sessions, or you would like a personal demonstration of the Simplant in the convenience of your office, please feel free to call Jennifer Bettencourt at (530) 318-4310 or e-mail her at jennifer.bettencourt@materialise.com.

BIOMET 3i

BIOMET 3i has developed the Navigator System — Instrumentation for CT Guided Surgery — in response to clinicians' growing interest in dental implant placement utilizing the benefits of Computed Tomography (CT). The Navigator System offers compatibility with most existing CT planning software, eliminating the need to purchase dedicated software or to switch from current software. Clinicians have the option to perform a variety of cases including single unit, partial and fully edentulous cases. Surgical flexibility allows clinicians to perform bone, tissue and tooth-supported cases and clinicians may choose from

a variety of restorative options. For more information, call (800) 443-8166 or (561) 776-6700 or visit www.biomet3i.com

BioHorizons announces the relocation of their office. The new address is: BioHorizons Implant Systems, Inc. 2300 Riverchase Center Birmingham, AL 35244

The phone and fax remain the same at (205) 967-7880 and (205) 870-0304 respectively. The firm's Web site is www.biohorizons.com.

CareCredit

CareCredit, is offering a free educational audio CD, "Effective Marketing Techniques," featuring educator and practicing dentist, Dr. Steven Rasner. In this audio program, Dr. Rasner discusses the importance of creating visibility in the community in order to attract new patients, which in turn helps the practice grow. He also shares his insight on how to use internal marketing and generate positive word-of-mouth referrals for long-term success. For more information or to request a free copy of Dr. Rasner's new audio CD, call CareCredit at (800) 300-3046 ext. 4519 (if

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Upcoming key AAID dates

MAY

- 9** Deadline to apply for AAID June 8 Associate Fellow Written Exam
- 30** Deadline to register for June 27-28 AAID Bone Grafting Course

JUNE

- 8** AAID Associate Fellow Written Exam — New York, NY
- 19-21** AAID Southern District Meeting — Atlanta, GA
- 27-28** AAID Bone Grafting Course — Dayton, OH

AUGUST

- 4-8** AAID Associate Fellow Written Exam — Pearson Vue Testing Centers

- 8** Deadline to apply for AAID December 8-12 Associate Fellow Written Exam

SEPTEMBER

- 12-13** AAID Central District Meeting — Toronto, Ontario, Canada
- 15** Early Bird Deadline for AAID 57th Annual Meeting

OCTOBER

- 3** Deadline to apply for AAID November 2 Associate Fellow Written Exam
- 3-4** AAID Microsurgery Course — Chicago
- 29-Nov. 2** AAID 57th Annual Meeting — San Diego, CA

NOVEMBER

- 2** AAID Associate Fellow Written Exam — San Diego, CA
- 5** Deadline to apply for AAID December 5 Associate Fellow Written Exam
- 12** Deadline to apply for AAID December 12 Associate Fellow Written Exam

DECEMBER

- 5** AAID Associate Fellow Written Exam — Atlanta, GA
- 8-12** AAID Associate Fellow Written Exam — Pearson Vue Testing Centers
- 12** AAID Associate Fellow Written Exam — Loma Linda University

District Meetings to be held in 2008

The Southern District Meeting

June 18 – 21, 2008 • Sheraton Hotel Downtown in Atlanta, Georgia.

The theme of the meeting is "Implant Connections" and includes the following featured speakers and topics:

Walter Chitwood, DDS – "Connect with Surgical Asepsis"

Stuart Orton- Jones – "Connect with Implant Site Development"

Angie Skinner and Penny Limoli – "Connect with Staff & Patients"

A special hotel room rate of **\$189** single/double has been set aside for the AAID Southern District Meeting.

Contact the Sheraton directly at 888.625.5144 or

online at www.sheratonatlantahotel.com to make your reservations.

The Central District Meeting

September 12 – 13, 2008

Toronto, Ontario, Canada

Check the AAID Web site at www.aid.com for more information about both of these outstanding programs.

President's Message

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its goal of a \$1 million endowment, we believe that the AAID can increase its support of research that will ultimately help implantologists better treat their patients. Although information compiled by the Prosthodontic Forum Organization shows that the AAID ranks first among the 15 member organization that reported giving research grants for 2008 in terms of the amount of grant money to be awarded, we believe that the Foundation can help us achieve this portion of our Mission statement. One way will be for the Research Foundation to conduct its own strategic planning session to deliberate how best to use the endowment proceeds to improve our standing within Academia.

So, the new Mission Statement of the Academy is: *To advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for implant dentistry for the benefit of mankind.*

Although we embrace and welcome specialists that want to join the AAID, our organization is primarily composed of general practitioners that are seeking an education in implant dentistry and will continue to be as such. One

of the strategies that came from that Board meeting was to build relations with allied associations, such as American Academy of Cosmetic Dentistry and the Academy of General Dentistry.

We began that strategy when President-Elect Dr. Dunn and I met with the Academy of General Dentistry leadership in late February. In a very collegial environment we recognized our common goals, and officially established a partnership between both academies. Our education committee will aid in the development of special courses for their membership that will encourage new members for our Academy. We also have received an application to initiate another MaxiCourse®, sponsored by the Oregon chapter of the AGD. In addition, it is quite possible that the AGD will become true partners in our legal efforts to recognize our credentials as well as theirs across the country.

During our strategic planning, we recognized the impressive financial accomplishments of our organization over the past decade. With over \$4 million in net assets, we are currently in the best financial position of our entire history. In addition, the Research Foundation Endowment surpassed its \$1 million goal.

I am proud to report that the American Academy of Implant Dentistry 56th

Annual Meeting held in Las Vegas, Nevada on November 7-11, 2007 set an attendance and meeting revenue record with over 2,000 total attendees.

Our next annual meeting will be held in sunny San Diego, California on Oct 29th – Nov 2nd, 2008. The meeting theme “*Beyond Boundaries*” reflects the educational content and speakers within the program and will be an unforgettable educational experience in a great city with arguably the best climate in this country. This will be one meeting not to miss.

As always, your Board of Trustees is working diligently to meet the expectations of our membership. We aspire to meet and exceed the goals that were established during our strategic planning meeting. We will continue defending our right to advertise our credentials as we continue to improve our educational programs including our national and district meetings. We hope to enter into collaborative agreements with like minded organizations that share our interests, such as with the AGD, in order to expand our influence. Our ultimate goal is to be known as the leading membership organization in implant dentistry, here in the United States as well as abroad. As your President this year, I am proud to be a part of this vision and hope to see you all in San Diego! ▀

Canadian Dentist Wins Annual Meeting Registration



Greg Konotopetz, DMD, a general member from Regina, Saskatchewan, Canada, has won a free registration for the Academy's 57th Annual Meeting that will be held in San Diego, October 29 - November 2, 2008. He won the registration in the drawing that included the 1,356 members who paid their 2008 dues by December 31, 2007.

Dr. Konotopetz joined the Academy in 2006 and attended last year's annual meeting in Las Vegas. ▀

Don't forget
to visit
www.aaid.com
for the latest
news and
updates.

The AAID Districts Stepped up Support of the AAID Research Foundation

The AAID Southern and Western Districts each contributed \$25,000 to the Research Foundation in 2007. The Research Foundation also received tremendous support from the Central and Northeast Districts in making the 2007 Raffle Program the most successful fundraising event in the history of the Foundation's

history. The Foundation's Board of Directors extends its profound appreciation to all District Officers and their members for their support. Picture below is the AAID Western District Officers presenting a \$25,000 check to the Research Foundation's Chairman, M. James Fagan, III and CFO, Afshin Alavi. ▀



Pictured left to right: William Liang, DMD, Secretary; Afshin Alavi, M. James Fagan, III, DDS; Jay Elliott, DDS, President; Duane Starr, DMD, President-elect; Phillip Kroll, DDS, Treasurer and Steven Holbrook, DMD, Vice President.

Industry News

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new to CareCredit) or (800) 859-9975 (if already enrolled) or visit www.carecredit.com.

Park Dental Research Corporation



Park Dental Research Corporation — The Implant Center, introduces a new product called Clarity!™, a clear impression material for prosthetic dentistry. Clarity!™ — with a transparent tray — allows the clinician to clearly see the position of the transfer copings and abutments. Clarity!™ can also be used for conventional crown and bridgework with a light body wash. For more information

contact Park Dental Research Corporation at (800) 243-7372 or visit www.ParkDentalResearch.com.

Tel-A-Patient, Inc.

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Clinical Bite

continued from page 3

problem is the process relies on the honor system.

"If they say they are using 510(k) materials, we're going to assume they are unless we find out otherwise or they've lied to us before," said Bryan Benesch, special assistant to the director, FDA compliance, in an interview with *ADA News*. According to NADL, the FDA inspects less than one percent of restorations from foreign dental labs.

As professional organizations and regulators continue to evaluate options for ensuring the safety of foreign-made dental devices, dentists are advised to take responsibility to diligently monitor where dental labs get production materials.

"There's nothing preventing a dentist from asking their contracted dental laboratory to give them something that certi-

fies that the lab is giving them the materials they say they are," said Benesch. The emphasis, therefore, should be on maintaining strong rapport with the dental lab.

Meanwhile, patients are asking questions in the chair they never thought would be necessary. Experts advise anyone concerned about possible lead contamination from foreign-made crowns or other products to get a blood test. If there is no elevation, don't worry. And if there is, have the prosthetic removed. The half-life of lead in the body is 60 to 90 days, so removal of a contaminated crown should reduce lead levels significantly.

Perhaps summing up the sentiments of many patients regarding the Ohio story, one New York resident told a TV interviewer: "I've had this in my mouth for 15 years. I hate to think about it, but I guess at this point in time there's not much I can do." ▀

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Interview

New AAID Executive Director: Sharon Bennett

Interviewed by Editor of AAID News, David Hochberg, DDS

Hochberg: Sharon, I'm sure you have hit the ground running, so what is your initial impression of the AAID?

Bennett: The leaders and members of AAID are a very committed group. They commit their ideas, their experience and expertise and, most importantly, their passion for the organization. Passion is an elusive thing among professional societies. It's not something that can be taught in a training session for leaders. It's just in the nature of the organization. And...it's a wonderful thing.

Hochberg: What are some of the goals you have in mind for the Academy in the near future?

Bennett: We're already working on one of my first goals...to review the AAID strategic plan and update it to move forward. The results of our planning session have been shared with the appropriate committees and staff to begin to put action to the ideas. My next goal is to work to develop appropriate systems, processes and procedures to support AAID as it incorporates those

strategic plans and continues to grow in numbers and importance. As an organization, AAID has a strong leadership and membership base and solid grounding in finances and services. So we have a wonderful foundation to build on.

Hochberg: What did you do before coming to AAID?

Bennett: I've worked in association management for nearly my entire career. The majority of that was spent working with association management companies. AMC's are companies that provide administrative and executive services for professional or trade associations in a cost-sharing arrangement. While with an AMC, I was Executive Director of American Academy of Esthetic Dentistry.

My background with AMC's has given me a wealth of experience in dealing with a wide variety of professions. I worked with associations of bankers, entrepreneurs, professional meeting planners, direct marketers, engineers, tile roof manufacturers, public facility managers...just to give you a sense of the variety of organizations.

I've spent the last 4 years as an independent consultant working with

associations. I was a "professional interim" which means that I would fill-in when there were staff vacancies. In that role I worked with a number of organizations in the health care field including the American Society of Plastic Surgeons where I was the "Interim" Director of Meetings for two of their annual conferences. I also worked with the Academy of General Dentistry and the AGD Foundation.

Hochberg: What do you see as the biggest issues facing AAID over the next five years?

Bennett: I think that competition from specialties, dental organizations and from the industry itself as providers of service, education and/or credentialing is a sizable issue. Within that framework, it's important for AAID to position itself as the source for implant education and credentialing.

Hochberg: And what about you? Tell us something about yourself.

Bennett: I'm a native of a small town in East Central Illinois. So small, in fact, that we don't really have a village idiot...so we take turns (which is a quote

from my father). I have a Masters degree in English literature from Northern Illinois University. As an undergraduate, I minored in music and participated in marching band, and several vocal groups.

For fun, I like to travel — my favorite site was Egypt since I am a bit of an "archeological-phile." But I also really enjoy car trips to scenic and historic places in the US. I'm a real history buff and have gotten "into" touring Civil War battle sites like Antietam and Gettysburg. I enjoy Chicago's great theater and symphony, especially Chicago's Shakespeare Theater. I still love music and play the piano. My favorite pieces to play include the old stuff (Gershwin, Kern, Porter) and ragtime. I'm an avid, and sometimes even good, tennis player. I can do the New York Times Crossword puzzle through Thursday and sometimes even Friday...which for NYT puzzle aficionados is quite an accomplishment.

Hochberg: Sharon, on behalf of the AAID, I want to wish you the very best. I am sure you will provide the leadership we need to help insure our continued success. I know we are in good hands. Thank you. ▀

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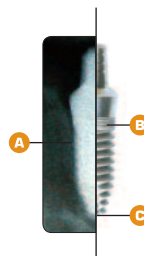
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Academy News

Board of Trustees approves new Vision and Mission for Academy

The Board of Trustees met in early February in Phoenix and adopted a new vision statement and mission for the Academy. They are as follows:

- Vision: "To be the leading membership organization in implant dentistry."
- Mission: "To advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for implant dentistry for the benefit of mankind."
- For more information about the thinking behind the adoption of these new statements that will guide the Academy for the fore-

seeable future, see the Dr. Jaime Lozada's President's Page on page 2 of this issue of AAID News.

Among the other actions taken, the Board:

- Approved the Life Membership application of Dr. Louis Sandor
- Encouraged all Districts use the Central Office to handle their bookkeeping

AAID National Officer Nomination

The Nominating Committee is currently accepting nominations for the office of AAID Secretary. A complete list of eligibility requirements can be found in the AAID Bylaws.

Please forward names for nomination by May 1, 2008 for review by the entire Nominating Committee to **Dr. Frank LaMar** at flamar@rochester.rr.com.

Isaiah Lew Memorial Research Award Nominations Being Accepted

The AAID Research Foundation is now accepting nominations for the Isaiah Lew Memorial Research Award. It is presented by the AAID Research Foundation to an individual who has contributed significantly to research in implant dentistry.

Dr. Lew was an implant pioneer. He was a founding

member of the AAID and served as its president and the editor of the *Journal of Oral Implantology*. This award is given every year to perpetuate Dr. Isaiah Lew's spirit and enthusiasm for implant dentistry.

Please fax or e-mail by June 30, 2008 your nominations describing the reasons why this nominee should be awarded, to Afshin Alavi, CFO, (312) 335-9090 or Afshin@aaid.com.

Education Committee

The Education Committee, chaired by **John DaSilva, DMD, MPH, ScM**, met in the Headquarters Office February 23. Also serving on the committee are **James Fennell, DDS;** **Francis Jones, DDS;**

Emile Martin, DDS; **Stephen Swallow, DDS,** and **Greggory Tharp.**

Bone Grafting Course:

This year, the Bone Grafting Course is being presented twice. The first course, which was held at Touro University Nevada January 24 - 25, was very successful with a registration of 32 dentists and seven allied dental staff. The course will be presented again at Wright State University, Dayton, Ohio, on June 27-28. Plans are underway to present the course at these two locations again in 2009. Watch upcoming Academy publications for details.

James L. Rutkowski, DMD, Clarion, PA, is the course director. The lecturing



Vincent C. Mayher, Jr., DMD and Jaime Lozada, DDS, presidents of AGD and AAID shake hands after a very productive meeting between the two organizations.



Lee Silverstein, DDS, MS discussed a procedure with AnnaLee Kruyer, DDS, (right) and two members of her staff during the Bone Grafting Course held at Touro University.

faculty also includes **Craig D. Cooper, DDS**, Indianapolis, IN; **James Fennell, DDS**, Norwood, OH and **Lee H. Silverstein, DDS, MS**, Atlanta, GA. Assisting with laboratory instructions were **Daniel Camm, DDS**, Brunswick, OH, **Joseph Bedich, DDS**, Cortland, OH and **Brian Jackson, DDS**, Utica, NY This year's course sponsors are BioHorizons Implant Systems, Curasan, Inc. Impladent, Inc., Innova/Oraltronics/SDS, Salvin Dental Specialties, Inc. and Zimmer Dental, Inc.



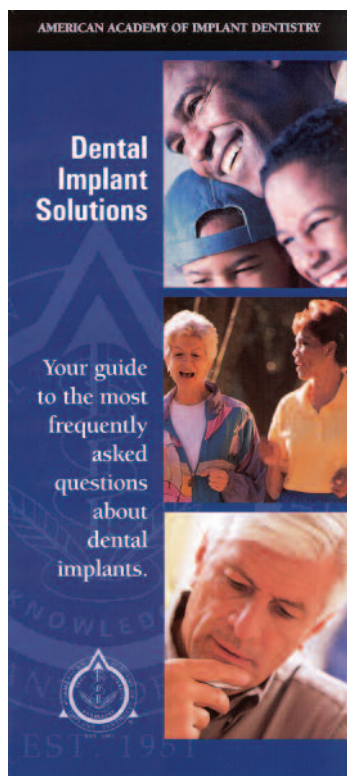
Participatory laboratory sessions like the one pictured above during the Bone Grafting Course at Touro University received high ratings from the participants.

MaxiCourse® Matters: During the meeting, the committee approved minor revisions in the Guidelines

for MaxiCourses®, approved the Korea Dental Institute MaxiCourses®, delayed action on two MaxiCourses®

until additional information is received, approved development of a template for a certificate of completion for use by all AAID co-sponsored MaxiCourses® and reviewed reports of the first annual survey of the four MaxiCourses® that the Academy sponsored in 2007.

Recognition as a Sponsor of Continuing Dental Education: The Academy has applied for renewal of its recognition as a continuing dental education provider by the **see Academy News p. 20**



The Academy has a very informative and easy-to-understand patient education brochure available for your patients. To order this brochure, send an e-mail to info@aaid-implant.org or use this order form and fax or mail it with payment information. Fax: 312-335-9090

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Admissions and Credentials Board

2008 Candidates for Credentialed Membership

When the Admissions and Credentials Board holds its 2008 annual meeting and examinations in Chicago, April 24 - 27, it will consider 73 applicants for credentialed membership. Fifty-nine have applied for Associate Fellowship and 14 for Fellowship.

This year's candidates for Associate Fellowship are:

Aladdin Al-Ardah, BDS, Loma Linda, CA
 Ramsey A. Amin, DDS, Burbank, CA
 Saad Bassas, DDS, Sartell, MN
 Shaileshkumar M. Bhatt, DDS, West Covina, CA
 Curtis A. Brookover, DDS, Los Alamos, NM
 Adrian Buca, DDS, Oakhurst, CA
 Sergio Cacciacane, Barcelona, Spain
 Jeffrey A. Cauley, DDS, Waycross, GA
 Jaesik Choi, DDS, Seoul, South Korea
 Ward W. Clemmons, DDS, Fort Smith, AR
 Jonathan H. Cohen, DDS, Coral Springs, FL
 John A. Collier, DDS, Oxford, MS
 Val A. Daniyar, DMD, Naples, FL
 Rich H. Ferguson, DMD, Pembroke Pines, FL
 Lee Fitzgerald, DDS, Plano, TX
 Kiran Kumar Gadamsetty, BDS, Hyderabad, AP, India
 Mark Glovis, DDS, Wyandotte, MI
 Robert Goldtrap, DDS, Fort Smith, AR
 Anastasios Y. Hadjistephanou, DMD, Athienou, Cyprus
 Sean R. Hair, DMD, Charlotte, NC

Arthur F. Hannigan, DMD, Orleans, MA
 Babak Heidati, DDS, MPH, Orange, CA
 Juan Hernandez, DMD, Brooklyn, NY
 Vu Quoc Huynh, DMD, Fullerton, CA
 Rajbala Arvind Jaju, BDS, Abu Dhabi, United Arab Emirates
 JiWook Jeong, DDS, Yeongdeungpo-gu, Seoul, South Korea
 Joseph Kan, Loma Linda, CA
 Chandra KaLe, BDS, DDS, Brooklyn, NY
 Parimal J. Kansagra, BDS, MDS, Diamond Bar, CA
 Unmesh V. Karmarkar, BDS, Pune, MH, India
 Joseph G. Lasko, DDS, Toronto, ON, Canada
 Savio D.S.A. Laurencio, BDS, Margao, GA, India
 Keith Lawson, DDS, Calgary, AB, Canada
 Yunjong Lee, Cheonan-st, DDS, MSD, PhD, Chungcheongnamdo, South Korea
 Samuel Soonho Lee, DDS, Buena Park, CA
 Ronald S. Lessem, DDS, San Diego, CA
 Francisco Leyva, DDS, Loma Linda, CA
 Justin D. Moody, DDS, Crawford, NE
 John Moushati, DMD, Fort Lauderdale, FL
 Kiran K. Nagubani, MDS, Khammam, AP, India
 Chandra Nakka, Hyderabad, AP, India
 Emil Nasimov, DDS, Brooklyn, NY
 George T. Pamborides, DMD, Nicosia, Cyprus
 Aeklavya Panjali, DDS, Watertown, NY
 Eleni C. Paritelidou, DDS, Strovolos, Cyprus



The Admissions and Credentials Board's Test Construction Committee poses during its recent meeting: Front row left to right: Lidia Martinez, manager Test Development & Analysis, Measurement Research Associates; Natalie Wong, DDS; Emile Martin, DDS, chairman. Second row left to right: Joyce Sigmon, AAID staff; Arthur Molzan, DDS; Dennis Flanagan, DDS; Kevin O'Grady, DDS and John DaSilva, DMD, MPH, ScM.

Nicholas Papadopoulos, DDS, Nicosia, Cyprus
 Robert A. Pate, DMD, Athens, GA
 Manuel Romo, DDS, Guadalajara, Jalisco, Mexico
 Dominique D. Rousson, DMD, West Newton MA
 Wesam Salha, DDS, Loma Linda, CA
 Craig A. Schlie, DDS, Redding, CA
 Roberto Sosa, DDS, Miami, FL
 Thomas J. Teich, DDS, Santa Ana, CA
 Jun Toshina, DDS, Osaka, Japan
 John Tran, DDS, Redlands, CA
 Hirotaica, Tusuda, DDS, Loma Linda, CA
 John Willardsen, DDS, Redlands, CA
 Wonhi Woo, DDS, Dongnae-gu, Busan, South Korea
 Inwoo Yi, DDS, Los Angeles, CA
 Daniel J. Zeppelin, DDS, Aurora, CO

Candidates for Fellowship are:

Christian Edgar Davila, DDS, MS, Tampa FL
 David Hanswirth, DMD, White Plains, NY
 Francis R. Jones, DDS, Santa Monica, CA
 Edward R. Hughes, DDS, Sterling, VA
 Constantin Izvananu, DDS, Skokie, IL
 Jason Kim, DDS, Flushing, NY
 Jeffrey Meister, DDS, Munster, IN
 Mohammad Moini, DMD, MPH, Springfield, MA
 Oliva C. Palmer, DMD, Charleston, SC
 Sanford Schwartz, DDS, Brandon, FL
 James D. Spivey, DDS, MS, Portsmouth, NH
 Steven Sudbrink, DMD, Ephrata, PA
 Robert Thein, DDS, La Crescenta, CA
 Anthony Wong, DMD, Delta, BC, Canada

Editor's Notebook

continued from page 1

the Board of Trustees. Sharon Bennett, the Academy's new Executive Director facilitated the session.

"It is not typical for the executive director to facilitate a strategic planning session, but as AAID's brand-new Executive Director, I was in the unique position of being an insider of the association but with little more than an outsider's level of knowledge about the group," Sharon explained.

She went on to point out that strategic planning is more than an event. "Our goal is to create a strategic organization and that means we want to make strategic thinking a part of the culture – from the Board of Trustees to the committee to the staff," she went on to say.

The group that met in February accomplished a great deal including crafting new vision and mission statements for the AAID, identifying four goals and determining several strategies to meet those goals. "Our work is not only just starting, but it will be ongoing," Sharon stressed. "The strategic plan will form the framework for all of the Academy's undertakings going forward and will drive the work of

committees, task forces, the Board and staff."

I for one am excited about AAID's new strategy to become strategic. See page 12 for my interview with Sharon

about the future of AAID and be certain to read Dr. Jaime Lozada's president's message on page 2 for more incite into the new vision and mission statement for AAID. ▶

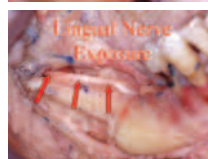
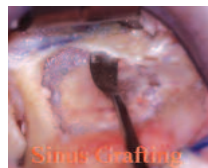
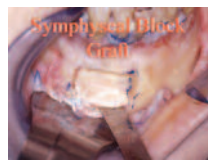
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Membership

NEW MEMBERS

The AAID is pleased to welcome the following new members to the Academy. If you joined the Academy recently and your name does not appear, it will be listed in the next newsletter. We have changed the way we are presenting the names of new members. The list is organized by state and then alphabetically by last name of the new member. We have also included the city where the member has his or her office. Contact your new colleagues and welcome them to the Academy.

ARIZONA

John Francis, DDS,MS
Peoria
Russell Roberge, DDS
Phoenix

CALIFORNIA

Giorgi Kuchukhidze,
Garden Grove
Harry T. Albert, DDS
La Canada

Van Truong, DDS

Livermore
Parampal S. Gill, DDS
Ripon
Hyoung Wook Roy Kim, DDS
Rowland Heights

Mohamad Saad Tarabishi,
DDS
San Diego
Preeti Sunil Chitgopekar,
DDS
San Ramon

Arnulfo Vazquez, DDS

San Ysidro
Vincent Le, DDS
Santa Ana
David H. Crane, DDS
Visalia

COLORADO

Patrick S. Foley, DDS
Denver

CONNECTICUT

Gina Sohn, DMD
Hartford

FLORIDA

Oscar Lopez, DMD
Miami Beach

GEORGIA

Gary R. Greenwald, DDS
Lilburn
Robert Steven Brooks, DDS
Peachtree City

HAWAII

Brian Dae-Yong Kim, DDS
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Zachary Sonkin, DDS
New York
Paul S. Mozer, DDS
Red Hook
Evan Edwards Oshry, DDS
Woodmere

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Boone
Kristin W Herring, DDS
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Tae Won An, DDS
Gangwon-do
Hung Cho Chun, DDS
Gonju-si,
Chungcheongnam-do
Seung Chan Han, DDS
Gyeonggi-do

Yong Do Kim, DDS
Gyeonggi-do

Se Hyun Kim, DDS
Gyeongsangnam-do

Hyoung Jin Kim, DDS
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Joongmin Kim, DDS
Jeonnam

Sung Tae Kim, DDS,MS,MS
Saedaemun-gu, Seoul

Joonyoung Herh, DDS
Seongnam-si Gyeonggi-do

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Min Hee Kim, DDS
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Dr. Charles R. DuFort, Prosthodontist, Vancouver, WA.

Academy News

continued from page 15

recognition by the ADA CERP and AGD PACE programs. Both agencies' recognition expire during the first half of 2008. In late December, the ADA CERP application for renewal of the Academy's recognition was submitted and the AGD PACE application was submitted in mid-February.

AAID Presentations at Other Dental Meetings:

The Academy is sponsoring speakers at two meetings this year. **Dr. Jaime Lozada** will be one of the keynote speakers at "The

Toronto Osseointegration Conference Revisited" that will be held May 8 - 10. The conference organizers claim that their 1982 meeting is viewed by many as "... the catalyst for the acceptance and introduction of modern implant dentistry in North America and globally."

Dr. David Vassos will present an AAID-sponsored four-hour lecture on the opening day of the Academy of General Dentistry's 2008 meeting, which will be held in Orlando, July 16 - 19. He will speak on the topic, "The 'WOW' Factor: Achieving the Spark and Sizzle Needed for a Successful Dental Implant Practice." ▀

Thank you to our generous donors from the AAID Research Foundation

A special thanks to the following generous donors for their contributions to the AAID Research Foundation between January 1 and December 31, 2007. We regret any omissions. If you believe your name should appear and does not, please contact the Chief Financial Officer, Afshin Alavi at the Headquarters Office. We encourage all members of AAID to contribute to the AAID Research Foundation.

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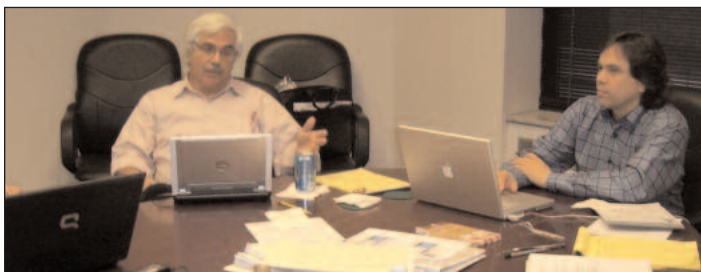
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Emile Martin, DDA and John DaSilva, DMD, MPS, ScM were immersed in the discussion during the Education Committee meeting held at AAID Headquarters.



Members of the AAID Annual Meeting Committee met at AAID Headquarters to map out plans for the next several annual meetings.

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see Academy News p. 22

Legal Bite

continued from page 6

if the patient and affected dentist sign a binding arbitration agreement, it will never lead to a malpractice suit.

I have spent the last 20+ years defending dentists in state board actions and malpractice matters. Such proceedings take a huge emotional and economic toll on virtually every dentist involved, and too often the situation could have been defused before adversarial proceedings began. Too often our colleagues, in an attempt to appear heroic or particularly astute, make comments or treatment rec-

“One adage which I believe to be true is ‘what goes round, comes round.’”

ommendations that are calculated to do more than inform the patient of their condition.

One adage which I believe to be true is “what goes round, comes round.” Keep that in mind when counseling your patients. Be truthful, be honest, but refrain from attempting to look better than those who have gone before, regardless of whether or not you actually are! ▀

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May 7, 2008 – Utica College

“Implant Prosthodontics: Fixed

Impression Techniques for Basic

and Complex Cases”

Speaker: Matthew R. Young, DDS

September 13, 2008 – Verona, NY

“Implant Surgical Session”

Speaker: Brian Jackson, DDS

September 17, 2008 – Utica College

“Occlusal Considerations for

Implant Supported Prosthesis –

The Key to Long Term Success”

Speakers: Brian Jackson, DDS,

David DeVito, DDS, Bruce

Steward, DDS

November 19, 2008 – “Treatment

Planning the Edentulous

Maxilla/Mandible with

Removable Overdentures”

Speaker: Brian Jackson, DDS

“Laser Welded Technology – Live

Demonstration”

Speaker: Paul Giovannone, CDT

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** This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar listing.*



Beyond Boundaries

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57th

aaid annual meetings san diego october 29-november 2, 2008





AAID 57th Annual Meeting

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The Manchester Grand Hyatt, San Diego, California

October 29 - November 2, 2008

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Requests for refunds must be made in writing and received by October 1 for a 100% refund; between October 1 and October 15 for a 50% refund. Due to advance commitments to the hotel, no refunds will be made after October 15.

57th Annual Meeting

Beyond Boundaries: Beauty, Function, Predictability

The AAID 57th Annual Meeting will have several interactive learning opportunities and will feature presenters from around the world. In addition, there will be a **live surgical broadcast** with the opportunity to ask questions of the surgeon. The Main Podium Presentations will focus on:

- New Trends, Techniques and Technology
- Breaking the Barriers in Implant Surgery
- Raising the Bar in Implant Prosthodontics
- Confronting the Challenging Issues of Innovation
- Think Beyond Boundaries

Fax your registration to 312-335-9090 or call 312-335-1550 if you have questions. Visit the AAID Annual Meeting Web site at www.aaid2008.com for more information about the annual meeting, to register for the meeting online or to make your hotel reservations online or call 800.233-1234 (use the AAID meeting code of G-DENT to receive the special AAID hotel rate at the spectacular Manchester Grand Hyatt.)

Schedule of Events

*As of March 7, 2008
Subject to Change – Check
www.aaid2008.com for
updates*

WED., OCTOBER 29

8:00 am – 5:30 pm
New Trends, Techniques
and Technology sponsored
lectures

THU., OCTOBER 30

**Main Podium
Presentations: Breaking
the Barriers in Implant
Surgery**

8:15 am – 9:15 am
Successful Immediate
Loading in Grafted Bone:
Craig Misch, DDS, MDS

9:15 am – 10:00 am
Radical Vertical Bone
Augmentation: *Istvan
Urban DMD, MD*

10:00 am – 11:00 am
Break

11:00 am – 12:00 am
Computer Guided Dental
Implant Therapy: *Lesley
David, DDS*

**New 2008: Laboratory
Technician Program**

8:00 am – 9:30 am
Ceramic Techniques For
Esthetics On Natural
Teeth And Implants:
Edward McLaren, DDS

10:30 am – 12:00 pm
Implant Frameworks:
Renzo Casellini, MDT

Allied Staff Program
8:00 am – 12:00 pm
How To Take Your
Implant Practice To The
Next Level: *David
Schwab, PhD*

**Main Podium
Presentation: Raising
the Bar in Implant
Prosthodontics**

1:30 pm – 2:30 pm
Cutting edge ceramics for
Natural Teeth and
Implants: *Edward
McLaren, DDS*

2:30 pm – 3:30 pm
Zirconium Oxide in
Implant Restorations:
*Alejandro James, DDS,
MDS*



3:30 pm – 4:30 pm
Break

4:30 pm – 5:30 pm
Computer Aided
Technology for Implant
Prosthodontics: *Scott D.
Ganz, DMD*

**Limited Attendance
Workshops**

1:30 pm – 5:30 pm
Computer Guided Surgery:
The New Millennium in
Surgical Techniques:
Michael Klein, DDS

Implants 101

1:30 pm – 5:30 pm
Basic Technologies for
Implant Dentistry, Oral
Surgery and
Prosthodontics: *Jaime
Lozada, DDS and
Natalie Wong, DDS*





FRI., OCTOBER 31

Main Podium

Presentations: Live Broadcast from Loma Linda University

8:00 am – 9:00 am
Sinus Graft with BMP2 Taped Sinus Membrane Repair: *Surgeon – Joe Kan, DDS, MS*

9:00 am – 10:00 am
Radical Vertical Bone Augmentation: *Surgeon – Istvan Urban DMD, MD*

RhBMP in Implant Dentistry: *Surgeon – Alan Herford, DDS, MD*

10:00 am – 11:00 am
Break

11:00 am – 12:00 pm
Surgical and Non-surgical Biotype Transformation During Immediate Implant Placement in the Esthetic Zone. Live Evaluation of One Year Outcomes .You be the judge. *Audience interactive through Audience Response Keypads*

Noon – 1:15 pm
Lunch and Learn Presentations

Main Podium Presentations: Confronting the Challenging Issues of Innovation
Note: Audience Response System in use during interactive periods throughout afternoon.

1:30 pm – 2:00 pm
Mini Implants – the Saving Grace or Fall from Grace: *Todd Shatkin, DDS*

2:00 pm – 2:30 pm
Justification for Ridge Modification to Accommodate Longer Implants: *Matteo Chiapasco, MD*

2:30 pm – 2:45 pm
Point – Counterpoint Panel Discussion: *Jaime Lozada, DDS – Moderator*

2:45 pm – 3:45 pm
Break

3:45 pm – 4:15 pm
Clinical Relevance of Platform Switching: *Jay Beagle, DDS, MSD*

4:15 pm – 4:45 pm
Natural Transgingival Emergence for Esthetic Implant Rehabilitations: *German Gallucci, Dr. Med. Dent., DMD*

4:45 pm – 5:00 pm
Point – Counterpoint Panel Discussion: *Dr. Jaime Lozada – Moderator*

5:00 pm – 5:30 pm
Conversation with the Experts. *Todd Shatkin, DDS; Matteo Chiapasco, MD; Dr. Jay Beagle, DDS, MSD and German Gallucci, Dr. Med. Dent., DMD; Moderator: Jaime Lozada, DDS*

Limited Attendance Workshops

1:30 pm – 5:30 pm
Computer Guided Implant Dentistry: *Dr. Brian Young, DDS, MS*

Allied Staff Program

1:30 pm – 5:30 pm
Ask Me About Implants: *Joy Millis, CSP*

SAT., NOVEMBER 1

Main Podium

Presentations: Thinking Beyond Boundaries

8:00 am – 8:20 am
Introduction to 2007 Table Clinic Winner: Can Dentists Feel How Much Torque They Are Exerting on Implant Components? *Bill Holden, BSc, DDS*

8:20 am – 9:00 am
Clinical and Histologic Evaluation of BMP-2 in Maxillary Sinus Grafts. *Alan Herford, DDS, MD*

9:00 am– 10:00 am
The Zygomatic Implant. A Graftless Solution for the Edentulous Patients: *Edmund Bedrossian, DDS, FACD, FACOMS*

10:00 am – 11:00 am
Break

11:00 – 12:00 noon
Extraordinary Orthodontic Movements Utilizing Implants: *Frank Celenza DDS*

Limited Attendance Workshops

8:00 am – 12:00 pm
Immediate Load Denture Conversion Technique: *Howard Chasolen, DMD*



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211 East Chicago
 Avenue, Suite 750
 Chicago, Illinois
 60611-2616
 312-335-1550
 877-335-AAID (2243)
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