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AAID News

JANUARY 2009

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY

Editor's Notebook

David G. Hochberg, DDS
 Editor, AAID News



The AAID just put on an exceptional scientific annual program. More than 1600 witnessed the benefits of cutting-edge technology, viewed live surgery and learned from the very best clinicians in their field.

All of this was made possible by the incredible leadership provided by our officers and the talented committed individuals in our Chicago Headquarters. They all worked tirelessly on our behalf, and we owe them our gratitude.

It is now time to look forward to the new year when we meet in New Orleans. So mark your calendars now for November 11 - 15, 2009. You will experience the most interactive scientific program ever offered by AAID. ▀

Clinical Bite

AAID Research Foundation funds study of treatment alternatives

One of the eight grants awarded recently by the AAID Research Foundation will compare patient satisfaction and complications with non-surgical root canal treatment with those of single tooth implant therapy.

One hundred patients

will be accrued prospectively over a year period. Fifty patients will have initial non-surgical root canal treatment, and the other fifty patients will have single-tooth implants. After receiving a definitive restoration, the patients will be evaluated clinically

at seven days, three, six and 12 months. The primary outcome will include patient satisfaction, deigned as having no physical or psychological discomfort, complications or esthetic concerns during or after both treatments during one year.

Mahmoud Torabinejad, DDS, MS, PhD, is the principal investigator for the team at Loma Linda University.

Turn to page 7 for a complete list of the eight grants totaling nearly \$60,000 awarded by the AAID Research Foundation for 2009. ▀



Dr. Jaime Lozada recognizes Dr. Norman Cranin's 38 years of service as the editor of the *Journal of Oral Implantology*.

"Haute" Doc

AAID members are more than just excellent dentists. Every member has a personal side that may surprise you. Find out more about this issue's "haute" doc on page 6.

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By the time you read this letter you should have received the "President's Update" for December and January. For those of you who were not able to attend our annual meeting in San Diego, what follows is my acceptance speech that I delivered during the 57th Annual Business Meeting of the Academy.

It is an honor and privilege to stand before you today as the 56th President of the American Academy of Implant Dentistry. I want to thank my colleagues in the Academy who have guided and supported me on my journey in implant dentistry. I would also like to thank the personnel in the Central Office who have helped prepare me for this responsibility as I ascended the officer's ladder.

I want to say a few words to our new credentialed members. Congratulations to each of you as you have become Associate Fellows and Fellows in our academy. Each of you has put the time and commitment to become better at what you do. I speak for all of us here

President's Message

By Beverly W. Dunn, DDS
President, American Academy of Implant Dentistry

today in saying how proud we are of you.

I remember vividly sitting where you are in 1993 in Dallas, Texas. I was awestruck by the officers that were seated before me. In those days the credentialing process time frame was different than what you went through. The candidates took the Associate Fellow written exam on Friday morning and then presented their cases to the Admissions and Credential examiners in the afternoon. The tests were graded and an envelope was slipped under your hotel room door that evening stating whether you had passed or failed the exam. It was nerve-racking waiting to know if you passed and were going to the business meeting on Saturday afternoon. I was so proud that I had become an Associate Fellow of the American Academy of Implant Dentistry, but the thought of becoming involved in the Academy never entered my mind.

In 1998 I was at the Northeast District Meeting in Cooperstown, NY. There was a small turnout, and I went to the caucus meeting. I did not know anyone personally. As the group sat around a coffee table in the lounge, they mentioned that they needed an officer.

They asked me to be the secretary of the District, and I reluctantly agreed. That was the beginning of my journey in the AAID.

I strongly urge each of you to support your District Meetings and get to know your colleagues. It will make your journey in implant dentistry so much more rewarding to you. I want you to think about becoming involved in the Academy. Our Academy has continued to evolve to what it is today because members have volunteered their time. It just takes a phone call to the Central Office.

The mission statement of our 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."

As I thought about all the areas that needed to be addressed in our strategic plan, the word "inclusion" kept entering my mind. How do we include our General membership in more Academy activities? Our General members make up approximately 80% of our membership. So here are some thoughts of things I would like to accomplish in my year as president:

1. At the officers' planning

meeting each September, have a staff appreciation luncheon. We have a fantastic dedicated staff that works well together and is willing to go the extra mile to help us reach our goals. We took the staff to lunch at the office
see President's Message p. 5

AAID NEWS

Editor

David G. Hochberg, DDS

Executive Director

Sharon Bennett

Director of Communications

Max G. Moses

AAIDNEWS is a quarterly publication of the American Academy of Implant Dentistry. Send all correspondence regarding the newsletter to AAID, 211 East Chicago Avenue, Suite 750, Chicago, IL 60611.

Please notify AAID and your postmaster of address changes noting old and new addresses and effective date. Allow 6-8 weeks for an address change.

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Innovative AAID Annual Meeting Gets Rave Reviews

More than 1,600 dentists, allied staff and exhibitors attended the recent American Academy of Implant Dentistry annual scientific conference, Oct. 29-Nov. 2 in San Diego, and participants hailed the meeting as an innovative and highly valuable opportunity for continuing education, product demonstrations and networking.

The scientific program showcased an international cast of 49 speakers from 10 countries and offered 24 hours of comprehensive continuing education credit. A new and unique feature of the 2008 meeting was a direct satellite connection on the big screen for plenary session instruction from live surgeries performed at nearby Loma Linda University School of Dentistry. Procedures shown were a sinus graft, a radical bone augmentation and surgery to correct mandibular continuity



Dr. Emile Martin leads a Lunch and Learn session.

defects, such as ridge deficiencies and maxillary clefts.

Two plenary sessions this year featured a point-counterpoint discussion format in which experts with contrasting views on controversial clinical issues engaged in lively debate, and the audience answered polling questions on the spot with remote control touch pads. One session covered the role of mini dental implants in clinical practice and focused on platform switching for treatment of crestal bone loss.

In the packed session on mini implants, the proponent speaker advocated wider use of the shorter, less costly procedure while the opposing point of view advocated a more conservative approach in adopting mini dental implants until several long-term outcomes studies are published. Concerns also were raised about whether general dentists who adopt mini



Dr. Joel Rosenlicht delivers a Main Podium Session.



Live surgery and interactivity were highlights of the Annual Meeting



The Implant World Expo was packed with dentists finding new products.

implants receive sufficient implant training.

AAID members who completed evaluation forms said the live surgery presentations and the point-counterpoint sessions are new dimensions that made the 2008 meeting the best they have attended. "It was very exciting to have live surgery at the main podium. Please include that again," said one respondent. Feedback from many others was equally favorable,

summed up by a general dentist who wrote: "I have attended other implant symposiums and have found the AAID to be the best. I liked the main podium presentations because they stretched my imagination and pointed me into some areas that I want to be learning more about."

AAID's scientific planning committee already is working on the 2009 meeting, which is Nov. 11-15 in New Orleans. ▀

President's Message

continued from page 3

- cers' planning meeting on October 6.
2. Have our caucus meetings open to all General members from each District. It will have a very positive effect for the District. Obviously the Credentialed members are the only ones who can vote.
 3. Discover the talents of our General members by adding them to committees, which in turn should encourage them to become Credential members.
 4. I hope to communicate to you frequently during the next year on what I am doing as president via email or fax.
 5. Carolina Hernandez has taken on the position of manager of membership services. Each year we lose approximately 10% of our members, but in the past we had gained 15% to 20%. Several of these members who do not renew their membership are international members. Carolina is going to work with the Membership and Global Committees to address this issue.
 6. As many of you know **Dr. Norman Cranin** has retired as editor of our Journal. Dr. Cranin devoted his time, energy and money for over 38 years to bring the Journal to where it is today. Our Academy is extremely grateful to Dr. Cranin for his years of unselfish love to this academy. Dr. Cranin is now Editor Emeritus of the Journal. **Dr. Jaime Lozada** is chairman of the search committee to find a new editor for the Journal. **Dr. James Rutkowski** has volunteered to be the interim editor. Jim will do a great job to make sure that there is a smooth transition between Dr. Cranin's retirement and the new editor.
 7. Sharon Bennett has suggested that as part of each February board meeting, a portion of time be given to re-evaluate and update the Academy's strategic plan. This will allow more time to implement the strategic plan during the year.
 8. The Academy's legal challenges in Florida and California should continue, but we need to know realistically how much more money we are going to have to spend to get these issues to the Supreme Court. We cannot continue to budget this expense as we have in the past. We have spent over a \$1.5 million to date.
 9. Dr. Lozada mentioned in his presidential speech last year about evaluating alternative formats for District Meetings. As part of this format, the meeting planners and the Central Office would work together to ensure both a financial and beneficial experience for all those who attend a district meeting. **Dr. James Bush** is the chairman of this project and it should be completed and presented to the Educational Committee.
 10. The Academy will continue its efforts in forming alliances with the Academy of General Dentistry, the American Academy of Cosmetic Dentistry and the Academy of Laser Dentistry.
 11. **Dr. Tom Chess** will chair an Honored Fellow Task Committee. This committee will work with our executive director to set a policy for Honored Fellow nominations.
 12. **Dr. Shankar Iyer** spoke to me earlier this year about the importance of archiving the memories of the members of our Academy who were the pioneers in implant dentistry. I had the privilege of spending considerable time with the academy's first president, **Dr. Norman Goldberg**, this summer doing an audio and video interview with him at his home. It was fascinating to see the models that he had kept of the design of his first subperiosteal implant. He is 89 years old, in good health and plays golf three times a week. Dr. Goldberg and his wife, Phyllis, have been mar-



Sokie Saechao (left) and Maria Devine along with a stiltwalker help tell members about AAID's 2009 Annual Meeting to be held in New Orleans, November 11 - 15, 2009.

ried 57 years. This archiving project will probably take a couple of years to complete. Once completed we will have it on our Web site, and the DVD's can be used at meetings.

I want to thank you for placing your trust in me to lead this Academy for the next year. Theodore Roosevelt once said that "Far and away the best prize that life offers is a chance to work hard at work worth doing." As the 56th President of the AAID, I will work hard at work worth doing. Thank you. I look forward to seeing you at the President's Reception.

It is going to be another exciting year in the AAID as I look forward to the continued growth and support of our members to make this Academy the leader in implant education. You can call or email me at Bevodunn@comcast.net with any questions or suggestions that you may have.

With kind regards,

“Haute” Doc

Dr. Tim Hacker: Watercolor Art Conveys Philosophy of Life

Tim Hacker, DDS, has practiced for 30 years and is a Diplomate of the American Board of Implantology and AAID Fellow, but he might be best known by his AAID peers for his extraordinary talent as an artist who creates beautiful watercolor paintings.

Dr. Hacker started with watercolors in high school and intended to become a full-time art student after graduation. “I also was very interested in the life sciences and, unfortunately, the art classes conflicted with biology and chemistry courses at Harding University in Arkansas. So I decided to major in general sciences and become a dentist,” he recalled.

After getting married and establishing his dental practice in Bartlett, Tenn. near Memphis, Dr. Hacker started a tradition in 1974 of making custom watercolor Christmas cards every year. His mailing list now has a whopping 2,500 names, and for many, Tim’s card is the most eagerly awaited greeting of the season. “Folks look forward to getting it every year and it’s a great way to maintain contacts,” he said.

In 1985, Dr. Hacker decided to devote more time to his creative passion and became active with his local art league and studied under master teachers. “I deeply valued the training, which more than ever convinced me that watercolor is fast and spontaneous and allows you to paint subjects that would be too laborious with oils. You can’t correct mistakes in watercolor as you can with oil by just thinning and painting over the spot. Watercolors can burst, bleed and run, and if you are skilled at watercolor you can paint anything,” he explained.

Today, Dr. Hacker completes about 20 paintings a year and often chooses subjects from his travels in the US and Europe. He takes lots of photos on trips and takes a sketch pad. Once he was inspired by a backcountry skiing guide in Steamboat Springs, Colo. “She was an exciting subject because she skis like her hair is on fire. I couldn’t resist doing the painting and gave it to her as way to say thanks for guiding us on the slopes.”

Dr. Hacker believes painting allows him to communicate and comment in



meaningful ways. “Most of us go through life and don’t experience things as deeply as we should because we don’t take time to look, slow down, and make a connection,” he said. Some other favorite subjects to paint are children, landscapes, lighthouses, equestrian sports, fishing, skiing and even an occasional patient.

“I enjoy bringing out the individual’s spirit in my paintings,” Tim states on his website’s homepage at www.artisttim.com. “Some of my paintings deal with family issues that are driven by the resilient strength of the human spirit, while my series of equestrian or western art themes celebrates the connection of horse and rider, and the drama of the rodeo. Horses are bold and beautiful, the arena is exciting,

and combining those elements takes us on a journey together that is filled with adventure and unexpected joy.”

One of Dr. Hacker’s current projects is a painting honoring his parents, a gift commemorating his father’s service award from Harding University where he served as a department chairman. “Dad was a preacher with doctorates in philosophy and religious education. He and my mother are 78 and starting to show their years. In the painting, I want to make them look strong and in control, as they were throughout their lives,” he said.

Every year, Dr. Hacker donates a painting for the AAID Foundation auction, and his work has become very popular with his colleagues who bid every year on the artwork. One year, **Dr. Larry Bush** asked Tim to paint a favorite lighthouse in Bar Harbor, Maine, as the subject for the artwork prize and Bush would bid for it. “I agreed to paint the lighthouse, but unfortunately for Larry, he didn’t expect that **Kim Gowey** would outbid him for it,” Hacker said.

see Haute Doc p. 20

2008 AAID Research Foundation Grants



James Rutkowski, DMD

Clarion University of Pennsylvania
"Effect of Growth Factors on Cell Proliferation and Differentiation with Radiographic Analysis of Tooth Extraction Socket Fill Utilizing Autogenous Growth Factors."
Amount of Grant: \$19,250

Li Ning, DDS, PhD

University of Rochester
"Porous Collagen-Nanohydroxyapatite Composites as Scaffolds for Stem Cell Based Skeletal Tissue Regeneration"
Amount of Grant: \$10,000

Wook-Jin Seong, DDS, MS, PhD

University of Minnesota
"The Effect of Surgical Guide Design and Surgeon's Experience on the Accuracy of Implant Placement."
Amount of Grant: \$10,000

Dr. Mahmoud Torabinejad

Loma Linda University
"The degree of Patient Satisfaction and Complications during and after Treatment with Non-Surgical Root Canal Treatment and Single Implant Therapy."
Amount of Grant: \$10,000

Student Research Projects

Dr. Kevin Baker

University of Colorado
"The Effect of Implant Design on Primary Stability."
Amount of Grant: \$2,500

Dr. Nichole Barkhordar

University of California
"Bioactive Glasses Enhance Osteoblast Matrix Formation and Mineralization."
Amount of Grant: \$2,500

Dr. Jonathan Korostoff

University of Pennsylvania
"Affect of Patient's Desire

for Dental Implants on Motivation for Cessation of Smoking."
Amount of Grant: \$2,500

Dr. Theofilos Koutouzis

University of Florida
"Comparative Soft and hard Tissue Responses to Titanium and Polymer Healing Abutments."
Amount of Grant: \$2500

2008 Research Foundation Auction Raises More than \$45,000

More than 35 individuals and corporations contributed products and services that generated more than \$45,000 for the AAID Research Foundation during its recently held auction at the 2008 AAID Annual Meeting. Thanks to the many bidders and contributors.

Donated Educational Courses

Kenneth Hebel, DDS
Alfred "Duke" Heller, DDS

Shankar Iyer, DDS

Robert Leigh, DDS

Jaime Lozada, DDS

John Minichetti, DDS

Michael Pikos, DDS

Josel Rosenlicht, DMD

David Vassos, DDS

American Academy Implant Dentistry

Donated Painting

Timothy Hacker, DDS

Donated Vacation Homes

Frank LaMar, DDS

David Resnick, DDS

Randall Rose, DDS

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Summary of Actions Taken by Board of Trustees

October 28 and November 2, 2008, San Diego, California

- Recognized **Dr. Norman Cranin's** long and successful tenure as Editor-in-Chief by naming him "Editor Emeritus" of the *Journal of Oral Implantology*.
- Appointed **Dr. James Rutkowski** as Interim Editor of the Journal and appointed **Dr. Jaime Lozada** to chair a Search Committee consisting of **Drs. Nick Caplanis, David Hochberg, Barry Barte, John DaSilva** and **James Fagan** to name a new editor.
- Established an International Meeting Committee to plan, promote and implement an international meeting as proposed by the Global Committee and approved by the Board of Trustees.
- Eliminated the requirement that newly credentialed members from the countries in South America, Central America, Eastern Europe, Africa, India and Lebanon must attend the Annual Meeting in order to complete their credentialing process.
- Elected **Dr. John Moushati** as an Associate Fellow.
- Created a student "informational" membership at no charge.
- Changed the name of the Annual Meeting **see Board of Trustees p. 29**

Research Foundation Elects New Officers and Board

John Minichetti, DMD, of Englewood, NJ, has been elected Chair of the AAID Research Foundation. The new Vice Chair is **Nicholas Caplanis, DMD, MS**, of Mission Viejo, CA. **Joseph Orrico, DDS**, of Elmwood Park, IL, will serve as Treasurer and **J. Thomas Chess, DDS**, of South Pasadena, CA, is the Secretary.

Members of the Board of Directors include:
Arthur Ashman, DDS
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James Bush, DDS
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2009 American Board of Oral Implantology/Implant Dentistry Board Members

Congratulations to the 2009 ABOI Board Members!

President
James L. Rutkowski, DMD
 Clarion, PA

Vice President
Barry K. Barte, DDS, MD
 Lubbock, TX

Secretary
Walter C. Chitwood, Jr., DDS
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Natalie Y. Wong, DDS
 Toronto, ON Canada
Louis Rigali, DDS, MS
 Holyoke, MA

The ABOI Board of direc-

tors is comprised of seven members, each of whom serves a rotating seven-year term. Congratulations to the 2009 ABOI Board.

The ABOI has a number of committees that ABOI Diplomates can serve on. If you are interested in any of the following committees, contact Kathleen Huttner, Executive Director of the ABOI, at khuttner@aboi.org.

- Continuing Education Committee
- Follow-Up Committee
- Joint Liaison Committee
- Part I Test Construction Committee
- Part II Test Construction Committee

Additionally, there are opportunities for Diplomates to help out at the ABOI booth during the AAID Annual Meeting. This is a great chance to converse with your colleagues about the benefits of becoming a Diplomate of the ABOI.



Legal Bite

Legal '911'

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.

Dentists are often uncertain as to their rights and responsibilities relative to communications from a patient's attorney or an unexpected visit from a representative of a state regulatory agency. These issues are extremely important and warrant more than fear or uncertainty. In short, remember the adage, 'When in doubt, don't.'

Communications from attorneys can occur when they are seeking patient records or other information related to patient treatment. The first question which must be answered is whether or not the attorney has the right to obtain the records, and looking to that answer, whether or not the person purportedly represented by the attorney has the authority to obtain, or authorize the release of, the records. The dentist should never hesitate to require a valid authorization to release records appropriately executed by the patient or patient's legal representative.

Domestic relations situations

In domestic relations matters, a dentist is frequently 'in the middle' relative to treatment decisions, payment responsibility, and with whom to discuss patient care related issues. There are situations where one parent may not want the other parent to be

tody of a child, but that the 'other' parent is responsible for payment, request a copy of an order from the court that provides who is authorized to make dental treatment decisions for the child and who is responsible for dental care expenses. Don't allow the dental office to take sides or be put in the middle.

treating dentist. While the patient may be understandably aggrieved by previous treatment or lack thereof, it does the current dentist little good to either intentionally, or inadvertently, become immersed in an adversarial proceeding.

Treatment recommendations vs. comments on standard of care

All dentists have a duty to fully and candidly report examination findings and treatment recommendations to the patient, regardless of what was previously done....or not done....by another dentist. But, you have no duty to 'connect the dots' relative to giving an opinion on the standard of care rendered by another dental practitioner.

Simply stated, it is one thing to recommend the replacement of a bridge that is only six months old, but quite another to state that 'but for' the previous practitioner's negligence, the bridge would not require replacement! One is an objective, truthful opinion, but does not constitute an opinion as to

see Legal Bite p. 29

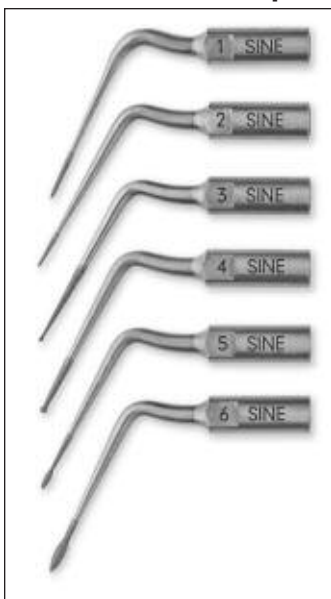
All dentists have a duty to fully and candidly report examination findings and treatment recommendations to the patient, regardless of what was previously done ... or not done ... by another dentist.

aware of a child's appointment or dental treatment. An office staff member can inadvertently put the office in a difficult position by divulging to the non-custodial parent information about the dental treatment needed or rendered, fees incurred or projected, or any information provided by the other parent related to employment, insurance or other personal matters. If both parents claim they have sole authority or cus-

On other occasions an attorney may call or otherwise communicate with the dentist in an attempt to 'clarify' treatment recommendations or examination findings on a particular patient. The patient may actually want to seek damages or a refund from a previous dentist and could have consulted with an attorney. The attorney, in turn, may want the current dentist to give a statement that is critical of a previous,

Industry News

DENTSPLY Tulsa Dental Specialties Introduces New ProUltra® SINE® Access Refinement Tips



DENTSPLY Tulsa Dental Specialties, a division of DENTSPLY International Inc. (Nasdaq: XRAY) introduced its new line of access refinement tips. ProUltra® SINE® offers clinicians twice the concentration of diamonds than the competition to achieve safe, fast and precise refinement during endodontic procedures.

Tulsa Dental Specialties' SINE tips were designed by Dr. Cliff Ruddle to handle multiple applications using six innovative contra-angled tip configurations and feature built in water ports allowing clinicians to use them wet or dry. The new SINE tips build on the

proven line of ProUltra® ultrasonic tips for both surgical and non-surgical indications.

SINE tips are designed to handle multiple applications including:

- Refining and finishing axial walls and line angles
- De-roofing peripheral dentin and flaring orifices
- Removing attached and detached pulp stones
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- Troughing for hidden orifices
- Eliminating internal triangles of dentin
- Cleaning the pulp chamber post treatment
- Eliminating the coronal most aspect of carrier-based obturators
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All of the SINE tips are 18mm in working length. They are: SINE 1 pointed tip; SINE 2 rounded tip; SINE 3 round ball (0.55 mm); SINE 4 round ball (0.75 mm); SINE 5 football-shaped (0.75 mm x 2.20 mm); and, SINE 6 football-shaped (1.10 x 3.20 mm).

SINE tips are available

individually, as a set (6 tips) and as a system which includes all six tips and the ProUltra® Piezo Booster and handpiece.

For more information or to place an order, call 1-800-662-1202 or visit www.tulsadental-specialties.com.

DentureMart Catalog Vol 2 #13



American Tooth Industries announces the publication of its latest issue of the DentureMart. This publication is now a quantity catalogue for Denture Laboratories, Full Service Laboratories, Denturist, and Doctor with in-house laboratory and clinic chains with laboratories or centralized main laboratories, making dentures. The DentureMart represents an essential purchasing tool for anyone making dentures, over-dentures and partials.

For a free copy of the

DentureMart, or for more information contact American Tooth Industries, 1200 Stellar Dr. Oxnard CA. 93033, 800-628-1437 or by e-mail at info@americantooth.com.

New Publication Targets Dental Implant Practice Team Members

BIOMET 3i now offers *Professional Development Pearls* for members of the implant dentistry team. Each issue highlights topics relevant to the busy implant practice.

"Hygiene And Maintenance of Implant Supported-Restorations" (ART1008 Rev A) addresses a step-by-step recare protocol for monitoring and maintaining dental implant-supported restorations. Written by Anita Daniels, RDH, the issue discusses professional monitoring, analysis of oral hygiene, professional debridement and polishing, periodontal probing and understanding radiographs.

"Taking the Surgical Practice to the Next Level" (ART1008 Rev B) by Laurie Elizabeth Sizemore discusses how an organized approach to managing the practice may improve patient scheduling, the management of emergency patients, productivity, patient flow and customer service. Importantly, Ms.



Sizemore's approach ultimately may make the time spent at work more enjoyable for the entire team.

"Making Planned Continuing Education Rewarding for Everyone in

Your Practice" (ART1083) by Linda Somers, MBA, explains the benefits of planned education with guidance on how to develop and implement a plan, team building, speaker and

venue selection and program marketing.

BIOMET *3i* also announces a new schedule of professional education opportunities available in the 2008-2009 Continuing Education Course Catalog. The catalog includes programs for periodontists, prosthodontists, oral and maxillofacial surgeons as well as general dentists, laboratory technicians and auxiliary personnel.

Included in the catalog are speaker biographies, a registration form and course descriptions for aux-

iliary and surgical programs, comprehensive treatment programs, university programs, academy meetings and global meetings of interest.

To request a copy of *Professional Development Pearls*, please call BIOMET *3i* Customer Service at 1-800-342-5454 and request any of the ART numbers shown above. For more information, call 1-800-443-8166 or 561-776-6700, or visit the company's Web site: www.biomet3i.com

see Industry News p. 19

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Upcoming Key AAID Dates

FEBRUARY 2009

- 1** Examination Deadline for April 30-May 3 Fellow Exam
Chicago, Illinois
- Examination Deadline for April 30 -May 3 Associate Fellow Oral/Case Exam
Chicago, Illinois
- 9-13** Associate Fellow Written Examination
Pearson Vue Testing Centers

APRIL 2009

- 30- May 3** Fellow and Associate Fellow Oral/Case Exam
Chicago, Illinois

MAY 2009

- 14** Examination Deadline for computer-based Associate Fellow Exam
Pearson Vue Testing Centers
- 28 - 30** The Exotic Side of Implant Dentistry - Acapulco, Mexico

JUNE 2009

- 7** Associate Fellow Written Examination
New York, New York
- 13** Associate Fellow Written Examination
Portland, Oregon
- 26-27** AAID Bone Grafting Course -
Dayton, Ohio

AUGUST 2009

- 7** Examination Deadline for computer-based Associate Fellow Exam on December 7 - 11, 2009
Pearson Vue Testing Centers

SEPTEMBER 2009

- 14-18** Associate Fellow Written Examination
Pearson Vue Testing Centers

OCTOBER 2009

- 16** Examination Deadline for Associate Fellow Exam on November 15, 2009 in New Orleans

NOVEMBER 2009

- 5** Examination Deadline for Associate Fellow Exam on December 5, 2009 in Atlanta
- 11-15** 58th Annual Meeting of AAID
New Orleans, Louisiana
- 15** Associate Fellow Written Examination
New Orleans, Louisiana

DECEMBER 2009

- 5** Associate Fellow Written Examination
Atlanta, Georgia
- 7-11** Associate Fellow Written Examination
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Executive Director's Report

By Sharon Bennett

Virtually every association has a mission statement. Most have a strategic plan. Several have a written plan of work to implement the plan. However, very few actually invest significant dollars and structure their organization to further their stated mission. One of the key parts of the mission of the American Academy of Implant Dentistry is to be the credentialing standard for implant dentistry.

When I became the executive director of the AAID, I was pleasantly surprised to discover that the Academy is one of the few organizations that “walks the walk” when it comes to furthering its stated mission and raising the standard of implant dentistry.

It's okay to change strategies

The strategy included building credentialing programs that were comparable to the top credentialing programs found elsewhere in dentistry.

However, simply having a credible credential wasn't enough. The AAID realized that for its credentialing program to be considered the standard, it must be recognized by those outside the Academy itself. So, the initial companion strategy was to become a recognized

specialty in dentistry. The AAID invested tens of thousands of dollars and thousands of staff and volunteer hours preparing the application for recognition as a specialty.

Unfortunately, the application was denied by the ADA House of Delegates.

The need for recognition of its credential as the standard for implant dentistry did not disappear with the rejection by the ADA. So, the Academy developed a new strategy: challenging state restrictions on the advertising of the AAID's bona fide credentials in implant dentistry through the courts.

In the 14 years since adopting this new strategy, the AAID has invested over \$1.7 million in legal related expenses for recognition of the AAID's Associate Fellow and Fellow credential and Diplomate issued by the American Board of Oral Implantology/Implant Dentistry (ABOI/ID).

AAID pursues recognition in Florida

In 1994, the AAID sought and obtained a formal ‘Declaratory Order’ from the Florida Board of Dentistry. That Order concluded that the AAID and ABOI/ID were bona fide organizations that issued credentials in implant dentistry and

which could be advertised without restrictions.

However, in response to that Order, the Florida Dental Association successfully lobbied the Florida legislature for the enactment of statutory restrictions that prohibited the advertising of AAID credentials. The AAID and one of its Florida members challenged that statute on First Amendment grounds, and in 1998, the US District Court in Tallahassee ruled that the statutory restrictions were unconstitutional (‘Borgner I’).

Shortly thereafter, the Florida Dental Association returned to the legislature and again successfully lobbied for the passage of amended restrictions that, while purporting to allow the advertising of the credentials, imposed onerous disclaimers. The AAID returned to the Court, which again ruled in 2001 that the amended statute was also unconstitutional (‘Borgner II’). The Florida Board of Dentistry appealed this decision to the 11th Circuit Court of Appeals, which ultimately reversed the lower court in a 2 to 1 split decision, in March 2002.

The AAID then sought to have this decision reviewed by the U.S. Supreme Court. In December, 2002, the

United States Supreme Court denied the AAID's request for review, but Justices Clarence Thomas and Ruth Ginsburg issued a dissent, stating that they believed the AAID case should be reviewed by the full Court, and that the disclaimers at issue appeared to cross the line of constitutionality.

In 2003, another Fellow and Diplomate from Florida, filed suit in state court against the Florida Board of Dentistry, alleging that the statute upheld as constitutional by the federal courts violated his rights under the Florida Constitution. In addition to his AAID/ABOI/ID credentials, the dentist is asserting his right to advertise his Academy of General Dentistry (AGD) credentials, and a different plaintiff/Florida dentist wishes to assert his right to advertise his credentials in cosmetic dentistry earned from the American Academy of Cosmetic Dentistry (AACD). This case will likely go to trial in the next month.

AAID opens a “Western front”

On the ‘Western front,’ in 1998, the AAID and one of its credentialed members launched a judicial challenge

see Bennett p. 16



Introduction

The economy's tough. Prices are up. Spending is down. When money is tight, people are more inclined to think of implants as luxuries that should be postponed until better times. Well, it's your job to educate patients about implants. If you do, you radically increase the chance that they will go ahead with implant treatment!

The simple fact is that any system for implant education needs to accomplish two things if you wish to grow your implant practice in a down economy:

- 1. Implants must be regarded as a standard of care**
- 2. Implants (and the great smiles they create) must be seen as an important tool for self-esteem and success**

When you achieve these objectives, patients will begin to prioritize implants. Once they do that, you have more opportunities to secure the long-term success of your implant practice.

Business Bite

Don't let the economy dissuade you from recommending implants

By Roger P. Levin, DDS

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. We hope that you find the following article by Dr. Roger P. Levin valuable. Dr. Levin is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Levin Group can be reached at 888.973.0000 and customerservice@levingroup.com.

It all starts with your passion

If you were to lose a tooth tomorrow, would you want a crown and bridge to replace it? Would that be good enough for you? No, you would want an implant. End of story. You wouldn't even have to think about it because you *know* it's by far the best solution with the most benefits.

As doctors, you and I know that dental implants represent one of the finest quality-of-life improvements a patient can be offered today. Advancements in implant technology have made this treatment option easy, safe and fast to deliver. Your confidence in implants should be bolstered by new research results that indicate dental implants are 98 percent successful.¹

Your patients need to embrace the same kind of conviction. If you are passionate about implants, you have to pass that passion along to your patients.

Levin Group has found that when patients are taught by enthusiastic doctors and teams to regard implants as an exceptional lifetime value, many patients become extremely interested in implant treatment.

Building value for implants

The majority of patients with missing teeth often adopt a number of subtle ways to hide or minimize their obvious dental condition. As time goes by, they simply grow accustomed to not having fully functional teeth. They do not seek out implants because they either do not know about them or they do not realize the extent to which this treatment option can change their lives. To change this situation, dentists must educate edentulous patients that they can have a better smile and improved oral health with implants.

Committing to implant dentistry means a never-ending process of

increasing patient awareness. It is not enough to merely ask patients how they feel about their smile as if that is going to trigger total awareness and a corresponding interest in implant treatment. Patients with missing teeth don't believe that correction is possible. They have settled for a less-than-wonderful smile. They accept the imperfect solution of a crown or bridge because they don't know about the alternative. Dental implants are not a point of reference for them—at least not yet.

You must explain the esthetic and health benefits of implants to your patients. They need to know that implants can truly improve the quality of their lives. As part of your implant education system, use the following benefit statements. Every implant candidate needs to hear them from you and your staff:

- "When you get an implant, Mrs. Smith, you

will notice improved confidence as your smile once again becomes full and healthy in appearance.”

This is very important—especially in a down economy when more and more people are looking for jobs. Competition is fierce, which makes the job interview more important than ever. It’s no secret that a nice smile is an asset to anyone seeking a job.

- *“With implants, you don’t have to worry about food restrictions anymore. You will be able to bite into an apple with no problem. You’ll be able to chew your foods easier and avoid uncomfortable digestive problems.”*

Food restrictions are the number one complaint of people with dentures. Doctors get to be heroes by helping patients achieve a higher quality of life.

- *“Future bone loss from dentures will no longer occur once you have implants.”*

This statement serves to effectively dispel the outdated notion that implants are “just a luxury.” Patients may not understand every aspect of treatment but they certainly understand the idea of bone loss in their jaw! They need to understand that implants can ensure better oral health for the long term.

- *“With implants, you can replace your missing teeth naturally. There is no longer a need to grind down healthy neighboring teeth to support bridges and partials. Implants do not require any support from other adjacent teeth.”*

This statement communicates how implants positively affect the entire mouth, not simply the treated areas.

Who’s right for implants? Nearly everyone!

For restorative dentists, setting aside part of every new patient and hygiene exam as an implant evaluation will help increase practice focus on implants. The time has come to stop making implants a by-product of the standard full mouth comprehensive exam and devote time and attention to this unique and valuable restorative choice. By taking this approach, practices are able to create an expanded patient education campaign that clearly communicates the fact that implant dentistry is now a subset of the profession.

An implant evaluation should be performed on every patient who is missing teeth. Incorporate the implant evaluation into the new patient examination process to help introduce uninitiated patients to this remarkable treatment option. The patient needs to be fully evaluated for dental

implant placement. Any resistance the doctor may encounter usually has to do with the fact that most patients have never thought about dental implants—quite often they didn’t know a thing about them.

The dental team must motivate patients to seek more information about implant dentistry and be ready to offer them effective printed educational materials and/or educational websites to visit. Doing so further enhances patients’ understanding and often increases their motivation to agree to treatment.

Don’t be easily discouraged when patients reject treatment. This can happen for various reasons, but it doesn’t mean that their attitude is set in stone. Their resistance to implants could easily give way the third, fourth, or fifth time they hear about them. Only doctors can create the atmosphere for this change of mind to occur.

Conclusion

Enthusiasm is contagious. When doctors are enthusiastic about implants, there’s a good chance patients will become enthusiastic about them as well. Yes, the economy may deter a few patients but many more will still want the best possible treatment option—if you have successfully educated and motivated them.

The tremendous advantages that implant dentistry offers to patients must be effectively conveyed. Commit to spend more time with patients so that you can effectively motivate them to change their lives through implant treatment. When implants are no longer regarded as just a luxury, you will be astonished how your implants cases climb—no matter what’s happening in the economy!

AAID readers are entitled to receive a 20% courtesy on Dr. Levin’s latest Total Implant Success™ Seminar being held February 18-19 in Las Vegas. Call 888-973-0000 and mention “AAID” or email customerservice@levingroup.com with “AAID” in the subject line. Readers can also visit www.levingroupimplant.com for more information. ■

1. *Journal of Oral Implantology*, Vol. 34, No. 8, 2008, www.aaid-joi.org.

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



Bennett

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of a California Dental Board enforcement policy that prohibited the advertisement of AAID and ABOI/ID credentials. In 2000, the U.S. District Court in Sacramento ruled that the restriction was unconstitutional. Then, in 2002, in an attempt to circumvent the Court decision, the California Dental Association successfully lobbied for the passage of

a statutory provision that prohibited the advertisement of credentials unless they were based upon completion of a full time, postgraduate educational program.

The AAID and another of its credentialed members challenged this 2002 statute in the same U.S. District Court, and in 2004 that Court ruled that this statute was also unconstitutional. That decision was appealed by the State of California to the 9th Circuit Court of Appeals based in

San Francisco, and briefs supporting the AAID were filed by the AGD and AACD. In February 2007 the Appellate Court reversed the lower Court decision and concluded that the lower Court should have held a trial to decide whether or not the consumer surveys conducted by the California Board of Dentistry (and partially paid by the CDA/ADA) had any merit. Immediately thereafter, the California Board of Dentistry and the

Office of the California Attorney General began negotiations with the AAID relative to an amended statute that would be acceptable to both sides. The parties have agreed upon potential statutory language but no subsequent legislation has been introduced as of this date. If the agreed upon legislation is not introduced and passed, this case will likely return to the District Court for a trial in 2009.

see Bennett p. 18

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Admissions and Credentials Board

Annual Oral/Case Examinations:

The annual oral/case examinations for Associate and Fellow membership will be held in Chicago, April 30 – May 3, 2009, and applications must be received in the Headquarters Office by February 1. The applications and all available materials related to these

examinations are posted in the Credentialing section of the AAID website. Those who passed the written part of the Associate Fellow examination in 2005 are urged to apply for the 2009 annual examination since their four-year eligibility to take the oral/case examinations ends at that time. ▶

Check out www.aaid.com to get the most out of your AAID membership.

Bennett

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Coalition leads to a victory in Colorado

An informal coalition of the AAID, the AGD, AACD and the Academy of Laser Dentistry (ALD) was able to convince the Colorado Dental Board to allow dentists to advertise bona fide credentials in dentistry. The regulation passed in the Summer 2008 by the Colorado Dental Board provides that advertisements by dentists to the public may include credentials earned from AAID or other legitimate professional organizations, but also

should include the phrase 'general dentist' if applicable.

The pursuit continues

Although the AAID achieved success in the state of Colorado through coalition building, the Academy believes that the most effective strategy is not through a state-by-state campaign, but rather to obtain national recognition through the courts – ultimately with a decision by the U.S. Supreme Court.

The AAID continues to invest hundreds of thousands of dollars this year in raising its credential to become the standard in implant dentistry. ▶

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Industry News

continued from page 11

Zimmer Dental launches CopiOs Pericardium Membrane

Zimmer Dental Inc., announces the U.S. release of the *CopiOs*® Pericardium Membrane. Sourced from bovine pericardial tissue, *CopiOs* Pericardium Membrane provides the characteristics of natural tissue, coupled with the ease-of-manipulation, conformability, and strength required to meet high clinical expectations and facilitate successful surgical outcomes.

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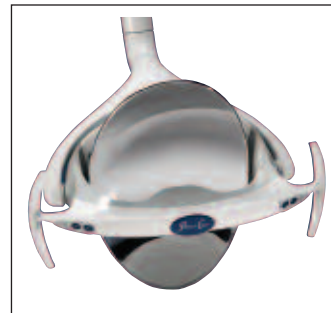
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AAID Names Honored Fellows

The American Academy of Implant Dentistry recognized six dentists as Honored Fellows. The Honored Fellow designation is awarded to those members of the AAID who, through their professional, clinical, research or academic endeavors, have distinguished themselves within implant dentistry. Named Honored Fellows during AAID's 57th Annual Meeting were:

Nicholas Caplanis, DMD, MS; Mission Viego, CA

Gordon Christensen, DDS, MSD, PhD; Provo, UT

John DaSilva, DMD, MPH, ScM; Boston, MA

Michael Pikos, DDS; Palm Harbor, FL

Lee Silverstein, DDS, MS; Atlanta, GA

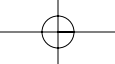
O. Hilt Tatum, III, DMD; Auburn, AL

Haute Doc

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In 2009, Dr. Hacker will be exhibiting some of his paintings at national art shows in Colorado, Alabama and Memphis. In recent exhibitions, Dr. Hacker's "Sunday Paper," which shows an older man selling newspapers, won third place in the Memphis-Germantown Art League Star Exhibition 2007. "Bring It Home" conveys the fast action of a rider galloping in the final turn of a rodeo barrel race and received the Best Watercolor/Watermedia Award in the Northwest-National Exhibition 2006. His painting of a favorite senior patient wearing a red hat, "Playful Wisdom," was in the 2007 Mississippi Grand National Watercolor Exhibition. "Photo Finish" is a ground level, head-on scene of neck-and-neck thoroughbreds thundering to the finish line. The painting traveled across Tennessee with the 2008 Tennessee Watercolor Society Biannual Exhibition.

Dr. Hacker's collection of watercolor paintings can be enjoyed on his websites: www.thackerdds.com and www.artisttime.com.



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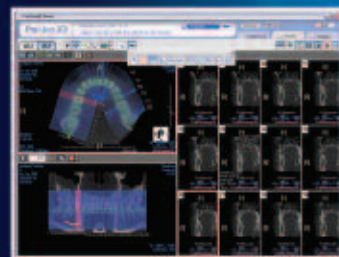
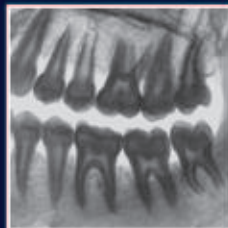
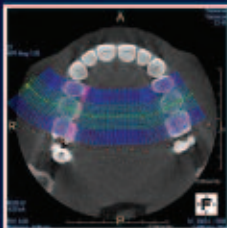
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Midwest Implant Institute Externship – Bring your Own Patients

Drs. Duke & Robert Heller
Contact: 614-885-1215
E-mail: dukeheller@copper.net
Web site: www.midwestimplant
institute.com

Pathway Learning Series Swiss Implants, Inc.

Carol L. Phillips, DDS, Director
84 CE Units – Six 2-Day Workshops
Contact: Julie Hansen
Phone: 805-781-8700

Pikos Implant Institute

Michael A. Pikos, DDS
Advanced Bone Grafting,
Advanced Bone Grafting II,
Contact: Alison Thiede
Phone: 727-781-0491
E-mail: learn@PikosInstitute.com

Sendax Mini-Implant Seminars & MDI Mini Residencies

Advance MDI Training: Fixed &
Removable & Hybrids
Seminar: Full Day Program with
live surgery & hands-on!
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2775
Fax: 212-753-9064
E-mail:
vis@sendaxminidentimpl.com
Web site:
www.sendaxminidentimpl.com

Tatum Institute USA

Clearwater, FL
Implant Surgery and Implant
Prosthetics Bone Expansion,
Sinus Augmentation, and
Comprehensive Dentistry
Contact: Rebekah Register
Phone: 727-459-4910
tatumsurgical@tampabay.rr.com

Treatment Planning for Restorative & Implant Dentistry from the Simple to the Complex Case

Speaker: Dr. Kenneth S. Hebel
Presented by: Dr. Billy Payonk and
Dr. Kenneth O. King
February 13, 2009
Contact: Mary Pike
Phone: 901-767-3259

Outside U.S. Locations

Beirut Implant Dentistry Center

CE Courses Survey of Surgical and
Prosthetic Implant Care
Drs. Jihad Abdallah & Andre Assaf
Contact: Mahia Cheblac
Phone: +961 1 747650 or +961 1
747651
Fax: +961 1 747652
E-mail: beirutidc@hotmail.com

The D.M. Vassos Dental Implant Centre Introductory & Advanced Surgical & Prosthetic Programs

Dr. D.M. Vassos
Mentor Program – Hands on
Program over six Saturdays
Begins Fall 2008
Contact: Rosanna Frey
Phone: 780-488-1240
E-mail: rosanna@dmvassos.com
Web site: www.dmvassos.com

Implant Smile Center, Alberta, Canada

'Hands-on' Introductory to
Advanced Surgical and
Prosthetic Implant Courses
with Live Surgery.
Dr. Robert E. Leigh, Director
Year-round, Custom Tailored and
5-DAY MINI-RESIDENCY
Courses
Contact: Anita Leigh
Phone: 1-888-877-0737 (Toll Free)
E-mail: staff@
albertadentalimplants.com
Web Sites:
www.implantsmilecenter.com
www.albertadentalimplants.com

Pacific Implant Institute

Dr. Ron Zokol
Comprehensive Training in
Implant Dentistry
September through June

Register for This Summer's Bone Grafting Course

Plan to register for AAID's outstanding and very popular Bone Grafting Course to be held June 26 – 27, 2009 at Wright State University in Dayton, Ohio.

This course combines lectures and laboratory sessions featuring hands-on experience utilizing cadaver heads and soft tissue grafting using pig jaws. The lectures focus on relevant head and neck anatomy; chin, ramus and subantral grafts; bone expansion techniques; soft tissue management (including free gingival and subepithelial grafts) relating to dental implant(s) and osseous grafts; bone graft material classifications and indications; science of platelet rich plasma (PRP) and how to obtain PRP using a simple cost-effective technique; venipuncture techniques; and pertinent perioperative pharmacology. During the



supervised laboratory sessions, participants will review anatomical landmarks and perform procedures demonstrated by the lecturers.

At the end of the course, the participants will be able to:

- Recognize indications for bone grafting procedures.
- Recognize anatomical landmarks pertinent to implant placement and bone grafting procedures.
- Utilize the proper instrumentation for grafting procedures.
- Classify bone grafting and barrier materials and recognize indications for use of each type.
- Recognize potential complications of implant placement and bone grafting procedures.
- Apply clinical protocols for subantral augmentation (sinus lift) using lateral wall and Summer's techniques.
- Apply clinical protocols for autogenous block cortical grafts from chin and ramus donor sites.
- Apply clinical protocols for bone expansion techniques.
- Apply clinical protocols

for soft tissue management relating to dental implant placement and grafting procedures.

- Acquire PRP and utilize it during implant and bone grafting procedures.
- Develop a perioperative protocol for the pharmacological management of post-operative pain and infectious complications that may occur with soft tissue and bone grafting procedures.

A registration form as well as detailed information can be found on AAID's Web site – www.aid.com. ▀

Location: Vancouver, B.C. Canada
Contact: Kim
Phone: 1-800-668-2280
E-Mail: phyllis@piidentistry.com
Web site: www.piidentistry.com

Study Clubs*

New Jersey Lincroft Village Dental Implant Study Group

Treatment planning, bonegrafting, prosthetics
Richard J. Mercurio, DDS
Contact: Martha Doucette
Phone: 732-842-5005
E-mail: lvdimplantstudygroup.com

New York CNY Implant Study Group March 3, 2009: Is An Implant Indicated?

Bell Hall; Utica College
Speaker: Emile Martin, DDS

September 8, 2009: Atraumatic Extractions with Socket

Grafting: A Predictable Technique
for Site Preservation
Bell Hall; Utica College
Speaker: Brian J. Jackson, DDS

November 10, 2009: Advanced Multidisciplinary Implant

Treatment Planning with Case
Presentations
Bell Hall; Utica College
Speaker: Brian J. Jackson, DDS

Surgical Implant Training Program

April 16-17, 2009
Turning Stone Resort & Casino

Goldstone Memorial Dental Seminar

October 2, 2009
Speakers: **James L. Rutkowski,
R.Ph, DMD, Ph.D.; Shankar
Iyer, DDS, MDS**

Contact: Melanie – Course
Coordinator
Phone: 315-724-5141
E-mail: bjjddsimplant@aol.com

* 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. ▀



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.

ALABAMA

Yung-tsung Hsu, DDS,MS
Birmingham

ARKANSAS

C. Brant Crisp, DDS
Fort Smith
Jeffrey Moore, DDS
Russellville

ARIZONA

George Raymond Ayoub,
DDS
Goodyear
Farid Farris Ebrahim, DDS
Fountain Hills
Alvaro Martinez, DDS
Naco

CALIFORNIA

Rebecca Erin Armel, DDS
San Francisco
Albert Assatourians,
Winnetka
M. Aswathaiyah, DDS
Burbank
Thein Htut Aung, DDS
Visalia
Zuri Barniv, DDS
Sunnyvale
Timothy Barzegar, DMD
Newport Beach
Bradley Bockhorst,
Newport Beach
Daryl Catherwood, DDS
Coronado
Michael Chen, DDS
Tustin
Albert Chiu, DDS
Torrance
Yun J. Choi, DMD
Buena Park
Rene Narciso Delrosario,
DDS
Union City
Blake Brandt Drew, DMD
Oakland

Lee Freeman, DDS

Fairfield
Christine Hoang, DDS
Cupertino

Eugene Y. Kim, DDS
San Diego

Daniel Kunihira, DDS
Loma Linda

Thimy D. Le, DMD
Huntington Beach

Thomas K. Lee, DDS
Los Angeles

Michael Leizerovitz, DDS
Dana Point

Olga Malkin,
Los Angeles

Manijeh Maroon, DDS
Chula Vista

John Maroon, DDS
Chula Vista

Grant McGann, DDS
San Diego

Greg Minzenmayer,
Newport Beach

Sanda Moldovan, DDS,MS
Los Angeles

Fernando Munguia, DDS
Upland

Aung Myint, DDS
Visalia

Daniel Newbold, DDS
Loma Linda

An T. Nguyen, DDS
San Diego

Mau Nguyen, DDS
Temecula

Mike Pirbazari, DDS,PhD
Beverly Hills

Antoine Sayegh, DMD,DDS
Glendora

Sharad Sohoni,
Moreno Valley

Lewis Specker, DDS
San Francisco

Daiju Dean Tanaka, DDS
Laguna Hills

Michael V. Wall, DDS

Loma Linda
Eric M. Yabu, DDS
Oakland

Charles Zahedi, DDS,PHD
Newport Beach

DISTRICT OF COLUMBIA

Patricia M. Gomez, DDS
Washington

DELAWARE

Dominic Michael Gioffre,
Jr., DDS
Wilmington

FLORIDA

James Philip Alexander,
DMD

St. Augustine
Jill A. Clifford, DMD

Miami Shores

Brendan Dwyer, DDS
Fort Myers

Matthew D. McKissock,
DMD

Orlando
Edgar Navarrete, DMD

Weston
Luis Alejandro Torres, DMD

Davie

HAWAII

Cecile Sebastian, DDS
Honolulu

IOWA

Lyell R. Hogg, DDS
Mason City

ILLINOIS

Kathleen Minaghan, DDS
Oak Park

John C. Skreko, DDS
Indian Head Park

LOUISIANA

Darah L. Fugetta, DDS
Lafayette

MASSACHUSETTS

Selim C. Alptekin, DMD
Sudbury

MARYLAND

Abdul B. Alvani, DDS
Waldorf

Jeffrey Behar, DDS
Towson

MAINE

Jin Hwang, DMD
Gorham

MICHIGAN

Steven Kesler, DDS
Rochester Hills

MISSOURI

Bruce Twaddle, DDS
Maryville

MONTANA

Benjamin David Bushnell,
DDS

Lakeside

NORTH CAROLINA

David Christenbery, DDS
Charlotte

John McAllister,
Hickory

NEBRASKA

Richard J. Glow, DDS
Omaha

NEW HAMPSHIRE

Elizabeth DiBona, DMD
Exeter

Roger A. Phillips, DMD
Hanover

Achraf Sahloul, DDS
Manchester

NEW JERSEY

John J. Nazzaro, DMD
Matawan

Dipika Shah, DDS
Holmdel

NEVADA

Mark Alexander Ferrari,
DDS

Henderson

Benjamin Ilya, DMD
Las Vegas

Saeid S. Mohtashami, DDS
Las Vegas

NEW YORK

Arthur Abdiyev, DDS
Flushing

Charles Chang, DDS
Flushing

Wen-Ling Chang, DDS
Bayside

Lenard Feldman, DDS
Oakland Gardens

Shawn L. Hlavaty, DDS
New York

Pofu Hsieh, DDS
Flushing

Cheng-Hsu Huang, DDS
New York

Sandy Huang, DDS
New York

Lans I, DDS
New York

Marta Janion, DDS
New York

Veronique Krieger, DMD
New York

Jess Liu, DDS
New York

Peter Mann, DDS
Brooklyn

Mamta Mehra, DMD
New York

Vladyslav Ovcharenko,
DDS

Brooklyn

Ali Pootrakul, DDS
Vallhalla

Tejdeep S. Rattan, DDS
New York

see Membership p. 28

POSITION AVAILABLE

Editor-in-Chief, *Journal of Oral Implantology*

A Publication of the American Academy of Implant Dentistry

Term to begin TBD

Applications are now being accepted for the next Editor-in-Chief of The Journal of Oral Implantology (JOI). The successful candidate will be responsible for directing the editorial vision of the JOI and ensuring its continued success as one of the leading publications in the field of Implant Dentistry. Now in its 39th year of publication, the JOI has risen to a top-rated journal category. The Editor-in-Chief will steer the JOI's continuing evolution by providing editorial direction and oversight, embracing new publishing technology initiatives, and ensuring that the JOI remains responsive to the changing face of implant dentistry. The Editor-in-Chief will work closely with the JOI Editorial Board and Publications Committee on issues related to existing and emerging publication practices, and will inherit the support of an experienced, centralized editorial office that facilitates the rapid on-line review and efficient handling of manuscript submissions distributed among geographically diverse Associate Editors (Reviewers).



Qualifications:

- Demonstrated leadership in and understanding of trends in the field of implant dentistry
- Experience in fundamental or translational research relevant to implant dentistry
- Experience in editorial peer review
- Organizational skills to manage timely review and publication

Application procedure:

Letter of Intent highlighting motivation, qualifications, and editorial vision for the continued evolution of the JOI.
Curriculum Vitae

Submit to:

Dr. Jaime L. Lozada, Search Committee Chair
211 East Chicago Avenue, Suite 750,
Chicago, Illinois, 60611



Membership

continued from page 26

Nicholas Rodo, DDS
Orchard Park
Konstantin Rubinov, DMD
Brooklyn
Ihab M. Sadoon, DDS
Brooklyn
Mark A. Scamardella, DDS
Staten Island
Chih-Chi Sheen, DDS
New York
Illya Alex Tarasenko, DMD
Brooklyn
Farinaz Tazeh, DDS
New York
Anne Truong, DDS
New York

OHIO

Hussein Elrawy, DDS
Lakewood
Mohammed Mubarak, DDS
Cleveland

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Hillsboro
Trotter Vaughan, DDS
Newport

RHODE ISLAND

Eric M. George, DMD
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Quoc Cao Vu, DDS
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DDS
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Paulo Roberto Ferreira,
Londrina, Parana

BRITISH VIRGIN ISLANDS

Marvin Edison Flax, DDS

CANADA

BRITISH COLUMBIA

William Armstrong, DDS
Courtenay
Patricia Ann Hunter, DMD
Richmond

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Michael A. Forman, DDS
Vaughan
Thelam Nguyen, DDS
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Montreal
Hoa Binh Nguyen Cuu,
DMD
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Rimouski

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Christophe Lesage,
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Vasundhara Enclave
Neeraj Bhaskar,
New Delhi
Harshaa Datta,
New Delhi

Richa Dhamija,
New Delhi

Monika Govil,
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Apoorva Gupta,
New Delhi

Ruby Gupta,
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Punit Khurana,
New Delhi

Rajeev Kumar,
New Delhi

Monisha Mitra,
New Delhi

Umang S. Nayar,
New Delhi

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New Delhi

Adityender Seth,
Near Saket

Sachin Singh,
New Delhi

Sarika Yadav,
New Delhi

INDIA

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Yamuna Nagar

Pardeep Khurana,
Kurukshetra

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Siya Suri,
Jammu

KERALA

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BDS,MDS
Kollam

MAHARASHTRA

Paresh Kale, MDS
Pune
Asma Patel,
Mumbai

RAJASTHAN

Sumit Bhansali,
Jaipur
Roli Rathi,
Jodhpur

TAMIL NADU

Krishna,
Chennai

UTTARAKHAND

Kuldeep Singh,
Hardiwar

INDIA

UTTAR PRADESH

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Faizabad

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Akbar Fazel Najafabadi,
DDS,MS
Tehran
Amir Hassan Ghahremani,
CDT
Tehran, Tehran

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Holtzman,
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Saitama city Saitama
Pref.
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Ibaraki

Shigeto Ozawa, DDS
Tokyo

JORDAN

Rani Samir Haddadin, BDS
Amman

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Kuala Lumpur

OMAN

Richa Raj,
Muscat

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Seoul
Sung Eun Choi, DDS
Goyang-si, Gyeonggi-do
Sungryul Heo, PhD
Busan

SPAIN

Juan Carlos Asurmendi
Zulueta,
Madrid
Araceli Morales Sanchez,
Madrid

THE NETHERLANDS

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Amsterdam
Vincent Guicherit, DDS
Gorinchem
Eduard P. Hendriks, DDS
Amsterdam
MB Vaartjes, DMD
Amsterdam
Gert Jan de Weerd, DDS
Amsterdam

UNITED ARAB EMIRATES

Harikrishnan G.,
Sharjah
Thomas Kurien P.,
Sharjah
Unu Sujathan,
Sharjah

Legal Bite

continued from page 9

the standard of care rendered by anyone. And while it might be honest to state that such a replacement is not normally the case, it is still your treatment recommendation and professional opinion.

Reports to third parties

A dental practitioner may also be asked to render a written report of examination findings, treatment recommendations and projected or incurred fees for purposes of assisting a patient involved in an accident of some kind. This is often needed for purposes of third party indemnification or recovery of damages suffered. Such reports are commonly obtained from treating physicians and should be viewed as necessary and appropriate by any dentist.

It is also reasonable and customary for a health care practitioner to be compensated for professional time expended in drafting such a report, in addition to charging a reasonable fee for the duplication and production of patient records, radiographs, etc. Copies of all such communications should be maintained in the patient record and should include the request for the report as well as the appropriate authorization from the patient.

Visits by State Regulatory Boards

It is also not unusual for a dentist to be visited by a representative of a state regulatory board or other agency. Such a visit is usually—unfortunately—unannounced and might prove to be very inconvenient for the dentist. It is not unreasonable for a dentist to expect the professional courtesy of a prior appointment by such a representative.

Failing that, a dentist is not required to interrupt patient care and disrupt the overall patient schedule by attempting to immediately accommodate anyone's unexpected visit. In reality, such a disruption to the office routine and schedule can only be expected to increase the potential risk to the dental office as a result of either 'hurried' patient care, or long waits by patients which do not engender patient good will.

Although a board investigator or agent might appear aggravated or hostile upon learning that the doctor cannot make time for such an unannounced meeting, the dentist's foremost obligations are to the patients, the staff, and the dental practice itself.

Protocol needed

Such unexpected encounters by an attorney or board representative should be anticipated and planned for. Just as the office should

have a protocol for dealing with patient emergencies, there should also be a protocol for encounters which involve legal rights and potential liabilities. A 'point man'/staff person should be responsible for responding to any such inquiry, whether by phone or in person. The straightforward response should indicate that office protocol and policy requires that legal counsel for the dental office be consulted prior to any communication between the office and any non-patient. Such is necessary to insure the protection of patient privacy, accidental disclosure of proprietary or privileged information, and to avoid inadvertently subjecting the office to unknown legal pitfalls. Additionally, malpractice insurance carriers are required to be notified under certain situations.

In short, an attorney for the practice is the appropriate interface between the dentist, the practice, the patient, and any 'outside' contact. Allow the practice's legal counsel to handle those situations and the dentist should steadfastly avoid making decisions that could impact on legal matters involving the practice!

While it is clearly not necessary for a dentist to be aware of the multitude of legal issues that touch and concern a dental practice, it is necessary to be aware that legal counsel for the practice should be identified for the staff, contact information provided to the appropriate staff persons, and a written office policy that clearly prevents any incursion into the office, or release of information from the office, unless and until cleared by dental practice legal counsel. ▀

Board of Trustees

continued from page 8

- Planning Committee to the Meeting Planning Committee to be comprised of the four officers, three general chairmen, and the corporate liaison.
- Accepted the appointment of the committee chairs
 - and members as presented by President **Beverly Dunn**
 - Determined to hold the summer Board of Trustees meeting on June 13 in Boston in conjunction with the Northeast District Meeting.
 - Approved the 2009 AAID Budget. ▀

**CHECK OUT WWW.AAID.COM
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AAID MEMBERSHIP.**



58TH ANNUAL MEETING

NEW OPPORTUNITIES IN IMPLANT DENTISTRY

NEW ORLEANS

NOVEMBER 11-15, 2009

**THIS CASE-BASED CONFERENCE
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(FEBRUARY 24, 2009) AND SAVE \$200.**

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AAID 58TH ANNUAL MEETING

MARDI GRAS REGISTRATION FORM • SPECIAL RATES AVAILABLE UNTIL MARDI GRAS 2009 - FEBRUARY 24, 2009
New Orleans Hilton Riverside, New Orleans, Louisiana • November 11 - 15, 2009

A separate registration form must be completed for each paying attendee. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing. Each dentist, including spouses or other family members who are dentists, may not register as a spouse or guest. All dentists, including non-practicing dentists, must register in the appropriate dentist category. Badges will be required for admission to all activities. Be sure to register your guests so they can participate.

Last name: _____ First name: _____

Degree(s): _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

AGD Member #: _____ (Required if AGD Member registering at AAID Member rates)

	By 2/24/09	By 9/14/09	After 9/14/09	
_____ AAID Associate Fellow/Fellow*	\$ 845	\$ 945	\$ 1045	
_____ AAID General Member*	\$ 895	\$ 995	\$ 1095	
_____ AGD Member*	\$ 895	\$ 995	\$ 1095	AGD Member # required
_____ Nonmember PLUS! Dentist *	\$ 1045	\$ 1145	\$ 1245	
[Includes Membership in AAID through 11/30/09]				
_____ Nonmember*	\$ 1245	\$ 1345	\$ 1445	
_____ Technician	\$ 295	\$ 295	\$ 295	
_____ Life Member & Retired Member	\$ 150	\$ 150	\$ 150	
_____ Office Staff	\$ 295	\$ 295	\$ 295	
	• Register 3 or more allied staff from same office at \$225 each.			
_____ Student	\$ 150	\$ 150	\$ 150	
_____ Spouse/Guest	\$ 190	\$ 190	\$ 190	

* Includes one (1) President's Celebration ticket

METHOD OF PAYMENT

Amount enclosed or to be charged \$ _____ Check Enclosed
 Mastercard Visa American Express

Signature: _____ Card: _____

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**Send check, payable in US\$,
and this form to the AAID:**
 American Academy of Implant Dentistry
 c/o Delaware Place Bank, Dept. 350
 190 Delaware Place, Chicago, IL 60611

Or register online at www.aid.com.
Or you may fax your form to 312.335.9090.
 American Academy of Implant Dentistry:
 211 East Chicago Ave., Suite 750, Chicago, IL 60611
 P: 312.335.1550 or 877.335.AAID • www.aid.com

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. Regardless of when your refund request is received, there is a \$50 administrative fee that will be charged.



211 East Chicago Avenue, Suite 750 Chicago, Illinois 60611-2616 312-335-1550 877-335-AAID (2243) 312-335-9090 www.aaid.com

Advancing the standard of care for comprehensive implant dentistry since 1951

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