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# AAID News

FALL 2010

PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY



## Editor's Notebook

David G. Hochberg, DDS  
 Editor, AAID News



Credentialing is a cornerstone of the Academy. Our efforts to pursue recognition by the courts has continued to be successful. In this issue of AAID News, we introduce you to the class of new Associate Fellows, Academic Associate Fellows, and Fellows who were inducted at the 58th Annual Meeting of the Academy last year in New Orleans. We are pleased that the AAID News will be the official publication that will regularly acknowledge those newly credentialed members of the Academy. Turn to page 24 to read more. ▀

## Clinical Bite

### Research Foundation announces Student Grant Winners; Sets record for number of overall applications

**T**he AAID Research Foundation has received a record number of applications for its grants ranging in size up to \$25,000. The Larger Research Grants will be rewarded in October. The Research Foundation announced the six recipients of \$2,500 grants in the Student Research. They are as follows:

**Principal Investigator:**  
 Serge Baltayan, UCLA School of Dentistry

**Title of Project:**  
 The Reliability of Radio Frequency Analysis in Determining Surgical Placement and Loading Protocols of Endosseous Implants

**Principal Investigator:**  
 Rashmi Biyani, The University of Texas

**Title of Project:**  
 The effect of the metal

extension of crowns in the screw access channel of implant abutments on the retention of cement retained prosthesis.

**Principal Investigator:**  
 PD Dr. Matthias Karl, University of Erlangen-Nuremberg

**Title of Project:**  
 Use of osteotomes for implant bed preparation – effect on material properties of bone and primary implant stability

**Principal Investigator:**  
 Jaime Lozada, DDS, Loma Linda University

**Title of Project:**  
 Accuracy of CBCT and 3D Stereolithographic Models in Identifying the Anterior Loop of the Metal Foramen: A Study on Cadavers

**Principal Investigator:**  
 Martin Mardirosian,

UCLA School of Dentistry

**Title of Project:**  
 Evaluation of Vascularity and Maturity in rhBMP-2 Regenerated Bone

**Principal Investigator:**  
 Priya Tonseker, University of Medicine and Dentistry at New Jersey, Newark, NJ

**Title of Project:**  
 The Effect of Platform Switching on Abutment Stability ▀

## “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 10.

# Treat small spaces with confidence





Laser-Lok 3.0 placed in esthetic zone.  
*(Image courtesy of Michael Reddy, DDS)*

Radiograph shows proper implant spacing in limited site.  
*(Image courtesy of Cory Shapiro, DDS)*

## Introducing the Laser-Lok® 3.0 implant

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- Two-piece 3mm design offers restorative flexibility in narrow spaces
- Implant design is more than 20% stronger than competitor implant<sup>2</sup>
- 3mm threadform shown to be effective when immediately loaded<sup>3</sup>
- Laser-Lok microchannels create a physical connective tissue attachment<sup>4</sup>



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1. Radiographic Analysis of Crestal Bone Levels on Laser-Lok Differ Dental Implants. CA Shapiro, B Lacey, RA Weierhauf, DM Kim. JPRD, Vol 30, No 2, 2010.  
2. Implant strength & fatigue testing done in accordance with ISO standard 14881.  
3. Initial clinical efficacy of 3-mm implants immediately placed into function in conditions of limited spacing. Reddy MS, O'Neil SJ, Halaji S, Aponso-Wesson R, Geurs RC. Int J Oral Maxillofac Implants. 2010 Mar-Apr;23(2):201-210.  
4. Human Histologic Evidence of a Connective Tissue Attachment to a Dental Implant. M Nevins, ML Nevins, M Corallo, J Boyer, DM Kim. International Journal of Periodontics & Restorative Dentistry. Vol. 28, No. 2, 2008.



# President's Message

By Joel L. Rosenlicht, DMD  
President, American Academy of Implant Dentistry

It really is true that time flies. I have to say that this year has gone extremely smoothly for the AAID, its committees, and Districts in achieving the goals and objectives we had planned for this year. A lot of the credit needs to go to our dedicated central office that seems to always be a step ahead in our desire to be the premier implant academy. We have terrific dedicated Board members, and with our active members we have set a great course for the future.

My goal for this year was to bring AAID together with the allied groups that have an interest in implants. This was not intended to be a one-way street in that not only can we educate members of those organizations about implant dentistry, but also they can educate our members in their specific allied fields. I'm happy to report that we have reached out to several groups, including the Academy of General Dentistry (AGD), American Academy of Cosmetic Dentistry (AACD), Academy

of Laser Dentistry (ALD), and the American Dental Society of Anesthesiology (ASDA).

All have had a positive reaction to a cooperative effort in education and partnering, seeing that members have access to the expertise of those societies. I look forward to moving forward and seeing this effort become a reality for our members. I am asking all Districts that will be having meetings to consider these societies as sources for speakers to augment our education in delivering dental implant treatment at the highest level.

As many of you know by now, we have achieved a major victory in our landmark legal battles for recognition of our credentials. This has been a huge emotional and financial effort and it appears at this time that in both California and Florida our voice has been heard. The ability to advertise our bonafide credential is now allowed in those states. We do recognize that these issues are still to be resolved in other states and that we must always be vigilant in protecting our rights.

As an educational Academy we continue to

sanction and promote an increasing number of MaxiCourses® for those who desire concentrated education in implant dentistry that also meets the education requirement for seeking the AAID Associate Fellow credential. I want to thank all the directors who put in such a significant effort to follow our curriculum and provide the venues and teachers for these programs.

Our Academy continues to grow, and we are in a very good place financially as we continue our position as a respected implant organization. We see the use of implants expanding into all phases of dental practice, and we are truly positioned well to provide the navigation we need in this ever-expanding field.

As we move closer to October and the 59th Annual Meeting, I encourage all our members to attend this landmark meeting. It will have something for everyone and should be appealing to non-members as well. Please let your colleagues know about it and encourage their attendance. We all need to know and understand the "Zones of Implant Dentistry," and the complications that are out

there so we can have confidence and comfort in treating our patients.

See you in Boston and I hope everyone has had a great summer. It has been an honor and privilege to be representing the AAID this year. ▀

## AAID NEWS

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## Business Bite

### Efficiency Equals Profitability

By Bill Blatchford 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. Bill Blatchford valuable. Dr. Blatchford is the strongest voice for profitability in dentistry. He coaches for more net return, more fun and more time off so you can keep practicing well. He is encouraging general dentists to diversify by adding implant skills. Dr. Blatchford is author of *Playing Your 'A' Game* and his new book in April, *Blatchford BLUEPRINTS*. He also produces monthly thoughts and encouragement by being a member of *Blatchford FILES*. He can be reached at [www.blatchford.com](http://www.blatchford.com), [www.blatchfordlive.com](http://www.blatchfordlive.com), 1.888.977.4600 and [info@blatchford.com](mailto:info@blatchford.com).*

In all areas of your practice, business and clinical, you can find areas to become much more efficient and thus more profitable. If you and your team are operating with the mindset "this is the way we have always done it," you are missing the opportunity to recreate a new path, an easier path, to results. You are in business. Why not make a better profit?

We all have systems, but some systems are old, cumbersome and only in someone's head. We want to have strong efficient systems on which everyone is knowledgeable and cross trained to handle.

We coach Blatchford Doctors and teams to do a task analysis listing all the jobs and tasks you do in a day and week. In a team meeting, review each task asking:

- How much time do you spend?
- Why do you do it?
- Who else could do it?
- Who could be trained to do it?

What you find are some important tasks are

omitted, some tasks are duplicated and others are so unnecessary in this digital age. Make the decisions to be more efficient. (For a copy of the Blatchford Task Analysis to work with your team, [www.blatchford.com](http://www.blatchford.com).)

A task some still do, for example, is sending monthly statements. How much time does it take? Why do we do it? Who likes the day after statements arrive? What are we missing by doing it the way we have always done it?

Do you realize the costs of sending statements for a small business? Each statement sent each month costs you an average of \$14 as it includes personnel, collections, computer, phone time, etc. Add that up for the year and for the years you have been practicing. How is that working for profitability?

Make a decision to eliminate statements by asking for the money up front. As

you sell a case, talk about money, the approximate cost and how that will be taken care of. Outside funding is designed to reduce your receivables and is a great example of efficiency. It is so under used in most offices, yet it is a tool of efficiency.

A strong system is to have everything complete in the treatment room. Yes, we are asking the assistant and hygienist to do four business tasks well. This is scheduling the next appointment, entering the treatment in the computer (are you paperless yet?), creating an insurance form or check-out slip and collecting the money.

Think about the efficiency of this: now there is no line at the front counter where patients are hesitant to ask confidential questions and the receptionist has time to answer the phone which is ringing due to your excellent mar-

keting, has time to have no-pressure sales conversations with guests and is able to answer web hits promptly. The business is now handled completely by one person.

Block booking is one of the best examples of efficiency. It is interesting that our highest producers always have time available for a new patient to enter and begin a large case within several days. Yet, we see doctors producing much less who are booked two and three months out. How can a single doctor produce \$2M in 3.5 days of patient contact?

Their booking for blocks is completely understood by all team, including the doctor. Many doctors would say they are doing block booking because they do their heaviest procedures in the morning. But then, they allow patients to be scheduled over the blocks so the practice becomes inefficient.

Solid blocks create profits. Simply, the higher the production per hour, the higher the profit.

When you are diagnosing with your team, always ask yourself, “is there anything else to do here?” To move beyond the single tooth or single implant mentality, it takes a strong leader and team support. The assistant can ask every time, “Is there anything else we can do during that appointment?”

Do you always diagnose an endo with a crown coverage so you can do both in two appointments including the seat? Or, are you afraid the patient will say “no” so you compromise your standard for quality and allow an endodontically-treated tooth to go uncovered for a period of time?

In any clinical skill, time is a factor. When just learning implants, it is understandable for it to take some extra time. A clinical example of efficiency equally profitability is to become proficient enough at several implants so as to accomplish the prep and restoration in a reasonable time. If you are currently scheduling a whole morning to do two implants, you must work towards more efficiency of time. What is holding you back? What steps do you need to take to reduce the time?

Speaking of clinical efficiency, use a sharp burr for every preparation. Do not

sterilize burrs as it makes dentistry more difficult. We are speaking about time equals money.

Does your assistant have a checklist for all items needed or possibly needed during the procedure so she/he does not need to leave the room? Read the checklist out loud, and it is impressive.

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“Is there something more I need to learn and master to make this a more pleasant visit for our patient and ultimately create more profit for the practice?”

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One might ask, block booking is a great idea but what if we don't have any larger treatment to put into a two hour block? It is true that 95% of all lab work done is single tooth dentistry. To move out of the stands and onto the field, you must do something different. You and your team need to become more proficient at the sales

conversations which create your patients being involved in sharing their dreams and goals for their smiles. This is a team effort of constant learning. The end result is tremendous efficiency as we are working on long-term treatment plans for all your patients.

They have already discussed with us what they

want their teeth to be like when they are 70 and retired. No, we may not do it all at once. But patients are partners in this dream. They know and own the path. When a patient with a long-term treatment plan calls and says “I just broke my tooth on the lower right,” the assistant can say, “I can see that we discussed all three of those

lower teeth the last time you were in. Would you like me to go ahead and schedule all three at once and I can make the financial arrangements now?”

Wow! That is efficiency. The case is already diagnosed and discussed with the patient, and money has been handled. How long would it take for you to prep three teeth in the same quadrant?

Becoming efficient is a mindset. You and your team can install solid systems which allow efficiency to take place. Always be asking yourself, “is there a better way? Is there something more I need to learn and master to make this a more pleasant visit for our patient and ultimately create more profit for the practice?” It might even create the opportunity to work one less day a week if you could produce the same amount of dentistry in three days as you were in four. Who wouldn't want to go for that? ■



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## Legal Bite

### Bits and Pieces

By Frank R. Recker, DDS, JD

**T**hroughout the course of the day, general risk management questions arise which, standing alone, do not require a dissertation to answer. I would like to address a few of the many issues that can be answered in a relatively brief manner:

**Q:** Do I have to give a patient a copy of their records? Don't they belong to me (the dentist)?

**A:** A patient is entitled to receive a complete copy of their dental records, including radiographs, lab slips, chart entries, financial records, and photos. A dentist is permitted to charge a reasonable fee for making copies of those records. And no dentist is expected to 'immediately' produce such records upon demand by a patient. The original records are the property of the dental office.

**Q:** If a patient is unhappy and demands a refund, what should I do?

**A:** Each situation must be weighed on its own facts, considering the amount in question, the extent of the treatment rendered, the attitude of the patient, the patient's propensity to accept responsibility for their own role in dental health, etc. Generally speaking, I have no objection to a dentist refunding fees for services rendered as long as a 'release' is obtained from the patient. It would simply make no sense, for example, to refund \$10,000, only to later face a malpractice suit by the same patient.

**Q:** If a patient's attitude about their dental treatment degenerates to the point of hostility with dental staff or the dentist and treatment is not completed, can I terminate the patient?

**A:** Yes. In virtually all circumstances a dentist can terminate the dentist/patient relationship regardless of whether or not treatment has been completed. Doing so may involve a pro rata refund of fees paid in advance (i.e., incomplete root canal, bridge not seated, etc.) but that can be a great deal

easier than continuing to treat an obviously hostile or disgruntled patient.

"Abandonment" is a legal concept that requires "injury" to the patient and the patient has an obligation to avoid incurring any injury. Any patient termination should include a letter to the patient explaining that further treatment is necessary and that they should immediately seek the services of another dentist. The letter should also include a warning that failure to finish treatment in progress, or address a dental condition not yet treated, could result in injury to their teeth, oral tissues, and jeopardize their dental health.

**Q:** I have several new patients who are absolutely wonderful, but they refuse to allow me to take radiographs ostensibly because of their fear of additional radiation. They are willing to sign a chart entry stating that they refuse dental x-rays and will not hold me responsible. Would this be okay?

**A:** No. As a matter of law, a patient cannot give valid consent to treatment (or lack of treatment) which

would be below the standard of care. If the dentist believes radiographs are necessary in order to perform a competent diagnosis and assessment of a patient's dental condition, the dentist cannot avoid liability for failing to do so. The practitioner puts both his/her dental license at risk in addition to potentially assuming responsibility for any adverse consequences of failing to obtain complete diagnostic information. In such situations the real issue is often the cost of the radiographs, and the confrontation can be avoided by suggesting to the patient that you view the radiographs as being so important you would extend a professional courtesy to obtain them at no charge to the patient. Alternatively, the patient must be told that your dental license cannot be put at risk by agreeing to practice dentistry in a manner that falls below the standard of care.

**Q:** My patient approved the color and appearance of multiple anterior crowns. After seating them, he said the color had been changed

and wanted them removed and replaced. How should I handle this situation?

**A:** This situation illustrates the importance of intra oral photographs, documenting the appearance of the crowns prior to their being seated, after being seated, and the patient's acceptance of the crowns/veneers being noted in the patient chart. A dentist is not required to continue to remove and redo dental work because of a patient's vacillations. In fact, this could reflect a patient who cannot be satisfied no matter how many times the work is redone. In such a situation, continuing to attempt to appease the patient could inure to the detriment of the practitioner by inferring that the dentist is agreeing with the patient's assessment of poor treatment. And generally speaking, a patient who expresses unhappiness after approving the treatment will not become

happier or more satisfied through repeated attempts by the dentist. Something else in the patient's life is usually happening and the dentist is experiencing the results of that unhappiness, rather than being the cause. This is not to say that in all situations redoing treatment is wrong. There are circumstances in which the patient is correct and "something" changed. But the practitioner needs to be wary about immediately agreeing to redo dental treatment, especially in large and complicated cases.

**Q:** What should my treatment plan include?

**A:** First, there is most often more than one treatment plan, or should be, in any given patient encounter. Dentistry is replete with treatment options, and we have an obligation to present those options to the patient, whether or not we even perform certain dental

procedures. For example, a dentist who does not render implant treatment is nonetheless required to present implant treatment options if appropriate. With today's computer software, optional treatment plans should include CDT codes and UCR fees for each tooth or proposed treatment, as well as a generalized statement that any specific treatment plan may need altering based upon the clinical situation that might be encountered by the dentist. For example, a tooth "treatment planned" for a crown may require endodontic therapy after the clinician removes the existing restoration, decay, or visualizes pulpal pathology. In short, no treatment plan should be presented as imposing a limitation on what might also be necessary based upon clinical judgment at the time treatment is rendered.

**Q:** I have several patients who routinely cancel their appointments and their treatment is always delayed, or not performed at all. Should I charge them a fee for each missed appointment?

**A:** While it is appropriate to charge a fee for a missed appointment if a patient is so advised of the policy at the initial appointment, it is often better to consider terminating such a patient. Such a patient's dental condition often deteriorates and becomes more complicated, or the dentist encounters a series of "emergency" appointments rather than being able to complete the treatment plan in a methodical manner. The patient ultimately puts the dentist at greater risk of liability and should probably be terminated from the dental practice through written correspondence. ▀

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# The Financial State of AAID

By Nicholas Caplanis, DMD, MS

A few days ago I received the June 30, 2010, financial report from our CFO, Afshin Alavi. That report included some amazing news...for the first time, the Academy's total assets surpassed the \$5,500,000 mark. Our auditors have advised us that to be financially sound, we need to maintain at least one year's operating expense in our reserves. We have done that...and more.

I remembered that when I became a credentialed member about ten years ago, the Academy had only \$650,000 in assets on its balance sheet. Equally remarkable is the fact that during those same ten years, our annual credentialed members' dues have never increased with only a small increase in our general members' dues in 2006.

What is perhaps more impressive — and gratifying — to me as a member is the fact that we didn't increase our net assets by reducing member services. We've increased our assets while also increasing what we've been providing for our members. Here are some of the things we've been able to provide for our members without increasing their dues and still keep our Academy financially secure.

a) Over \$2,800,000 has

been spent on the legal fees in our cases in Florida and California, and we have been reimbursed almost \$1,400,000 of our expenditures by those two states.

b) We've increased the profitability of the Annual Meeting by enhancing the education, growing the exhibits, and cultivating new sponsorship opportunities. Net income from the 2000 meeting was \$76,021; in 2009, it was \$443,274.

c) We've redesigned and reformatted JOI. The result is an increase in article submissions. So many, in fact, that we will be increasing the number of pages and even print a special issue within the next year. Our advertising revenue has increased, and we've been able to increase our impact and influence among dental publications.

d) The AAIDNews now covers more areas of interest to our members and the number of pages has increased from 12 to 44

e) The number and locations of the AAID MaxiCourses® have expanded rapidly during the past several years. There are now 13 AAID MaxiCourses®, four of

which are located in Europe, the Middle East and Asia.

f) The Bone Grafting Course, which was introduced in 2002 continues to receive high ratings from the participants. We have presented that Course in as many as two locations a year and have periodically produced other participation courses on a variety of topics including microsurgery, pharmacology and soft tissue.

g) The AAID has increased its reach with the media — consumer as well as within the dental profession to spread AAID's name, increase the acceptance of implants and encourage consumers and referring dentists to use AAID credentialed members.

h) AAID reaches members and non-members electronically and quickly with the weekly AAID Implant Insight, monthly AAID Business Bite, and AAID eGram. Dentists are provided regular information that keeps them abreast of what is happening in the dental world, helps them build their practice, and keeps them informed on what AAID offers.

i) In support of the AAID Research Foundation and the American Board of Oral Implantology/ Implant Dentistry, the Academy during the past ten years, has provided over \$450,000 in cash as well as services of staff, equipment, facilities, etc. worth over \$1,000,000.

The AAID Research Foundation has also prospered during the past several years and has increased its level of funding of research projects by over 400 percent. Because of its generous donors, the Foundation has become one of the world's largest grant making organizations in implant dentistry. The AAID Research Foundation is truly setting the standards for dental implant research.

It is clear that AAID has experienced significant growth in total assets.

TOTAL ASSETS	
Jan. 1, 2000	June 30, 2010
\$650,648	\$5,564,592

We owe our success to the leadership and staff for implementing sound fiscal policy, financial accountability and budgetary control. ■



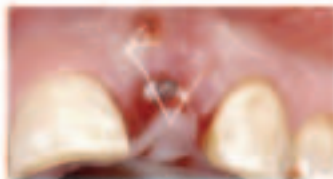
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1. Fotek PD, Nawa RF, Wang HL. Comparison of dental matrix and Polytetrafluoroethylene membrane for socket bone augmentation. *J Periodontol* 2009;80:770-785. 2. Hoffman O, Barlow BK, Beauregard C, Katsaj A, Dell G, Zakropoulos GG. Alveolar bone preservation in extraction sockets using non-resorbable ePTFE membranes: A retrospective non-randomized study. *J Periodontol* 2008;79:1355-1360. 3. Barber HD, Lingrell J, Smith BM, Barlow BK. Using a dense PTFE membrane without primary closure to achieve bone and tissue regeneration. *J Oral Maxillofac Surg* 2007;65:748-752.



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## Extraction Site Grafting Configurations

*Shown actual size.*



12 mm x 20 mm

### Cytoplast® Ti-250 Anterior Narrow

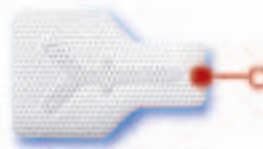
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Ideal for single-tooth extraction sites, especially where one or more bony walls are missing.



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For grafting posterior extraction sites and limited ridge augmentation.

# “Haute” Doc Dr. Mark Glovis

## Handy with His Hands and Curious and Helpful in So Many Ways

If someone says that Mark Glovis, DDS, is handling it, you can be sure he is – in his own truly creative and varied hands-on ways.

“From an early age, I just knew I really enjoyed making objects and that I seemed to be pretty good with my hands,” Mark remembers. “I found that I liked to apply my mechanical skills, such as with rebuilding engines and working on hot rods, and spent a lot of time playing around with electronics and electricity.”

Most of all while he was growing up, it was working with different types of wood that captured Mark’s attention, created excitement for him, and demonstrated his creative talents and craftsmanship. “As a kid, I played a lot with wood and was fascinated with what you could do with varying kinds of wood and relatively very few tools, which I couldn’t afford then,” he says. “I enjoyed building all kinds of items out of wood and, later, found myself refinishing cabinets, making furniture and the like. I just kept building on the happiness I got from handling wood.”

Mark parlayed his woodworking expertise and

mechanical know-how with a love for the environment – especially the cause of precious resource conservation – educating youth and helping the underprivileged into a lifetime of projects and causes stretching beyond his 25-year-old dental practice in Wyandotte, Michigan.

It was actually his high school physics teacher who suggested dentistry as a career. “I had pretty crooked teeth back then, so I went to the orthodontist to get that straightened out and on to the University of Michigan at Dearborn for an environmental science degree because of my interest in the ecology movement.”

Mark joked that he knew his woodworking passion was real when he found himself far too often in the university library “reading back issues of *Fine Woodworking* magazine” when he should have been studying.

Later, with his dental practice up and running, Mark was able to acquire better tools and his woodworking projects quickly expanded into areas such as building fine furniture. “Also, I was fortunate to be able to use my wood-

working abilities to construct my dental office,” Mark says. “I designed and built the cabinetry and the wood paneling. In my reception area, I built a pond, and have my tropical plants above the business office. It is just a feel for nature that I wanted to create.”

As another example of his varied woodworking activities, Mark constructed display cabinets for the University of Michigan Dearborn Environmental Interpretive Center at the request of his environmental program director. “I was able to design and build six cabinets out of white oak and include storage capability,” he explains. “I tried to make the cabinets complement the existing building and include a concealed door with a magnetic release for storage.” His generosity included donating the materials and fabrication of Plexiglas tops.

Mark’s craftsmanship, environmental commitment bolstered as a former EPA ecologist/naturalist, and fond recollections of a childhood filled with building and designing items naturally led him to become immersed with projects for



A close up of one of the whirligigs with smiling teeth made by a grammar school class under the supervision of Dr. Glovis.

his children’s classes. This schoolroom interest has included working with pre-schoolers to make mangers to place beneath Christmas trees, having second and third-graders build bird houses and feeders, and, yes, even electric motors.

“What we try to do is find non-traditional uses for materials and teach the children conservation and preserving limited natural resources,” he says. “Obviously, it is also good in so many ways for them to be building things to improve their hand-eye coordination and overall motor skills. I think this activity broadens their outlook on life and gives them something to experience and grow from outside of the classroom.”

In a unique project last year, Mark, the father of a

son and three daughters, worked with a class to build and sell 75 bat houses with the proceeds donated to a local land conservancy. “The kids really enjoyed making the bat houses, learning about bats and helping the environment with the donation.”

Mark most recently delved into the emerging area of solar wind power with the school kids, along with the art of whirligigs, or those often amusing and generally wind-powered mechanical devices designed to imitate simple, repetitive motions as they whirl, such as chopping, hammering or flying.

“The class was studying ecology,” Mark explains, “so I combined oral hygiene and wind power. I cut out all of the pieces and the children glued the piece together to make the 25 wooden whirligigs, each with a painted, smiling face with large teeth that were cleaned by a toothbrush powered back and forth by the wind. This took a fair degree of precision to make as the pieces had to be cut very carefully and the kids had to glue them together very carefully so they fit. They took them home as Father’s Day gifts.”

So are whirligigs a new-found hobby, or even part-time career, for Mark and his busy hands, like these American folk art devices have become for so many others across the



**A large crowd awaits dental and medical service during one of Dr. Glovis's missions to Appalachia.**



**The class shows off their whirligigs as Dr. Glovis looks on.**

country? “No, I don’t intend to become the whirligig king of Michigan, or anything like that, but it was a fun and educational project. I will concede that I am thinking about making a whirligig violin that would play with a bow powered by the wind.

“My woodworking experiences and the opportunities to stay involved with helping the environment and teaching youngsters have been wonderful and fulfilling activities for me,” Mark says.

“But the most meaningful way I have been able to contribute my talents and time is through some

12 years of volunteer mission work with Remote Area Medical, which is a non-profit, volunteer, airborne relief corps founded in 1985 and dedicated to serving mankind by providing free health care, dental care, eye care, veterinary services, and technical and educational assistance to people in remote areas of the U.S. and abroad.”

Mark has provided dental care to needy adults and children in the very poor areas of Appalachia, and he is about to do his third dental mission in Louisiana, a trip first taken following the ravages of

Hurricane Katrina.

“I got my pilot’s license in 1994 and use my Cirrus SR20 airplane to fly to Remote Area Medical missions, usually three or four weekends a year,” Mark says. “Flying makes me a more competent dentist by emphasizing multi-tasking, discipline and attention to detail. The need here and abroad for these medical and dental services for the poor is so critical, and I’ve been touched by the experiences to date.”

Mark received the Henry Ford Hospital Humanitarian Award for his hundreds of hours of volunteerism with adults and children in Appalachia. Never one to rest for his causes, he is currently working with the Henry Ford Hospital in Detroit to establish an emergency clinic for the working underinsured, possibly a first in the country.

With his enviable deftness, Mark Glovis continues to lend a hand, literally and figuratively, to youth, the underprivileged and the environment, blending his wood-working and mechanical skills to touch the lives of others.

“I’m not sure where it will or should all lead to in the years ahead for me,” he reflects, “but I’m just grateful to enjoy the skills I’ve had from any early age and find ways to use them to help needy people and others grow and develop. It feels like a calling for me.” ■



## Upcoming Key AAID Dates

### OCTOBER

**20-23 59th Annual Meeting of AAID**  
Boston, Massachusetts

**24** Associate Fellow Written Examination  
Boston, Massachusetts

### NOVEMBER

**20-22 8th World Congress for Oral Implantology (AAID Global Conference)**  
New Delhi, India

### DECEMBER

**4** Associate Fellow Written Examination  
Atlanta, Georgia

**9** Associate Fellow Written Examination  
Loma Linda, California

**6-10** Associate Fellow Written Examinations  
Pearson Vue Testing Centers

### FEBRUARY

**1** Application deadline for April 28 - May 1 Associate Fellow Oral/Case Exam

**17-18 Bone Grafting Course**  
Henderson, Nevada

### JUNE

**10-11 Northeast District Meeting**  
Baltimore, MD ▶


## Dr. John Crook Watkins passes away

Dr. John Crook Watkins died Aug. 9, 2010, in Corvallis, Ore. after a sudden, short illness. He was born on Dec. 16, 1943 and graduated from Baylor College of Dentistry in 1968. He practiced dentistry in Lindale, Texas, between 1970 and 2009.



Dr. Watkins was a Fellow of the American Academy of Implant Dentistry and earned his Diplomate from the American Board of Oral Implantology/Implant Dentistry. He was repeatedly recognized by his peers as one of the outstanding dentists of Texas.


He is survived by his wife of 46 years, Linda Griffin Watkins of Corvallis, his daughter, Kerry Watkins and her husband John Holley Matthews of Corvallis; and his daughter, Candice Watkins and her husband Chris Fox and their son Jackson Fox, of Astoria, Ore. ▶



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# Conversation with Joseph Orrico, DDS

*Interviewed by Editor of AAID News, David Hochberg, DDS*

**DR. HOCHBERG: Dr. Orrico, how and when did you decide to pursue a career in dentistry?**

**DR. ORRICO:** I spent a lot of my childhood playing hockey and got my nose and teeth rearranged a few times. For high school, I attended a boarding school in West Central, Wisconsin, about 250 miles from Chicago, in the small town of Prairie du Chien. Although I didn't get much dental care when I was up there, I had some extensive dental work done during the summer between my junior and senior year - replacing the old amalgam fillings with gold inlays or gold onlays. I was really impressed with the doctor, and, of course, I had a lot of questions for him. My dad was an Ear, Nose and Throat physician, and like all dads, wanted me to follow in his footsteps and become a physician. But I think at that time, he also saw the direction in which medicine was going, with managed care, insurance and Medicare, and thought that dentistry would probably be a better profession. I began college as a biology major, became premed at the end of my junior year, took both the MCATs and the DATs, and applied to five

med schools and five dental schools. The only medical school that accepted me was one in Guadalajara, Mexico. I soon came to realize that learning medicine in Spanish would be much more difficult than learning dentistry in English. So of the five dental schools that I got accepted to, I chose Loyola University.

**DR. HOCHBERG: Dr. Orrico, tell us a little bit about what influenced you to focus your practice in implant dentistry.**

**DR. ORRICO:** When I graduated from dental school, I really wanted to learn the business side of dentistry and I didn't think it'd be prudent to open my own practice at the time. So like all other dental students, I had interviewed with a few practices, and I took an associate position with Dr. James D'Alise, who was an AAID member.

As an associate, I assisted and observed several implant procedures including blade and subperiosteal implants. As a young graduate never exposed to implant surgery and prosthetics, I saw and realized the benefits patients would receive from implant dentistry. Immediately, I knew that this is something



**Dr. Orrico plays his guitar and harmonica.**

that I wanted to do, and three months after beginning practice I placed my first blade implant. Not too long after, I performed a full lower subperiosteal implant on a woman and it remained in function for about 25 years. In 1981, through a mutual friend, I was introduced to Dr. Richard Guaccio, who later became president of AAID. Of course, at the time, I didn't know anything about the AAID. He was instrumental in my decision to pursue active membership in the AAID.

**DR. HOCHBERG: Dr. Orrico, what do you believe are the strengths of the AAID as a national dental professional society?**

**DR. ORRICO:** The AAID has a pretty solid history of 59 years. We have a strong authoritative credentialing body. We've got an organization that is comprised of powerful, competent, caring people. We have a fantastic, recognized continuing education process, and we have members of our organization who have pioneered implant techniques. Most importantly, we are a financially stable organization.

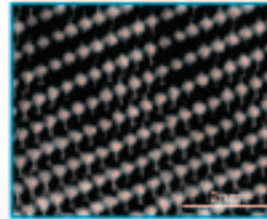
**DR. HOCHBERG: So what do you think are the major challenges facing the AAID as you become our president?**

**DR. ORRICO:** It really upsets me that the AAID has been in existence for 59 years with some of the most

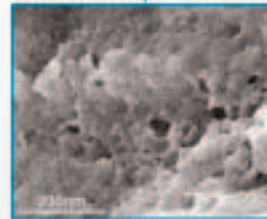
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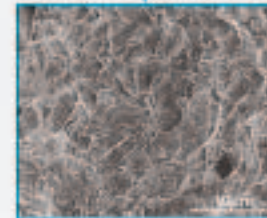
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# AAID News

## Conversation

continued from page 14

aggressive, progressive, and creative minds in the field of dentistry, yet we still lack public and professional awareness and have limited academic influence. In other words, we need to get ourselves on the map. With the nature of today's economy there will be education challenges in the sense that we will be competing against other organizations and manufacturers for a limited audience. Of course, we'll have the usual challenges from the ADA, their recognized specialty organizations and state dental boards.

**DR. HOCHBERG: So understanding the challenges you just referenced, what will be the major goals for the organization during your AAID presidency?**

**DR. ORRICO:** I think we need to develop a coordinated PR and marketing effort to increase the visibility of the AAID to the public, that is the consumer, the people that are buying our services, and to make them aware of the importance of a credentialed member, including what dentists did to become a credentialed member. Since there is no specialty in implant dentistry, credentials are all we have. If we can spread the word to the public that a credentialed member is proficient



**Dr. Orrico and his wife Trish with their son, Joey.**

and efficient and can deliver safe and predictable treatment, the public will seek out these members for their implant treatment, which in turn will also drive other dentists to seek out the AAID credential. That will create a win/win situation for both the public and the Academy. Of course, one goal is to increase membership, but at the same time membership retention is also a goal. We also have a golden opportunity now also with the dental schools in the state of transition. In other words, schools are dropping some of the perio and oral surgery requirements, and some of them are even dropping the denture requirements. If we can reach out to these students, we can make sure that they could be more competitive when they get out of school

and into practice.

**DR. HOCHBERG: Tell us a little bit about what you like you to do when you're not bending over the dental chair?**

**DR. ORRICO:** I still like to go to the gym four times a week to work out. But, when I was younger, I used to go in there feeling stressed and would release that tension and come out feeling good. Now, I go in there feeling good and come out feeling depressed because I can't keep up with the young guys anymore and everything aches. I play a lot of golf with my wife and, and my "little guy," who is now nine years old. When you have kids late in life, you spend time all summer at parks and places. It's the traveling baseball team. My weekends are taken up watching his baseball games. Now that

baseball's over, we're sitting around and watching him play football. So at the end of the evening when there's nothing left to do, I pull out either the Hummingbird or the Les Paul, and if I really get into it, I put on the harmonica and I do my Bob Dylan or my Neil Young act.

**DR. HOCHBERG: Dr. Orrico, are there any closing thoughts?**

**DR. ORRICO:** I just want to say what an honor it is going to be to serve as president of the Academy for its 60th year and to represent all of the pioneers of implant dentistry, those people who put their careers and reputations on the line to give us the livelihood that we so much enjoy today. God bless them. You know, if it weren't for them...you and I, we'd probably be sitting here discussing the difference in the compressive difference and compressive strengths between composites and amalgams.

**DR. HOCHBERG: Dr. Orrico, on behalf of the AAID membership, I want to congratulate you as you become our new president. We look forward to your leadership, and I am sure it will help this organization continue to be held in the highest esteem of our colleagues. We wish you only the very best. And be sure to bring your guitar and harmonica to Boston. ▀**



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## Industry News

### 3Shape and Objet Join Forces to Offer Dental Labs a Seamless CAD/CAM Design-to-Production Solution



3Shape A/S, a global leader in 3D scanners and CAD/CAM software solutions for the Dental Industry, together with Objet Geometries Ltd, a leading provider of 3D Printing

Systems for Rapid Prototyping and Manufacturing, announced the availability of a jointly developed solution that integrates with the **3Shape Dental System™ 2010** enabling its 3D restoration designs to be produced on the **Objet Eden line of 3D Printing systems.**

Dental labs can now look forward to a seamless digital workflow for production of dental restorations – all the way from 3D scanning of impressions and CAD-Design using 3Shape **Dental System™**, CAM preparation

with **3Shape CAMbridge™**, and on to final manufacturing and production on **Objet Eden 3D Printers.**

Complete integration is made possible by 3Shape's CAMbridge™ manufacturing software that brings the digital model information from Dental System™ onward to the **Objet Studio™** software that communicates directly with the **Objet Eden 3D printer.**

The unique versatility of 3Shape's Dental System™ enables it to integrate smoothly with the market's best dental manufacturing

solutions. The fine-detail printing, adequate layer thickness and smooth surface output make **Objet's 3D Printing systems** highly suitable for the manufacture of dental restorations.

For further information regarding 3Shape A/S, please refer to [www.3Shape.com](http://www.3Shape.com). For more information about **Objet**, visit [www.objet.com](http://www.objet.com).

### DynaMatrix™ Featured on Discovery Channel Segment Highlighting Innovative Products in Oral Health

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see **Industry News p. 20**

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Dr. Amos Yanav, the developer of Bondbone, will speak about this new, unique product, on Wed. Oct. 20 at 10:30am. A hands-on workshop will be presented by Dr. Michael Peleg on Thur. Oct. 21 at 1:30pm.

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# AAID News

## Industry News

continued from page 18

healthcare company focused on restoring smiles, announced that DynaMatrix™ Extracellular Membrane, the company's soft tissue regeneration product, was featured in an episode of Health Heroes on the Discovery Channel. The episode will focus on innovative products in oral health, and will highlight DynaMatrix™ as an alternative to using a soft tissue graft taken from the roof of the patient's mouth to preserve teeth by treating gum recession. The DynaMatrix™ episode of the Discovery Channel's Health Heroes first aired on August 26, 2010.

Health Heroes is an exciting program that identifies and explores today's latest medical advances in all areas of health and wellness. Developed through the real life experiences of industry experts, physicians and their patients, this series combines scientific and clinical data with touching storytelling, to deliver the best and most accurate information to viewers.

More information is available at [www.keystonedental.com](http://www.keystonedental.com).

### Osteogenics Biomedical Introduces Pro-fix™ Precision Fixation System

Osteogenics Biomedical, manufacturer of Cytoplast® barrier membranes and PTFE suture, has announced the addition of a new fixation



system, Pro-fix™, to its regenerative portfolio. The Pro-fix™ system will include self-drilling membrane fixation screws, self-drilling tenting screws, and self-tapping bone fixation screws. The self-drilling membrane fixation screws are immediately available for sale.

The Pro-fix™ system is a single kit designed to supply and store the variety of fixation screws used in regenerative practices. The Pro-fix™ system features a locking-taper cruciform drive system that allows easy pickup and safe transport of the screw to the surgical site.

Osteogenics will first introduce membrane fixation screws, which consist of 3 mm self-drilling titanium alloy screws designed to engage bone without the need for a pre-drilled pilot hole. Each screw's aggressive tip design allows for precise membrane placement – even in cortical bone.

Pro-fix™ is now available for purchase online at [www.osteogenics.com](http://www.osteogenics.com), or by calling 1.888.796.1923. Replacement screws and the system's individual components are also available for purchase. Self-drilling tenting screws and self-tapping bone fixation screws will be available this fall.

### Zest Anchors O-Ring Insertion Tool



The O-Ring Insertion Tool developed by Zest Anchors, LLC allows easy insertion of dental o-ring attachments into their metal denture caps without damage to the o-ring. The tiny size of the rubber o-rings make them difficult to work with, and the typical use of forceps or other sharp dental instruments to seat an o-ring into its metal housing can puncture the o-ring, thus shortening its useful life.

The O-Ring Insertion Tool is designed with two different sized ends to insert either Micro O-Rings (3.5mm outside o-ring diameter used with 1.8mm Ball) or Standard O-Rings (4.5mm outside o-ring diameter used with 2.25mm Ball). The o-ring is simply loaded into the appropriate end of the O-Ring Insertion Tool and is precisely inserted by the tool into the O-Ring Cap in the denture.

For more information, visit the company Web page at [www.zestanchors.com](http://www.zestanchors.com) or call Customer Service at 800-262-2310.

### Zimmer Dental Launches Versatile Collagen Capsules and Wedge

Zimmer Dental Inc., a leading provider of dental oral rehabilitation products

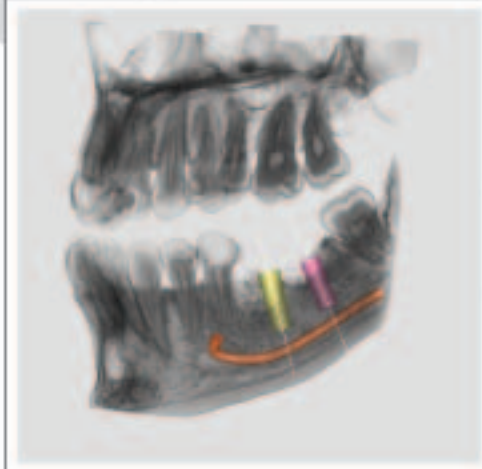
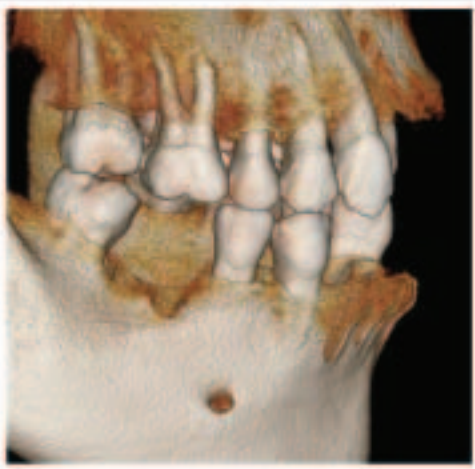


and a subsidiary of Zimmer Holdings, Inc., is pleased to announce the availability of Zimmer® Collagen Capsules, which represent the industry's first ever bone-shaping membranes, and the shape-retaining Zimmer® Collagen Wedge — both of which stem from an exclusive distribution agreement with Osseous Technologies of America (OTA). Together, these multi-faceted regenerative products offer clinicians the versatility and ease-of-use necessary to meet their patients' needs during a sinus lift procedure, socket repair, and other wound healing applications.

The hollow, three-dimensional Zimmer Collagen Capsules (3.0cc, 1.5cc, and 0.6cc) support focused bone augmentation, and can be used in both crestal and lateral sinus lift procedures. These unique capsules, which can be positioned with the Zimmer® Sinus Lift Balloon or other delivery instruments, are well-suited for repairing tears to the Schneiderian membrane, and efficiently retain grafting material during socket preservation and repair procedures.

The pliable Zimmer  
see Industry News p. 22

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### Industry News continued from page 20

Collagen Wedge, which holds its shape and can be trimmed for a custom fit, can be used for bone defects and ridge augmentation procedures, and is also suitable for oral wound healing applications. The 23x38mm wedge's thicker, reinforced edge allows for attachment to the lateral wall with tacks.

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"The AAID Foundation funds grants to post-graduate researchers for unbiased dental implant research to further the science of oral implantology through research and education. Grants from the Foundation are contributing significantly to the body of evidence in our field, and we are very grateful for the generosity of AAID members and our industry supporters," said Minichetti.

Annually, the AAID Research Foundation awards individual grants of up to \$25,000 to fund dental research projects that will be completed in two years or less. Typically, these projects are in the following four areas:

- Pilot studies to determine the feasibility of a larger research project
- Small clinical or animal research projects
- Development and testing of new techniques and procedures
- Analysis of existing data

A small company in Escondido, CA, has been quite generous. Zest Anchors is a family-owned business started in the 1970's and is a global manufacturer of locator attachments used to secure dentures to implants. The company's president,

Paul Zuest, strongly believes that supporting research in implant dentistry is good for the profession and good for business. Over the past several years, Zest Anchors contributed \$5,000 annually to the AAID Research Foundation.

"We want to support research on the prosthetic side of implants because less attention is focused there than on the implant devices," said Zuest. "It is important to support the AAID Research Foundation because it fosters cutting-edge research to advance the science of implant dentistry."

Zuest believes a key priority for dental implant research is early loading. "Most patients have to wait up to four months from insertion of dental implants until a denture or prosthesis can be affixed. I'd like to see that time eventually cut in half to better serve our patients," said Zuest. "It is very doable, in my opinion, but we need strong research to generate the scientific data to support a shorter time frame for implant loading."

"AAID is very grateful for the support, confidence and generosity of Paul Zuest in helping make possible the grants our Foundation award to deserving researchers,"



said Minichetti.

Founded in 1977, by Paul's father, Max, who conceived the idea for making his own dental attachments after using products imported from Europe, Max formed Zest Anchors in 1977 to better control the manufacturing and distribution of the attachments. Paul joined the company after graduating from San Diego State University with a degree in biology. Max retired in 1994.

Also in 1994, the Zest Anchor Advanced Generation (ZAAG) attachment was developed and patented. The ZAAG Attachment was produced to fit all major implant systems as well as root retained overdentures. Worldwide sales of this attachment helped Zest Anchors grow and prosper through the 1990s. The company's current flagship product, the LOCATOR® Attachment System, was introduced in 2001. ▀

# Connecticut Dental Implant Institute

Dr. Joel L. Rosenlicht, Director



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## 2009 Fellows



**John Argeros, DMD,** Peabody, MA, graduated from Tufts Dental School in 1977. He became a diplomate of the American Board of Oral Implantology/Implant Dentistry in 2007.



**Colin Diener, DMD,** Edmonton, AB, Canada, earned his dental degree from University of Saskatchewan in 2001.



**Berne Dunson, DDS,** Atlanta, GA, received his degree from University of Southern California in 1991. He completed the Loma Linda University Hospital-Based Residency Program in 1997 and became a Diplomate of the American Board of Oral Implantology/Implant Dentistry in 2009.



**Chanda Kale, BDS, DDS,** Brooklyn, NY, earned his first dental degree from Nair Hospital Dental College Mumbai India in 1976. He received his second dental degree from New York College of Dentistry in 1980 and completed the New York MaxiCourse® in 2004.



**Michael Katzap, DDS,** Rego Park, NY, graduated from New York University College of Dentistry in 1995. He completed his Implant Fellowship at Brookdale Hospital in 1999. He became an American Board of Oral Implantology/Implant Dentistry Diplomate in 2008.



**Andrew Wayne Kelly, DDS,** Clemmons, NC, received his dental degree from Howard University in

1983. He completed the Medical College of Georgia MaxiCourse® in 2004 and received Diplomate status with the American Board of Oral Implantology/Implant Dentistry in 2008.



**Vahik Meserkhani, DDS,** Glendale, CA, earned his dental degree from Tehran University in 1987. He completed a surgical Fellowship in 2004 and received a certificate in Prosthodontics in 2008, both at Loma Linda University. He also became a Diplomate of the American Board of Oral Implantology/Implant Dentistry in 2005.



**Pankaj Singh, DDS,** Garden City, NY, graduated from New York University College of Dentistry in 1992. He completed a two-year Implant Fellowship at Brookdale Hospital in 1996 and became an American Board of Oral Implantology/Implant Dentistry Diplomate in 2008.



**Frank Sung, DDS,** Houston, TX, received his dental degree from Indiana University in 1977. He completed the Medical College of Georgia MaxiCourse® in 1992. He also became of Diplomate of the American Board of Oral Implantology/Implant Dentistry in 2003.



**Charles R. Walton, DMD,** Mobile, AL, earned his dental degree from University of Alabama School of Dentistry in 1980. He also became a Diplomate of the American Board of Oral Implantology/Implant Dentistry in 2004. ■



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## 2009 Associate Fellows



**Bhavin C. Changela, DDS**, Pomona, CA, received his dental degree from Government Dental College & Hospital in 2001.



**Randal Stuart Elloway, DDS**, Red Bluff, CA, received his dental degree from Loma Linda School of Dentistry in 1992 and completed the Loma Linda MaxiCourse® in 2007.



**Michael Gioia, Jr., DMD**, Boca Raton, FL, earned his dental degree from the University of East Philippines in 1978. He completed the Medical College of Georgia MaxiCourse® in 2008.



**Adam Michael Hogan, DDS**, Virginia Beach, VA, earned his dental degree from University of Michigan in 2003. He completed the Medical College of Georgia MaxiCourse® in 2007.



**Bela Sangai Jain, BDS, MDS**, New Delhi, India, earned her dental degree from King George Medical College in 1981. She completed the India MaxiCourse® in 2007.



**Vijai Jeevan Chokanda, BDS**, Bangalore, Karnataka, India, graduated from JSS Dental College, Mysore, India, in 1993. She completed the India MaxiCourse® in 2006.



**Zakar Elloway, DDS**, Flagstaff, AZ, graduated from Loma Linda University School of Dentistry in 2000.



**David Greenberg, DMD**, Chevy Chase, MD, graduated from the University of Pennsylvania in 2002. He completed the Medical College of Georgia MaxiCourse® in 2005.



**Kyungjae Hong, DDS**, Seoul, South Korea, graduated in 2002 from Pusan National University, South Korea. He completed the South Korea MaxiCourse® in 2008.



**Paresh Ramkrishna Kale, MDS**, Maharashtra, India, graduated with a degree in dentistry from Government Dental College & Hospital, Bombay, India, in 1988.



**John Alex Collier, DDS**, Oxford, MS, received his dental degree from the University of Tennessee in 1995. He completed the Medical College of Georgia MaxiCourse® in 2005.



**Michael S. Freimuth, DDS**, Wheatridge, CO, received his dental degree from Creighton University in 1994. He completed the Medical College of Georgia MaxiCourse® in 2008.



**Dr. Pablo E. Guzman**, Cochabamba, Bolivia, received his dental degree from Universidad Mayor de San Simon in 1997.



**Thorpe A. Jacob, DMD**, Woodruff, SC, received his dental degree from University of Pittsburgh in 1986. He completed the Medical College of Georgia MaxiCourse® in 2008.



**Harry A. Karna, DDS**, Moreno Valley, CA, received his dental degree from Government Dental College & Hospital, Bombay, India, in 1985.

see Associate Fellows p. 28



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## Associate Fellows

cont. from page 26



**Deepika Kenkere, MDS**, Bangalore, Karnataka, India graduated in 2005 with a degree in dentistry from SDM College of Dental Sciences and completed the India MaxiCourse® in 2006.



**Jae Young Kim, DDS**, Seoul, South Korea, earned his dental degree from Seoul National University, South Korea, in 2002. He completed the South Korea MaxiCourse® in 2008.



**Joongmin Kim, DDS**, Seoul, South Korea, graduated from Dental College Dankook University, CheonAn, South Korea, in 2002. He completed the South Korea MaxiCourse® in 2008.



**Seong Eon Kim, DDS**, Busan, South Korea, received his dental degree from Pusan National University, South Korea, in 2005. He completed the South Korea MaxiCourse® in 2008.



**Yong Do Kim, DDS**, Gyeonggi-do, South Korea, earned his dental degree from Wonkwang University in 2001. He completed the South Korea MaxiCourse® in 2008.



**Eldo Koshy, MDS**, Cochin, Kerala, India, earned his dental degree from V.M.S. Dental College India in 1995 and completed the India MaxiCourse® in 2006.



**Kevin Kibong La, DDS**, Fullerton, CA, graduated from the University of California/Los Angeles School of Dentistry in 2001.



**Keith R. Lawson, DDS**, Calgary, Alberta, Canada, earned his dental degree from University of Alberta in 1990. He also completed the Medical College of Georgia MaxiCourse® in 2007.



**Chijoong Lee, DDS**, Seoul, South Korea, received his dental degree from Wonkwang University Dentistry in 2005. He completed the South Korea MaxiCourse® in 2007.



**Jae Kuk Lee, DDS**, Gyeonggi-do, South Korea, graduated from Chonbuk National University in 1991. He completed the South Korea MaxiCourse® in 2008.



**Jung Hyuk Lee, DDS**, Geumjeong-dong Gunposi, Gyeonggi-do, South Korea, earned his dental degree from Wonkwang University Dentistry in 2005. He completed the South Korea MaxiCourse® in 2008.



**Kyung-Sook Lee, DDS**, Yangcheon-gu, Seoul, South Korea, received her dental degree from Kyunghee University, South Korea in 1998. She completed the South Korea MaxiCourse in 2008.



**Suhail Sanhareeb Mati, DMD**, West Bloomfield, MI, graduated from Tufts University School of Dental Medicine in 2003. He completed the Medical College of Georgia MaxiCourse® in 2006.



**Philippe Morisseau, DMD**, North Kingstown, RI, earned his dental degree from Tufts University School of Dental Medicine in 1987. He completed the New York MaxiCourse® in 2006.



**Hayat U. Najafe, DDS**, Fredericksburg, VA, received his dental degree from Virginia Commonwealth University School of Dentistry in 2001. He completed the Medical College of Georgia MaxiCourse® in 2005.

see Associate Fellows p. 30



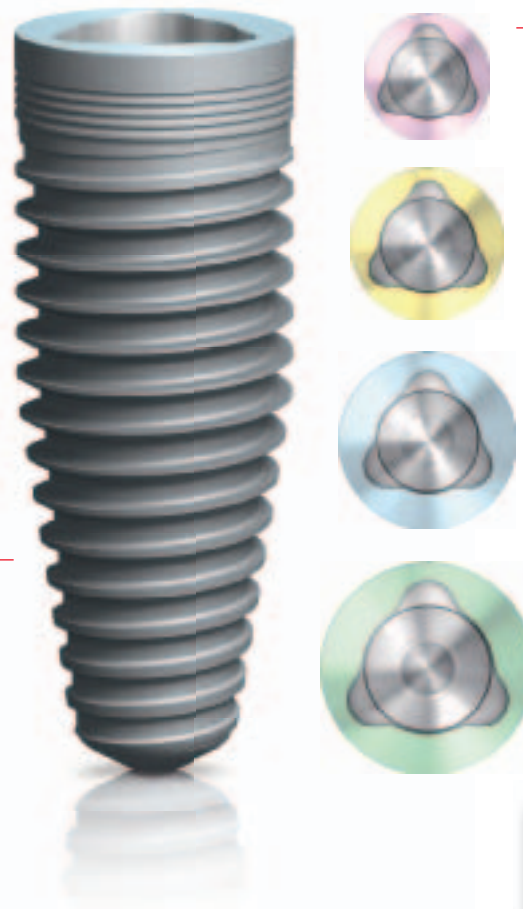
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## Associate Fellows

cont. from page 28



**Sujal H. Parikh, DDS**, Victorville, CA, received his dental degree from Government Dental College India in 2000.



**Rajiv R. Patel, BDS, MDS**, Deland, FL, graduated from Government Dental College India in 1979. He completed the Medical College of Georgia MaxiCourse® in 2006.



**Dhaval Kumar Shah, DDS, MDS**, Highland, CA, received his dental degree from Government Dental College India in 1996.



**David P. Solomon, DMD**, Melrose, MA, grad-

uated from Tufts University School of Dental Medicine in 1979. He completed the New York University MaxiCourse® in 2005.



**Roberto Sosa, DDS**, Miami, FL, earned his dental degree from Marquette University in 1992. He completed the New York MaxiCourse® in 2006.



**Thomas Ming Sang Tang, BDS**, Central Hong Kong, received his dental degree from University of Dundee, Scotland, United Kingdom, in 1986.



**Nirav Shirish Vidyarthi, BDS, MDS**, Abu Dhabi, United Arab Emirates, graduated from Government Dental College & Hospital with a degree in dentistry in 1988. He received a Masters in Prosthetic Dentistry from the same institution in 1992.



**James Russell Welland, DDS**, West Chester, OH, earned his dental degree from the Ohio State University School of Dentistry in 1979. He completed the Medical College of Georgia MaxiCourse® in 2008.

**Not Pictured**  
**Donald Anderson, DMD**, Vancouver, BC, Canada, earned his dental degree from University of British Columbia in 1974.

**Mohd Ali Awwad, DDS**, Eureka, CA, graduated in 1998 from the University of Southern California with a degree in dentistry.

**Hisham Mohamed Barakat, DDS**, Chesapeake, VA, received a dental degree from Alexandria University, Egypt, in 1998. He also completed the Medical College of Georgia MaxiCourse® in 2006.

**Jesus R. Barreto, DDS**, Miramar, FL, graduated from Universidad Central del Este Dominican Republic in 1990 with a degree in dentistry. He also received a dental degree from the University of the Pacific in 1992.

**Jeffrey Cauley, DDS**, Waycross, GA, earned his dental degree from Howard University in 1983. He also completed the Medical College of Georgia MaxiCourse® in 2007.

**Ronald Eugene Duffin, DDS**, Hemet, CA, earned his dental degree from University of Washington in 1989. He completed the New York University MaxiCourse® in 2005.

**Jung In Kong, DDS**, Chungcheongnam-do, South Korea, graduated from Dankook University in 2007. He completed the South Korea MaxiCourse® in 2008.

**Young Gil Kwon, DDS**, Chungcheongnam-do, South Korea, received his dental degree from Wonkwang University in 2007. He completed the South Korea MaxiCourse® in 2008.

**Mark A. Padolsky, DDS**, Atlanta, GA, graduated from Emory School of Dentistry in 1982. He also completed the Medical College of Georgia MaxiCourse® in 1988.

**M. Drew Shabo, DDS**, Chattanooga, TN, earned his dental degree from Loma Linda University School of Dentistry in 1998. He completed the Medical College of Georgia MaxiCourse® in 2008.

**Kaz M. Zymantas, DDS**, Naperville, IL, received his dental degree from the University of Illinois at Chicago College of Dentistry in 1979. He completed the Medical College of Georgia MaxiCourse® in 2005.

## 2009 Academic Associate Fellows

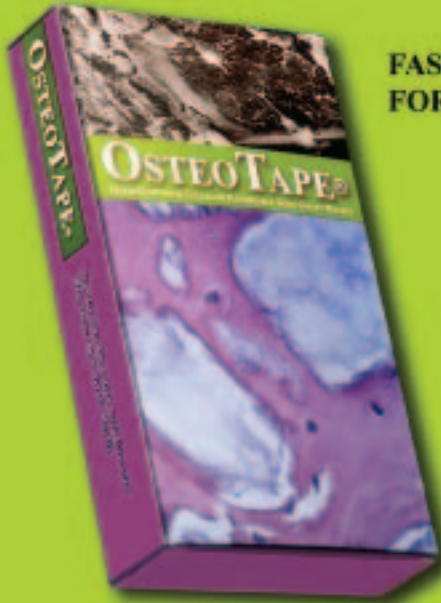


**Asvin Vasanthan, DDS, MS**, Kansas City, MO, graduated from MGR Medical University, India in 2000. He also received a degree in dentistry from the University of Missouri-Kansas City in 2006. He is currently a Clinical Assistant Professor at the Department of Periodontics at the University of Missouri-Kansas City, School of Dentistry.

**Mahesh Verma, BDS, MDS**, New Delhi, India, received his dental degree from Kerala University Trivandrum, India in 1980. He is the Professor and Chair, Prosthodontics at Maulana Azad Institute, New Delhi. ▀

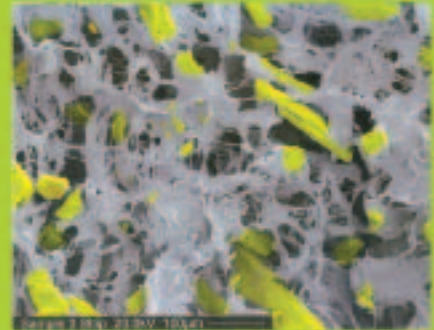
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## 2010 AAID Dental Student Award

The 2010 AAID Dental Student Award is available to all accredited dental education programs in the United States and Canada. Forty-eight schools awarded the AAID Dental Student Award for undergraduate students this year at their graduation ceremonies. Award recipients received a certificate of recognition and were provided one year free membership in the AAID and a complimentary registration at the Annual Meeting.

The recipients and schools that participated are:

**Joshua River Cochran, DMD**

Arizona School of Dentistry & Oral Health

**Jerry H. Ashrafi, DMD**

Boston University Henry M. Goldman School of Dental Medicine

**Yaritza Lugo-Andujar, DMD**

Brookdale University Hospital & Medical Center

**Justina Marie**

**D'Agostini, DMD**  
Case Western Reserve University School of Dental Medicine

**Richard Pantig Dela Rosa, DDS**

Columbia University College of Dental Medicine

**Brian C. Ott, DDS**

Creighton University School of Dentistry



Abigail Bryson Manter, DMD was the winner of the AAID Student Dental Award at Tufts University School of Dental Medicine. Pictured from left to right are Dean Lonnie Norris, Dr. Nopsaran Chaimattayompol, Dr. Abigail Bryson Manter, and Dr. Hans-Peter Weber.

**Linah Mohammed Ashy, DMSc**

**Bryan Paul Jacobs, DMD**  
Harvard School of Dental Medicine

**Justin L. Cole, DDS**

Howard University

**Edward Charles Collins, III, DDS**

Indiana University School of Dentistry

**Ryan D. Waring, DDS**

Loma Linda University

**Laura F. Tomaszewski, DDS**

Louisiana State University School of Dentistry

**Matthew Holton, DDS**

Marquette University School of Dentistry

**Jonathan Lee Bullard, DMD**

Medical College of Georgia School of Dentistry

**Michael W. Ammons, DMD**

Medical University of South Carolina/College of Dental Medicine

**Alex Ramos, DDS**

Meharry Medical College

**Mona Zahedi, DDS**

New York University

**Pavel Ivanov, DMD**

Nova Southeastern University

**Christian Hanson, DMD**

Oregon Health and Science University, School of Dentistry

**Jennifer M. Kuchar, DMD**

**Abdul R. Majzoub, DDS**  
Southern Illinois University School of Dental Medicine

**John Lee, DDS**

Stony Brook University, School of Dental Medicine

**Renn Flinders, DMD**

Temple University Kornberg School of Dentistry

**Sarah Parker Allen, DDS**

Texas A & M Health Science Center Baylor College of Dentistry

**Daniel G. Klaver, DDS**

The Ohio State University

see Student Award p. 34



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 + Jan 19-23 2011  
 + April 13-17 2011  
 + October 26-30 2011

### Session II

+ Feb 23-27 2011  
 + May 18-22 2011

### Session III

+ June 22-26 2011

### Session IV

+ July 20-24 2011



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Dr Michael R. Clark, Periodontist, San Diego, CA

Before attending the Fellowship Program at the California Implant Institute I thought I will never be able to place implants, but after taking the Fellowship Program with Dr. Al-Faraje I placed over 100 implants in the period of one year. I would highly recommend the program to all my colleagues.

Asmath Noor GP, Norwalk, California

Dr Faraje offers highly sophisticated courses in Implant dentistry. He distills his experience and delivers the course material to the point, and sharing all aspects of care and patient management. The information is thorough, and perspective offered have the potential of being an asset to a clinician of any level of experience. I enjoyed spending my time learning from him.

Amit Batheja B.D.S., D.D.S., Endodontist. Los Angeles, CA



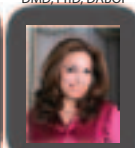
Louie Al-Faraje  
DDS, DABOI



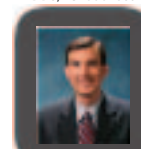
James Rutkowski  
DMD, PhD, DABOI



Suheil Boutros  
DDS, Periodontist



Freida Brookshire  
DDS, Prosthodontist



Christopher Church  
MD, ENT



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# AAID News

## Student Award

continued from page 32

### Dr. Katie S. Milden

University of Iowa/Dept  
of Prosthodontics

### Christopher Philip Maly, DDS

University of Michigan

### Abigail Bryson Manter, DMD

Tufts University School  
of Dental Medicine

### Johannes Peter

#### Knueppel, DDS

University of California,  
San Francisco School of  
Dentistry

### Frank Rudolph Bottino, DMD

University of Medicine  
and Dentistry of New  
Jersey – New Jersey  
Dental School

### Ahmad Kheir, DMD

Universite de Montreal

### Jean-Philippe Gagnè, DMD

Université Laval

### David A. Krempa, DMD

University of Alabama at  
Birmingham – School of  
Dentistry

### Scott S. Palasty, DDS

University of Alberta,  
Department of Dentistry

### Gillian Brewer

#### Alexander, DDS

University of Buffalo

### David W. Wong, DMD

University of British  
Columbia

### Mindy Jo Shaw, DDS

University of Colorado  
School of Dental  
Medicine

### Vincent Defina, DMD

University of Connecticut  
School of Dental Medicine

### Katie L. McCann, DDS

University of Illinois  
Chicago College of  
Dentistry

### Rachel G. Wilson, DMD

University of Louisville  
School of Dentistry

### Timothy A. Carlson, DDS

University of Minnesota  
School of Dentistry

### Heather V. Adams, DDS

University of Missouri-  
Kansas City

### Bronsen R. Schliep, DDS

University of Nebraska  
Medical Center College  
of Dentistry

### Joseph W. Capps, DMD

University of Nevada Las  
Vegas, School of Dental  
Medicine



Dr. Robert Uchin, Dean, presents the AAID Student Dental Award to Dr. Pavel Inovov, winner at Nova Southeastern University.

### Nicholas Kain, DDS

University of North  
Carolina School of  
Dentistry

### Jamie Lynn Smith, DDS

University of Oklahoma  
College of Dentistry

### Clark D. Andelin, DMD

University of  
Pennsylvania School of  
Dental Medicine

### Matthew Walter Karski, DMD

University of Pittsburgh

### Stefan Graner, DMD

University of  
Saskatchewan College of  
Dentistry

### Kevin M. Nail, DDS

University of Texas  
Dental Branch at  
Houston

### Sarah E. McCutchen, DDS

University of Texas  
Health Science  
Center/San Antonio

### Eva Gasior, DDS

University of the Pacific  
Arthur A. Dugoni School  
of Dentistry

### Troy Robeck, DDS

University of Washington  
School of Dentistry

### Rebecca Lynne Turner, DDS

Virginia Commonwealth  
University School of  
Dentistry


### Tabitha Justice, DDS

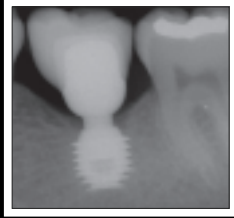
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# Membership

## 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. 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

Dr. Maggie Law  
Birmingham  
Dr. Kallie Law  
Birmingham

### ARIZONA

Robert Baird, DDS  
Bullhead City  
Dr. Nicole Chung  
Gilbert

### CALIFORNIA

Boris Shnayder, DDS  
Castaic  
Dr. Homa Shahriari  
Encino  
Fred H. Larson, DDS  
La Jolla  
Kyork Dabbagh, DDS  
Los Angeles  
Daniel Yee Hsu, DDS,MD  
Los Angeles  
Johannes Knueppel, DDS  
San Francisco  
Chad Lyew, DDS  
San Francisco  
Stephanie Moniz, DDS  
San Francisco  
Henry S. Chang, DDS  
San Jose  
Robert N. Matiasovich, Jr.,  
DDS  
Santa Cruz  
Andy T. Hoang, DDS  
Temecula

### COLORADO

John Miller, DMD  
Aspen

### FLORIDA

Gary Weider, DMD  
Aventura  
Pavel Ivanov, DMD  
Davie  
Dr. Tarek Assi  
Port Saint Lucie

### GEORGIA

Jeff Rodgers, DMD  
Dunwoody  
Daniel J. Vincent, DDS  
Norcross  
Dr. Alexander Bannout  
Pooler

### HAWAII

Steven S. Uchida, DDS  
Kailua

### IDAHO

David Cantwell, DDS  
Boise

### ILLINOIS

Edward C. Collins, III, DDS  
Chicago  
Robert Bruce Silvers, DMD  
Lincolnwood

### INDIANA

Marla Kay Wilson, DDS  
Indianapolis  
Ross Tyler Freeman, DDS  
Noblesville

### KANSAS

Justin L. Wu, DDS  
Wichita

### LOUISIANA

Tony Guilbeau, DDS  
Lafayette

### MARYLAND

Frances Pak, DMD  
Ellicott City  
Dr. Marc Zaslow  
Sparks

### MASSACHUSETTS

Mark David Schenkman,  
DDS  
Attleboro Falls

### MICHIGAN

Pierre Joseph Tedders, DDS  
Adrian  
Rouzana Hares, DDS  
West Bloomfield

### NEW HAMPSHIRE

Zeynep Barakat, DMD  
Nashua

### NEW JERSEY

Ryan Sheridan, DMD  
Long Branch  
George J. Schmidt, DMD  
Whippany

### NEW YORK

Dr. Mohammad Nayeem  
Astoria  
Elliot Koschitzki, DDS  
Brooklyn  
Dr. Adeola Abisogun  
New York  
Dr. Stephen Boss  
New York  
Dr. James Eisdorfer  
New York  
Faranak Vossughi, DDS,MS  
Purchase  
**NORTH CAROLINA**  
Derek Emerson Blank, DDS  
Greenville

### OREGON

Nathan M. Austria, DMD  
Portland

### SOUTH CAROLINA

Christopher Philip Maly, DDS  
Beaufort

### TEXAS

Elizabeth Anne  
Dannenber, DDS  
Lubbock  
Sarah McCutchen, DDS  
New Braunfels

### VIRGINIA

Dr. Sophie Oswald  
Arlington  
Michael Conrad Peer, DDS  
South Boston  
C. Sergio Vendetti,  
MD,DMD  
Virginia Beach

### WASHINGTON

Ronald Bryant, DDS,MSD  
Seattle

### WISCONSIN

Leonard Huck, DDS  
Wauwatosa

### CANADA

#### ONTARIO

Filippo Marchello, DDS  
Mississauga  
Vladislav Shustov, DDS  
Newmarket

#### CHILE

Sergio Olate Morales,  
DDS,PhD  
Temuco

#### CHINA

Wai Hon Lei, DMD  
Macau

#### COLOMBIA

Dr. Carlos Acevedo  
Barranquilla

#### EGYPT

Nabil Younes, MSc  
Cairo

#### PAKISTAN

Dr. Muhammad Khan  
Sindh  
Aamir Tufail, BDS  
Sialkot

#### POLAND

Dr. Jennifer Romaszewski

#### SOUTH KOREA

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Dr. Yoon Seok Heo  
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Shin Cheol Kim, DDS  
AnYang-Si, KyeongGi-Do  
Dr. Myoungku Lee  
Bucheon-si  
Dr. Doo Young Song  
Busan

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Chungcheongbuk do  
Dr. Jeongho Hwang  
Chun-An, Choong-  
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Dr. Jae Hyeon Suh  
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Gun Hong Park, DDS  
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Dr. KwangUk Kim  
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Hyun Sun Jung, DDS  
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do  
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Gigyoung Kim, DDS  
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see Membership p. 38



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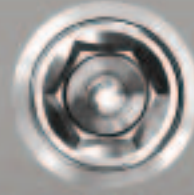
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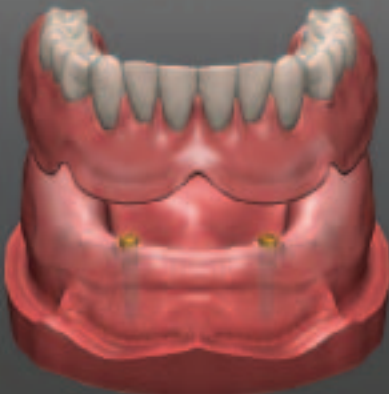
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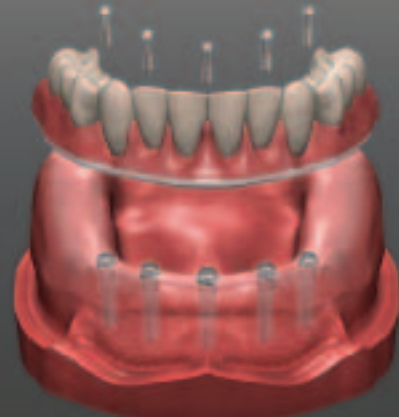


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## Continuing Education Bite

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Phone: 800-221-6437 or 706-721-3967

E-mail: lbthigpen@mcg.edu

Web site: www.mcg.edu/ce

#### OAGD/AAID MaxiCourse®

Oregon Academy of General Dentistry

OHSU School of Dentistry

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1 weekend per month

Contact: Jessica Smith

Phone: 503-228-6266

E-mail: oragd@comcast.net

Web site: www.oragd.org

#### Loma Linda University/AAID MaxiCourse®

Loma Linda, California

Monthly March through December

Continuing Dental Education

11245 Anderson St.; Suite 120

Loma Linda, CA 92354

www.llu.edu/assets/dentistry/documents/cde/  
maxicourse2010.pdf

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India; Penang, Malaysia

Contact: Dr. Shankar Iyer

E-mail: drsiyer@aol.com

Web site: www.aaid-india.org

#### Korea MaxiCourse®

Monthly March through December

Contact: Dr. Jaehyun Shim

E-mail: dental-care@hanmail.net

Web site: www.kdi-aaid.com

#### Puerto Rico MaxiCourse®

Ten sessions from September through June

Contact: Miriam Montes, Program Coordinator

Phone: 787-642-2708

E-mail: mimontesmock@yahoo.com

Web site: www.theadii.com

#### Toronto Implant Maxicourse®

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Ten 3-day weekends

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Canada

Phone: 905-235-1006

Contact: Ti-Max Education Inc.

E-mail: info@ti-maxicourse.ca

Web site: www.ti-maxicourse.ca

#### University of Nevada Las Vegas MaxiCourse®

Contact: John Minichetti, DMD

Phone: 201-871-3555

E-mail: drminichetti@englewooddental.com

#### University of Medicine and Dentistry of New Jersey, New Jersey Dental School

Contact: Janice Gibbs-Reed

Phone: 973-972-6561

E-mail: gibbs@umdnj.edu

#### Escuela Superior de Implantologia de Barcelona

Contact: Sergia Cacciaccane Entrerios, DDS

Phone: +34-93-2444089

E-mail: ncapanis@aol.com

#### Vancouver, British Columbia MaxiCourse®

Contact: Nicole Wardstrom, CDA

Telephone: 604-531-3344

Email: nicole@implantconnection.ca

#### Iran ACECR TUMS Branch MaxiCourse®

Contact: Mohammad Ali Mostafavi, BDS, DDS

E-mail: mamostafavi@yahoo.com

Web site: www.jdtums.ir/aaid/

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#### U.S. Locations

##### Basic and Advanced Implant Mini-

##### Residency in Surgery & Pros. and Live Surgery Weekend

Zimmer Dental Training Course

John C. Minichetti, DMD

Contact: Lisa McCabe

Phone: 201-871-3555

Web site: www.englewooddental.com

#### Connecticut Dental Implant Institute

Joel L. Rosenlicht, DMD, Director

\* Advanced Bone Grafting

\* Basic Implant Dentistry

\* Advanced Implant Dentistry

All courses feature live surgeries and hands-on

model workshops Venue: Rosenlicht Oral &

Facial Surgery Center, Manchester, CT

Contact: Melissa Mazzola

Phone: (860) 649-2272

E-mail: Melissa@jawfixers.com

Web site: www.JawFixers.com

#### Fixed Removable Implant Treatment

Carol Phillips, DDS

Contact: Melissa Martin

Phone: 800-549-5000

#### Hands-on Training Institute

Dr. Ken Hebel

Hands On Implant Training –

Prosthetics, Surgery and Bone Grafting

Contact: Kerri Jackson

Phone: 888-806-4442 or

519-439-5999

E-mail: info@handsontraining.com

Web site: www.handsontraining.com

Programs held throughout the year in Canada,  
New Jersey, California and Texas

see Continuing Education p. 40

### Membership

continued from page 36

Dr. Dong Wook Byun  
Seoul

Dr. Sang Hyun Choi  
Seoul

Jae An Chung, DDS,MSD  
Seoul

Chang Ho Heo, DDS  
Seoul

Dr. Soo Chan Hong  
Seoul

Dr. Heui Seon Jung  
Seoul

Jekyo Jung, DDS  
Seoul

Dr. Jung Ho Kang  
Seoul

Dr. Sang Hyeok Kim  
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Jin Hong Kim, DDS  
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Kyu Won Lee, DDS  
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Dr. Chang Seung Lee  
Seoul

Dr. JiSeub Lim  
Seoul

Jung Jang Lim, DDS  
Seoul

Dr. Young Woong Song  
Seoul

Dr. Hyang Mi Yoo  
Seoul

Minbong Park, DDS  
Seoul, Jungnang-gu

Dr. Hyoung Eun Kang  
Suncheon

Dr. Young Chae Cho  
Suwon, Kyoung-ki do

Dr. Hyo Jun Ahn  
Yeongi-gun,

Chungcheongna  
Hae Jin Ahn, DDS

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## Continuing Education

continued from page 38

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 Fax: 201-592-0798  
 E-mail: [implants@linkow.com](mailto:implants@linkow.com)  
 Web site: [www.linkow.com](http://www.linkow.com)

### Midwest Implant Institute Externship – Bring Your Own Patients

Drs. Duke & Robert Heller  
 Contact: 614-885-1215  
 E-mail: [dukeheller@copper.net](mailto:dukeheller@copper.net)  
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### Pathway Learning Series Swiss Implants, Inc.

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 Phone: 805-781-8700

### Pikos Implant Institute

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 Contemporary Soft Tissue Grafting  
 Advanced Bone Grafting  
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 Phone: 727-781-0491  
 E-mail: [learn@PikosInstitute.com](mailto:learn@PikosInstitute.com)

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 Phone: 727-459-4910  
 Toll free: 888-360-5550  
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### 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](mailto: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 2009  
 Contact: Rosanna Frey  
 Phone: 780-488-1240  
 E-mail: [rosanna@dmvassos.com](mailto:rosanna@dmvassos.com)  
 Web site: [www.dmvassos.com](http://www.dmvassos.com)

#### Implant Smile Center, Alberta, Canada

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 Web Sites: [www.implantmilecenter.com](http://www.implantmilecenter.com)  
[www.albertadentalimplants.com](http://www.albertadentalimplants.com)

#### Pacific Implant Institute

Dr. Ron Zokol  
 Comprehensive Training in Implant Dentistry  
 September through June  
 Location: Vancouver, B.C., Canada  
 Contact: Kim  
 Phone: 1-800-668-2280  
 E-mail: [kimber@piidontology.com](mailto:kimber@piidontology.com)  
 Web site: [www.piidontology.com](http://www.piidontology.com)

## AAID Affiliated Study Clubs\*

### California

Bay Area Implant Synergy Study Group  
 San Francisco  
 Matthew Young, DDS  
 Phone: 415-392-8611  
 E-mail: [young.matt@yahoo.com](mailto:young.matt@yahoo.com)  
 Web site: [www.drmatthewyoung.com/  
 BayAreaImplantSynergyPage.htm](http://www.drmatthewyoung.com/BayAreaImplantSynergyPage.htm)

### New Jersey

#### Lincroft Village Dental Implant Study Group

Treatment planning, bonegrafting, prosthetics  
 Richard J. Mercurio, DDS  
 Contact: Martha Gattton  
 Phone: 732-842-5005  
 E-mail: [lincroftimplant@aol.com](mailto:lincroftimplant@aol.com)

### New York

#### CNY Implant Study Group

Brian Jackson, DDS  
 Contact: Melanie – Course Coordinator  
 Phone: 315-724-5141  
 E-mail: [bjjddsimplant@aol.com](mailto:bjjddsimplant@aol.com)

## CANADA

### Surrey, British Columbia

#### Implant Connection I:

##### Advanced Surgical Group

Ongoing program that is specifically designed for  
 experienced doctors in implantology. This class  
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#### Implant Connection II: Surgical mentor- ship to incorporate implants into your practice

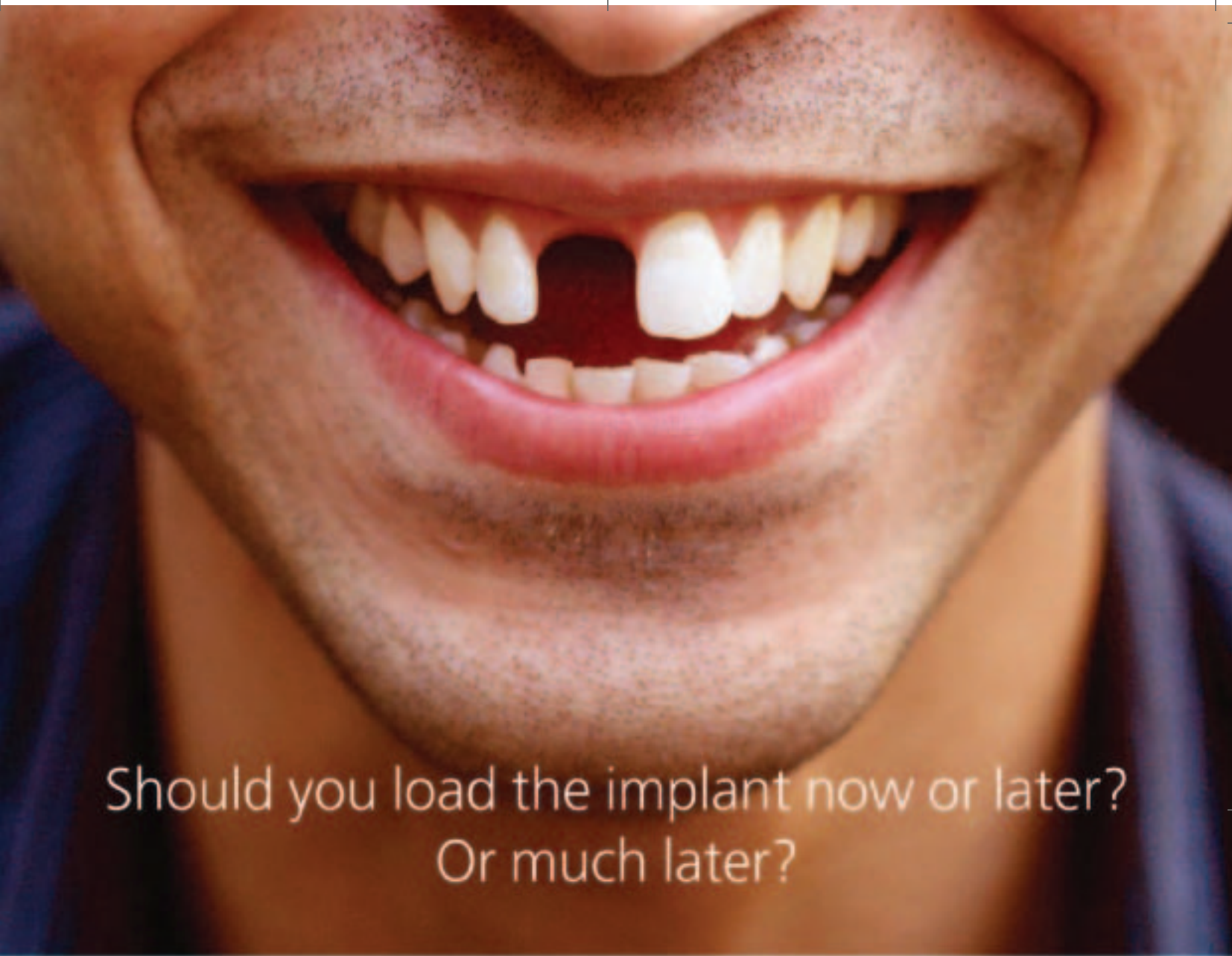
One year program that incorporates lecture, lab  
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#### Implant Connect: Prosthetic course

One year program that will cover patient selec-  
 tion, treatment planning, occlusal  
 considerations and how to incorporate  
 implants into your practice.  
 E-mail: [Nicole@implantconnection.ca](mailto:Nicole@implantconnection.ca)  
 Web site: [www.implantconnection.ca](http://www.implantconnection.ca)

\* This calendar section is available to any creden-  
 tialed 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 publica-  
 tion of the course in the calendar. Study Club  
 listings are available only to Affiliated AAID  
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 Hernandez at [Carolina@aaid.com](mailto:Carolina@aaid.com). ▀





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## Thank You to the AAID Membership Ambassadors

AAID Membership Ambassadors know first-hand how membership in the Academy helps dentists establish or expand their expertise in implant dentistry.

The following are the Membership Ambassadors who have referred colleagues as new members between July 15, 2010 and August 10, 2010:

### Thank you for referring a colleague.

John H. Eaton, DDS from Dunwood, GA

Omar Paredes, DDS from Winterville, NC

David A. Resnick, DDS from Ada, MN

Jeffrey Susman, DDS from Closter, NJ

Gregory J. Young, DDS from Northville, MI

### Would you like to be an AAID Membership Ambassador?

Simply encourage your

colleagues to join the AAID.

Offer your colleagues a discount on their first year membership dues by having them specify your name in the "How did you learn about the AAID?" section of the membership application. Your colleague saves \$50 off their 2010 dues for the remainder of the year (\$125, regularly \$175) simply by placing your name on the referral line. OR they can save \$100 off their 2011 dues (\$195, regularly \$295.)

Every time your name

appears on a new member application, you get entered into a drawing for a free AAID membership (up to a \$600 value.) And remember, the more members you refer, the more chances you have to win.

If you have questions about the Membership Ambassadors Program or would like to request a few membership applications, contact Carolina Hernandez in the Headquarters Office at 312-335-1550 or [carolina@aaid.com](mailto:carolina@aaid.com). 

## Pikos Implant Institute

Dr. Michael A. Pikos has provided continuing education courses for 20 years with over 2300 alumni from all 50 states and 32 countries, and is internationally recognized as a leader in implant surgery.

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- Advanced Bone Grafting I  
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- Advanced Bone Grafting II  
November 4-6, 2010

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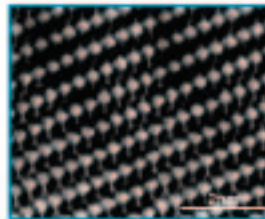


*"For the dental surgeon who respects the restorative principles of Dawson, Pankey, Spear, and Kois, and the surgical principles of Marx, Allen, and Misch... this course is a must. The pursuit of dental implant surgical excellence is thriving at the Pikos Implant Institute."*

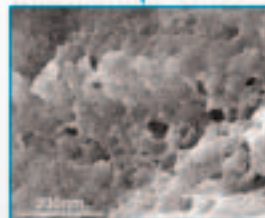
Dr. Neil Sullivan, OMS, Annapolis, MD



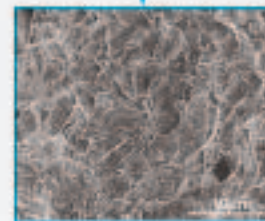
We invite you to take a *closer* look.



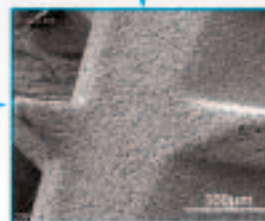
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