

AAID NEWS

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- The real dental implant specialists
- How the practice is consolidating
- Notice anything different?

THE MISCH MYSTIQUE

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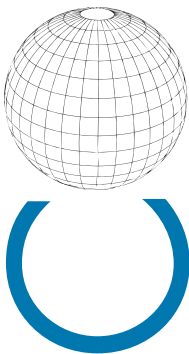
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By David Hochberg,
DDS, FAAID, DABOI/ID
Editor, AAID News

Notice anything different?

The *AAID News* has changed its look, content, and approach. Just as the American Academy of Implant Dentistry embraces the entire field of implant dentistry, so should our *AAID News*.

Our newsletter has evolved from a house organ to one that will report on important issues facing the entire profession of implant dentistry. We are changing from a newsletter to a magazine. The new look and organization of the publication are the first steps in that process. Over the next several issues you will see more content on issues that implant dentists face in their practice on a regular basis.

Another change will begin with the Winter 2016 issue. **Dr. James Ference** will be taking over my position as editor of the *AAID News*. My duties as Treasurer of the Board of Trustees for the Academy and my future responsibilities as a part of the Executive Committee will require my full attention and focus on Academy-wide strategies.

The headquarters office helped us undertake a search and several extremely qualified candidates submitted applications. The President of the Academy recommended Dr. Ference to the Board of Trustees and at their meeting in June of this year, they approved that recommendation.

Dr. Ference and I met to discuss the transition. He will be taking over the full responsibilities of Editor beginning with the Winter 2016 issue. I know that he shares my excitement about the changes we are now implementing to *AAID News*.

I am pleased that one of my last duties as Editor was to conduct a face-to-face interview with **Dr. Carl Misch**, a true legend in implant dentistry and someone I have always considered to be a mentor — even if he didn't realize it. He was forthcoming, amusing, and candid. He holds back nothing in his opinion of where implant dentistry should be going. Read the interview beginning on page 8.

Finally, on a personal note, I want to express my appreciation to the leadership of the Academy who entrusted me with the position of Editor back in January 2002. It has been my pleasure to serve and to help shepherd several changes over the years including the introduction of color photos and four different redesigns of the *AAID News*, culminating with this issue's new look. I particularly enjoyed conducting annual interviews with each president-elect beginning with **Dr. Paul Johnson** through **Dr. Richard Mercurio**, whose interview starts on page 30. I have been privileged to also interview several of my personal heroes in the profession of implant dentistry including **Drs. Burt Balkin, Hilt Tatum**, and now **Carl Misch**.

Thank you to our membership and readers of *AAID News* for your support. ●

A handwritten signature in black ink that reads "David G. Hochberg, DDS". The signature is written in a cursive style and is positioned in the bottom right corner of the page.

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Core3daCADemy™ announced it is offering a full slate of hands-on courses and in-depth webinars over the Fall season.

Held in Las Vegas, Calgary and Toronto, all aCADemy™ two-day courses are designed by dental technicians for dental technicians and feature a small class size ensuring a dedicated hands-on experience. The lecture-style instruction is packed with tips and tricks that will increase participant's design efficiency, thus increasing their profitability.

Upcoming courses include:

- aCADemy™ 1 — The Fundamentals of Scanning and Designing™ — (November 13-14 in Las Vegas)
- aCADemy™ 3 — Digital Smile Design and Advanced Cosmetics™ (October 23-24, in Calgary; or November 6-7, in Toronto)

Core3daCADemy™ is also hosting a wide variety of in-depth technical webinars over coming months. Available free of charge is:

- "Simple and Split File Abutment Design using the Core3dcentres Library" (October 21)

All webinars are offered at the same time on each date: 12:00 Noon EDT 10:00 AM MDT 9:00 AM PDT. Core3daCADemy™ maintains a large library of past Webinar topics on our website. Please go to www.core3dcentres.com and click on Core3daCADemy, Webinars to view the entire title list.

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OCO Biomedical's One-Piece Small Diameter Implant Line Named One of the Top 100 Dental Products

OCO Biomedical, Inc., announced that *Dentistry Today* has listed OCO's one-piece, small diameter implant (SDI) line as one of the this year's Top 100 Products in their July 2015 issue.

OCO Biomedical SDI features and benefits include:

- Diameters: Available in 2.2, 2.5 and 2.9mm
- Lengths: 10, 12, 14 and 16mm
- Clinically-proven and precision-machined out of Grade 23 ELI titanium alloy
- Designed with a machined, not a polished, collar and engineered with an

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T-Scan® Novus™ Brings All-New Look and Feel to Computerized Occlusion



Tekscan, Inc. announced the launch of T-Scan® Novus™, the next generation of Tekscan's digital occlusal analysis system. T-Scan is used by clinicians and researchers who perform or study occlusal analysis in order to effectively measure the timing and force of teeth coming together in the mouth.

The new, clinically-validated system, features an ergonomically designed handpiece, sensors, and sensor supports — bringing an all-new look and feel to digital occlusal analysis. A software update (version 9.1) is being released in tandem with the new system.

Dentists who want a modern, digital occlusal analysis system will find the hardware and software ideal for comprehensive exams, patient education, and case finishing in any dental application.

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ZEST Anchors – Standing Behind Its Narrow Diameter Implants with an Extended Warranty Program

ZEST Anchors announced it offers a 10-year warranty for its narrow diameter (less than 3mm) dental implants making it one of a handful of companies to offer this service.

The warranty will replace a LOCATOR® Overdenture Implant (LODI) or SAT-URNO™ Narrow Diameter Implant (SNDI) Product for a \$25 processing fee for each qualifying implant.

ZEST'S Narrow Diameter Implant Products were designed from the onset as permanent solutions with features clinicians see in standard diameter implants. This gives ZEST the confidence to support these products with a warranty program.

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THE MISCH MYSTIQUE

AN INTERVIEW CONDUCTED BY DR. DAVID HOCHBERG
WITH DR. CARL MISCH ON JULY 10, 2015.

Editor's Note: *I traveled to Dr. Misch's home in Florida. We met in the condo complex where he lives. He was dressed in a University of Detroit Mercy Dental School golf shirt, white shorts and loafers. He greeted me with a wide smile and a warm handshake, "David, thanks for coming all the way to see me." Within moments it was easy to see that his passion for implant dentistry is limitless. He is a remarkable story teller that you could listen to for hours.*

DR. HOCHBERG: What an honor it is to be here with you Dr. Carl Misch to chat about your journey with implant dentistry. Dial back the clock to the University of Detroit Dental School. What peaked your interest? How were you introduced to dental implant placements and restoration?

DR. MISCH: I was introduced indirectly through the literature, because we had a new dean that came to the school. I was elected president of the class, and I had to interact with this new dean.

I went to the library and pulled all the articles that he had written. It turned out that he co-authored several articles on the subperiosteal implant.

When I first met the dean, he asked me, "Why did you become a dentist?" I responded that I became a dentist so I could do implants. He said he would restructure my dental education to include dental implants.

Because I was president of the class all four years, president of the student body the last two years and finished my requirements early, I was able to start studying and doing implants while I was in dental school. In fact, he sent me to



Dr. Misch graduated from the University of Detroit Dental School.

Because I had such an early involvement with implants, it just never dawned on me that implant dentistry wasn't part of traditional dentistry.

Monte Carlo my senior year to lecture on dental implants.

Paul Mentag, one of the founding members of AAID, was a faculty member at University of Detroit Dental School. He gave a lecture on dental implants, and he invited a doctor named **Leonard Linkow** to give a hands-on course on the blade implant — the first time this occurred at a dental school setting in the US. Later, prior to graduation, I assisted him on the blade implant.

Because I had such an early involvement with implants, it just never dawned on me that implant dentistry wasn't part of traditional dentistry.

DR. HOCHBERG: Dr. Misch, who were some of those mentors that played a role in your life and learning process?

DR. MISCH: Biomechanics is one of the major things that I'm known for. The two people in biomechanics far above anybody else were Dr. Jack Lemons and Dr. Martha Bidez, both PhDs. There was an implant study club in the beginning called the Alabama Implant Study Group and **Dr. O. Hilt Tatum** was a member. Dr. Lemons had a young resident, Martha Bidez, with whom he was developing a program on dental implant engineering. He asked me to be the clinical consultant with Martha.

As a consequence, Martha and I formed a relationship that exists to this day. We wrote papers on implant-protected occlusion. We wrote papers and chapters in books on the biomechanics related to implant dentistry. We ended up having a number of patents. The BioHorizon implant system came from that relationship between Martha and me.

As far as the clinical aspect of it, I would spend at least one weekend every month doing surgeries with Dr. Linkow in his office, often on my patients, and sometimes his.

Dr. Linkow has the greatest gift of hand-eye coordination that I've ever seen. He's completely ambidextrous. He does surgery on both sides of the arch at the same time.

I also worked closely with Dr. Tatum. I'd fly patients down to see Tatum or assist Tatum every month. If I had any time off, I'd go see **Dr. Ken Judy**. I flew patients to California to work with **Drs. Bob James** and **Phil Boyne**.

Almost every weekend, I was on the road in somebody's office and either attending a lecture or watching them do surgery.

The other person that has the best three-dimensional awareness of any oral system I've ever seen was Dr. Tatum, but the direct opposite as far as approach. Linkow would talk about our work in milliseconds, and Tatum, would work in angstroms. One time I numbed up the patient's left side, and Dr. Linkow came in and worked so fast he finished putting in the implant on the right side before I had a chance to tell him that she's not numb. Whereas Tatum worked so slowly that I'd joke that we could remove the sutures now because it took so long since we started, the patient's soft tissue is already healed. So, having those two extremes

every month in my repertoire gave me a perspective that is unique to this day.

DR. HOCHBERG: It's always about the patient. Over the years you've helped thousands of patients improve their quality of life. What do you remember about the very first one?

DR. MISCH: In those days implant dentistry was always the last treatment option. Because the completely edentulous patients had no other option than dentures, they were primarily the types of patients that would be sent to those of us that did implants. As a consequence, I ended up doing quite a few subperiosteal implants since that was the implant of choice at that time for the completely edentulous.

In the mid-to-late 1980s, I came up with the concept of various approaches of mandibular overdentures with the Brånemark concept. Per Ingvar Brånemark took an interest in me because I was on the FDA panel. At that point Nobel Biocare was trying to become the only implant that was authorized by the FDA to be used in the United States. Since I was the only dentist on this FDA panel, they let me take the full range of Brånemark courses.

If you remember back then, you could only take a Brånemark course if you were an oral surgeon. I was a general dentist. From that relationship, my Institute became a Nobel Biocare training center. Anybody that I trained would have a certificate signed by Brånemark or me, saying that they could buy Nobel Biocare products.

DR. HOCHBERG: Dr. Misch, the transfer of information and life experiences from generation to generation is something that benefits us all. What are your observations regarding this as it relates to implant dentistry?

DR. MISCH: Because implant dentistry is not a specialty, yet has primarily been driven by general dentists in the United States, the general dentist does not appreciate the historical perspective or the literature. We're not given courses in undergraduate training on the literature review or other related subjects like those in specialty training. Very few of us relate the historical perspective of where we came from as a field or who were the major contributors that altered our course to be more predictable.

A perfect example is Brånemark. He was an orthopedic surgeon who was a bone researcher. He became the name of implant dentistry in the mid-1980s when Nobel Biocare decided to start selling product in the United States and used Brånemark as their poster boy. Everybody was quoting Brånemark. By the 1990s, they moved away from that. As a consequence, if I go into an audience today and I ask how many know the name Brånemark, almost nobody raises their hand.



Dr. Misch had an audience with Pope John Paul II.

The same thing happened with Drs. Linkow, and Tatum. The AAID had a historical perspective. They would talk about the early doctors that started the AAID. They would talk about **Isaiah Lew** and **Aaron Gershkoff**. They took these people who were really important in our beginning and memorialize them through awards.

The field, in general, has no perspective of Dr. Tatum. If I ask a periodontist, they believe that the first sinus graft was done by Dr. Phil Boyne because he wrote a paper on it. Hilt Tatum didn't write a paper early on during his research. One of the reasons I would always write the history of the sinus graft in my text or in articles was to give Dr. Tatum credit for this particular procedure, rather than Phil Boyne and Bob James. And I love Bob James. He was one of my mentors. However, when he wrote that paper with Phil Boyne, he didn't reference Hilt Tatum. In fact, I flew out to California to teach Dr. James this particular surgery several times, because I learned it from Dr. Tatum. It's too bad that we don't have historical perspective of our profession that was started by those who are still alive right now. They were literally on the ground floor,



A look not many have seen from Dr. Misch.

It's like playing the piano. No matter who you watch for a half-hour, or an hour, or two days play the piano, you can't go home and play the piano.

and they're not recognized as such. I find that disappointing.

DR. HOCHBERG: "Learn, change, and evolve" has been the experience of many who chose a career in implant dentistry. How does this axiom apply to you?

DR. MISCH: Unfortunately, because we don't have criteria to accept certain modalities, the vast majority of dentists attempt to learn this discipline by going to a meeting and seeing more than one speaker a day. They look at a lecture for 30 minutes that contains the best slides that the presenter had in the last ten years. That gives the audience the impression that everything they do works, that their hand skills are incredible. You get the feeling that you can do almost anything to any patient, and the procedure is going to work predictably. Then you get back to your practice, try it, and it doesn't work. At the Misch Institute, we don't teach what I'm able to do or what my faculty members are able to do. We teach what you can do predictably on an early-learning curve. In order to be incorporated into a training program, I want to make sure that the patient is protected.

It's like playing the piano. No matter who you watch for a half-hour, or an hour, or two days play the piano, you can't go home and play the piano. Hand skill is something that has a learning curve associated with it. Yet, when we go to these meetings, we're effectively watching the world's greatest pianist show the best performance that they've done in a decade. We go home, and think we're going to play Rachmaninoff without any complications. It's not true. As a consequence, I find that many of the things that are being shown from the podium are different. But they're so different they haven't been used long enough or with enough studies over time to be predictable.

Several years ago, I was the chairman of the AAID Immediate-Load Consensus Conference. I invited everybody who was doing the research and in the literature to spend four days talking about immediate-load. Every lecturer talked about how fantastic it was. You got the impression that you never have any problems. At the end of that conference, I asked them one question. "We're now in your office on Monday. The person that's doing the surgery is your associate, not you. What would you tell your associate who's doing the patient in your office related to immediate-load?" There were 12 people on the podium. Ten of the 12 responded "don't do immediate-load." The only two who said do immediate-load were Dr. Leonard Linkow, who never did anything but immediate-load, and Mohamed Sharawy, who had only worked on monkeys for the previous ten years. Everybody else said, "don't do it." There's a higher risk. You have to choose the cases where the benefit outweighs the risk. Yet, you get the impression from these meetings that implant dentistry has no problems. The reality

is that's how you get on a podium. You talk about something that's different. It shouldn't be the way that you obtain training in our discipline.

DR. HOCHBERG: Dr. Misch, you've been an integral part of educating and sharing your knowledge with others. Many came through the Misch Implant Institute. Speak about the confidence you have imparted. How do you do it? How does it make you feel?

DR. MISCH: The confidence comes from teaching — making sure that you show them not what they can do, but what they should do under certain criteria, always taking the safest way, the most predictable way. I discuss complications from the beginning, so that they understand that if they don't follow these scientific principles, their results are not as predictable. In treating the complications, they are not as predictable as doing the case originally. We go through the economic disadvantage of treating a complication. You will lose the profit from five to ten good cases by treating the complication of the one bad case.

I go out of my way to make sure that they understand the guidelines of care and the risks if they step outside these guidelines. The Institute is used as the implant training center for eight different dental schools. They send their periodontists, oral surgeons, or prosthodontists to the Institute to get their implant learning. It's cheaper for the school to do that than to attempt to hire implant dentists to teach implant dentistry.

As a consequence, they have a confidence because they know it's going to work if they follow the guidelines that we've established. That's important to know. When I had my brain cancer worked on, the first surgeon I went to told me that there was a 90% chance that I was going to die on the table. Well, I didn't feel too good about this guy as a surgeon. When I interviewed the next neurosurgeon, he said I was going to live. He hasn't lost a patient. He does 480 of these procedures a year. Well, I love this guy and his quiet confidence. With quiet confidence, you should go into an implant surgery knowing that if you follow the guidelines and if you do what has been taught, that this is a very predictable treatment modality. But if the patient isn't within those guidelines, if you don't follow the particular guidelines, you're not going to be as predictable. That is emphasized over, and over, and over again within the Institute.

DR. HOCHBERG: What is the vision you had and currently have for implant dentistry?

DR. MISCH: When I created the Institute, our vision statement was to help set and elevate the standard of care in implant dentistry. When I went into private practice, I modified my vision to one I borrowed from Hilt Tatum. He said



Dr. David Hochberg in Miami with Dr. Misch.

when he's restoring a tooth or replacing teeth, he wants to return the patient's normal contour, comfort, function, esthetics, speech, and health. That became my vision for implant therapy.

Then as I matured a little bit, I realized I wanted to keep my patient's teeth and/or implants in health for their entire life. So, I rewrote the vision of my practice. This is why patients come for their hygiene appointments. This is why you're replacing teeth. This is the reason you are restoring endodontically-treated teeth because they can fracture and be lost. Almost everything we do supports the vision of keeping your teeth in health for the rest of your life. It allows your office to tie into your vision. It allows your patients to tie into your vision. Every time you lose your way, go back to your vision, and it puts you back on the right path.

DR. HOCHBERG: You have served as president of the AAID, president of the American Board of Oral Implantology/Implant Dentistry, leader of the ICOI, and other leadership positions throughout your career. You



Dr. Misch is an impressive presence in implant dentistry.

We really should put our patients on a pedestal and look at not what is fast, or easier, or simpler, but what is right ...

were involved with the first specialty application for implant dentistry with the ADA in the early 1990s. It never happened. What are your thoughts?

DR. MISCH: It was a time in AAID history when we had four consecutive presidents that felt that dentistry would be better off if we had a specialty in implantology. Those four presidents were Bob James, Hilt Tatum, **Paul Schnitman**, and me. We had a consistent belief that the dentists who do implants should be the ones that are qualified and knowledgeable in the field. It should not be based on a particular specialty or just because you have a dental license.

I wrote the first application. I didn't have support from the AAID, so I went to Ken Judy, and it was submitted under the ICOI. There were five requirements by the ADA to become a specialty. One of those requirements was obtained through that first application. Then, with the help of Bob James, I got AAID support for forming a specialty. We got through another requirement as a result of that second application. We then had a third application that we wrote with Hilt Tatum.

Then we had two or three presidents at AAID that didn't want the specialty. They said we have enough specialists. We're fighting the specialists all the time. We don't want to have another specialty. As a consequence, they pulled the application, and nothing was done for three or four years. During that three to four-year period, specialty in radiology was awarded. We should've been there, not the radiologists. We had it right at our fingertips, and now perio and oral surgery have changed their definitions. Right now, whether we want to admit it or not, there is a specialist in implant dentistry, and it's called prosthodontist.

The Loma Linda Dental School dean called me up a year ago, and he said, "The prosthetic specialty is the only specialty that's able to do the surgery and do the prosthetics." They already changed the definition to include the surgery in addition to the restoration. They're the only specialty to be able to do it, so we do have a specialty of implant dentistry. It's called prosthetics.

I think the AAID is foolish not to become a specialty. I think that the most knowledgeable person should be a specialist, and let the periodontists be double-boarded. Let the oral surgeon be double-boarded. Let the prosthodontist be double-boarded.

If you look now at the average implant training of a periodontist, eight of those schools come to the Institute to get their implant training. So, the general dentist gets the same training as the periodontist, but the periodontist is able to say that they're a specialist. Look at the oral surgery. The University of Detroit and several schools send their oral surgery program to the Institute to get their training. They're getting 15 days of training. We can form a specialty in this field if you have a sponsoring organization, have the

time and effort to push this thing forward. You could make this thing a specialty. It would benefit the patient because there would be a place to go for treatment of complications.

DR. HOCHBERG: What are some of the biggest game-changers you have seen throughout your career?

DR. MISCH: I'd say the first one is the relationship of biomechanics and complications, including bone loss. I still fight many on the question that bone loss includes biomechanical factors rather than just bacteria. It's still a mantra of many world-renowned periodontists who say that bacteria is the primary reason behind bone loss. The effect of biomechanics, screw-loosening, porcelain fracture on restorations, crestal bone loss, and many of the complications are rooted in the field of biomechanics.

The field of bone density and what we've done relative to bone density — everything from altering surgery, to healing time, to progressive bone loading, including implant design — are deal changers. Now we start looking at maintaining the implant for the life of the patient, rather than maintaining an implant for the life of how long they owe us money. The biomechanical influence of implant dentistry is something that has really been a game-changer for the field at large.

DR. HOCHBERG: If you weren't a dentist, what do you think you would have become?

DR. MISCH: For me, dentistry was something I looked at early in my life. Whenever anybody would ask me what do I want to be when I grow up, I'd say, "Become a dentist." I was maybe four or five years old the first time I said that I wanted to be a dentist. There was an ice cream truck coming down the street. I ran out to get an ice cream, but it cost a nickel. I came back in and asked my dad for some money for an ice cream. He said no. I was shocked. I asked what job do I need so I never have to ask you for money again? He said a dentist or attorney. I had no idea what an attorney was. I knew what a dentist was because I had some teeth taken out. I said, "I'm going to be a dentist." From that point on, when anybody would ask me what are you going to be when you grow up, I'd say, "A Dentist."

Nobody in our family had gone to college. Because I was good at sports, I earned baseball and football scholarships at Wayne State. I ended up being captain of the team and was drafted by Al Kaline of our Detroit Tigers franchise. Al Kaline was God. But I became a dentist, because I wanted ice cream.

DR. HOCHBERG: Dr. Misch, do you have any closing thoughts or comments?



A very young Dr. Misch.

DR. MISCH: Dentistry is such a rewarding profession that we should respect it. Too often I see many of us look for things that are faster, easier, or make us more money. We lose the fact that they call us doctor for a reason. We should put our patients on a pedestal. Stay with the vision to maintain a patient's teeth and/or implants the rest of their life in health. Your practice will be very satisfactory and satisfying as a result. You'll have no regrets. Don't do it for the money. Don't do it because it's faster, easier, simpler. Do it because it's the right thing to do.

DR. HOCHBERG: In 1984, I attended my first dental implant educational seminar, and you were at the podium. Now, some 31 years later, we have looked back and discussed your journey. It's been an honor to spend this time with you. You have inspired so many for so many years. On behalf of the AAID, all dentists, and all patients that have benefitted from your contributions to the field of implant dentistry, thank you so much. ●



By Drs. Bill Blatchford and
Christina Blatchford

It's about TIME— creating a balance

In dentistry, it is all about time. Planning and utilizing time well makes you more efficient and effective as well as profitable. Installing systems for time management creates the delicate balance between work and play, so critical to your happiness in dentistry.

We all want more quality vacation time or time away from the office. Your team would be all on board if they could produce the same or even more in less time. The good news is you need time away to reenergize and reinvent yourself. Time off is mandatory for success.

Our purpose is to become more efficient with our time and eliminate the wasted motion.

A bold leadership step is to change from hourly pay to “guaranteed pay per pay period” which motivates the team to be more conscious of time. If you pay hourly, one way for increased pay is to subconsciously slow the work down to work extra hours or create big case days. You and your team will actually produce the same or more in less days, creating the opportunity for more time away. The office is covered during

vacations by cross-training to cover your team, including hygienists, to rotate phone and office.

Another important system is the task analysis for each team member and the doctor. List for a week everything you do, how much time it takes, why you do it, who else could do it, or who could be trained to do it. You will find some tasks repeated by several and other important tasks neglected. Our purpose is to become more efficient with our time and eliminate the wasted motion.

Clinical efficiency creates profitability and time away. Block booking and checklists are keys. Your first four hours are blocked for large implant cases, which should equal 80% of your daily goal. These cases are paid in advance, virtually eliminating no-shows. All trays are prepared the afternoon before because you have checklists and extra tray set-ups. You have checklists for starting and ending your day.

You and your team have a new mantra called “you are here and we are here...let's get this done.” Calling an audible at the line of scrimmage and being ready to do treatment now rather than schedule a separate, unprofitable appointment, do it today or schedule it at the next hygiene visit.

Your team should know the cost of doing business in your office so they focus on effective scheduling. If your overhead is \$300 an hour, they now know you need to exceed your costs.

However, most teams do not know the hourly cost of your dental business.

Communication and leadership allows your team to work together on goals. An effective morning meeting with all team members present takes ten minutes. Discuss today's schedule and exceeding goals for the next three days. When the team knows where you have openings, they all work together.

Also have a five-minute wrap-up before you leave together. No one stays later as you are on guaranteed pay-per-pay-period and a bonus-to-reward system. Reward contributions for timely production/collections, case presentation skills, and being focused on the team. The evening meeting celebrates the accomplishments and completes the day. Ask "are we prepared for tomorrow's great goals?"

Time off is mandatory for your success. The physicality and time pressure of dentistry shows you can focus at maximum for about six to eight weeks. Then a mechanical response sets in and as you continue to work, you will soon

reach burn-out. You are in burn-out when your hygienist shares an opportunity for several units, and your response is "we can just watch it." The solution is time away to rejuvenate. See vacation as a reinvigoration rather than waiting so long that your attitude becomes "I really NEED a vacation."

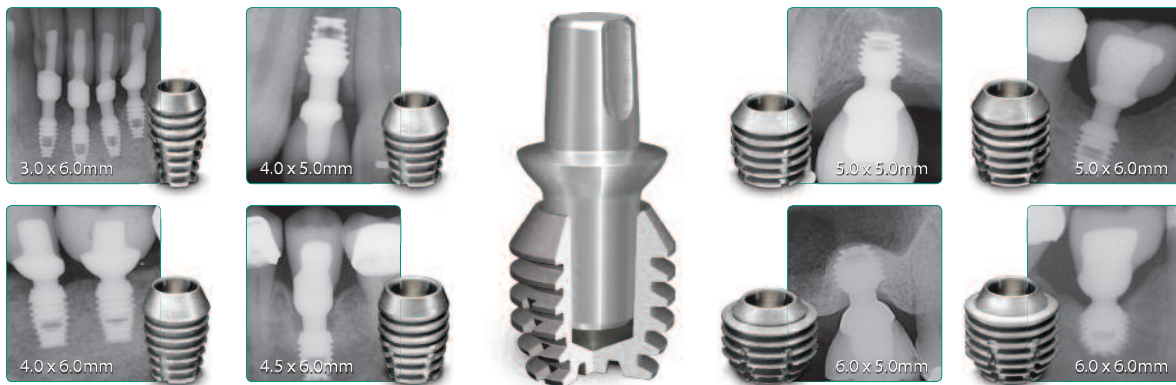
Plan your time away 12 months in advance. Everyone has input so there are no last minute changes. Use holidays as a basis, like July 4 week or Thanksgiving week.

Be aware that time creates a whole new dynamic for the team. They have a new purpose in communicating efficiently with patients and more time off is the reward.

*Dr. Bill Blatchford and daughter, Dr. Christina Blatchford, at Blatchford Solutions, are leading the way for dentists to enjoy more profitability, more time off, and the freedoms of private practice. Their book, **No Nonsense Transitions**, is available at (888) 977-4600 and www.blatchford.com. Join them for an African Safari in February 2016 with www.blatchfordadventures.com.*



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By Frank Recker, DDS, JD

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Who are the REAL dental implant specialists?

In a stunning move, the American Academy of Periodontology (AAP) plans to change its name to American Academy to Periodontology and Dental Implantology (AAPDI). While this requires a favorable vote from the AAP membership, that vote isn't seen as a stumbling block.

However, this action flies in the face of the American Dental Association's "specialty system" and appears to be a direct slap in the face to the ADA itself. According to reliable sources, AAP had applied to ADA's Council on Dental Education and Licensure (CDEL) to expand the scope of its specialty to include implant dentistry, but the CDEL denied that request.

To make this action by AAP seem even more renegade, reliable sources have indicated that the ADA was not aware of the proposed, post-CDEL denial name change until the president of the AAP sent out the email notice to members of the AAP encouraging a favorable vote on the name change.

Also, the ADA has the authority to revoke the specialty status for periodontology and their Board. However, no one expects that to happen. Other specialty organizations in dentistry, especially those whose members actively provide implant services — including AAOMS — can be expected to oppose to this unilateral attempt by AAP to "de facto" create a new specialty. This is particularly egregious

given that the ADA House of Delegates on more than one occasion rejected the establishment of implant dentistry as a specialty, based in part, on the fact that many existing specialties play a role in providing dental implant services.

"This is just another example of the house of cards that the ADA specialty recognition system is based upon," stated **Dr. John Da Silva**, President of the AAID. "When they can't even control one of their own specialties, it shows that the specialty recognition process is illusory. Marketplace economics is a greater force to segments of the dental profession than playing the ADA specialty game," he commented.

What does this mean for the American Academy of Implant Dentistry and patients needing implant dentistry services? The Academy will increase its efforts to make sure that patients know that the credentialed members and the Diplomates of the American Board of Oral Implantology/Implant Dentistry are the true dental implant specialists. The training, education, and experience required to achieve that status provides the public with confidence in their choice of an implant dentist. The efforts of the American Board of Dental Specialties will become even more important going forward to fill the void that is appearing in the traditional ADA-driven specialty process.

We will keep you posted on this and other developments. ●



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Diplomate, American Board of Oral Implantology
Academic Chairman, California Implant Institute



James L. Rutkowski, DMD, PhD
Diplomate, American Board of Oral Implantology
Past President, American Board of Oral Implantology (2009)



Saj Jivraj, DDS, MSc
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Associate Professor, Department of Otolaryngology - Head and Neck Surgery, Loma Linda University School of Medicine



Patrick Palacci, DDS
Head of Brånemark Osseointegration Center in Marseille, France



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By Jaime Lozada, DMD, FAAID,
DABOI/ID
Chairman, AAID Foundation

The future of research in the field of implant dentistry is bright

This year alone, the AAID Foundation awarded eight grants of \$2,500 each to students. This is in addition to grants of up to \$25,000 that will be awarded to full-time researchers later this fall.

The David Steflik Memorial Student Research Grant is an annual competition open to all dental students and those in post-graduate and residency programs. The application deadline is May 1 each year.

Investigators from any scientific discipline and at any stage of their career may apply for a grant. This grant is appropriate for new investigators and those changing areas of research or resuming research careers.

At the conclusion of each research study, a manuscript must be submitted to the *Journal of Oral Implantology*. The Foundation reserves first right of refusal on all papers resulting from the approved/funded project.

Following is the list of grant award winners, their university affiliation and title of their research project.

Dr. Zeeshan Sheikh

University of Toronto

Achieving Predictable Vertical Bone Augmentation Using Dicalcium Phosphate Grafts with C3 Conjugate Drug

Dr. Jae Young Kim

Harvard School of Dental Medicine

Effect of Anti-Sema4D Monoclonal Antibody on Bone Formation around the Ti-Implant in a Mouse Model

Dr. Ryan Wong

UCLA

Evaluation of Peri-implantitis and Periodontitis after Insult Removal

Dr. Tatyana Baranovsky

University of Rochester

The Influence of Implant Angulation on the Locator Attachment Retention

Dr. Seyed Hossein Bassir

Harvard School of Dental Medicine

Clinical Outcomes of Early Implant Placement versus Immediate or Delayed Implant Placement: Systematic Review and Meta-analysis

Dr. James Mailoa

University of Michigan

Novel Non-ionizing, Non-invasive Ultrasonic Imaging to Evaluate Soft Tissue Characters and Oral Anatomies for Bone Augmentation Procedures

Dr. Virginia Hogsett

University of Illinois at Chicago

Prosthetic Complications of Implant-Supported Full Arch Prostheses: A Comparison of Metal-Acrylic, Copy-milled Zirconia, and Cementable Crown Prostheses

Dr. Hussam Alqahtani

Case Western Reserve University

Gingival Dimension around Natural Teeth and Dental Implants in Health and Disease: A Retrospective and Prospective Study

Dr. Juston Reary

University of Texas

The Effect of Surface Pre-Treatment, Thermocycling, and Long-Term Aging on the Tensile Bone Strength of Monolithic Lithium Disilicate Crowns Cemented to Zirconia Custom Abutments

Dr. Mijin Choi

New York University

Investigation on the Effect of Occlusion, Prosthesis Design and Post Insertion Maintenance on Implant Screw Loosening

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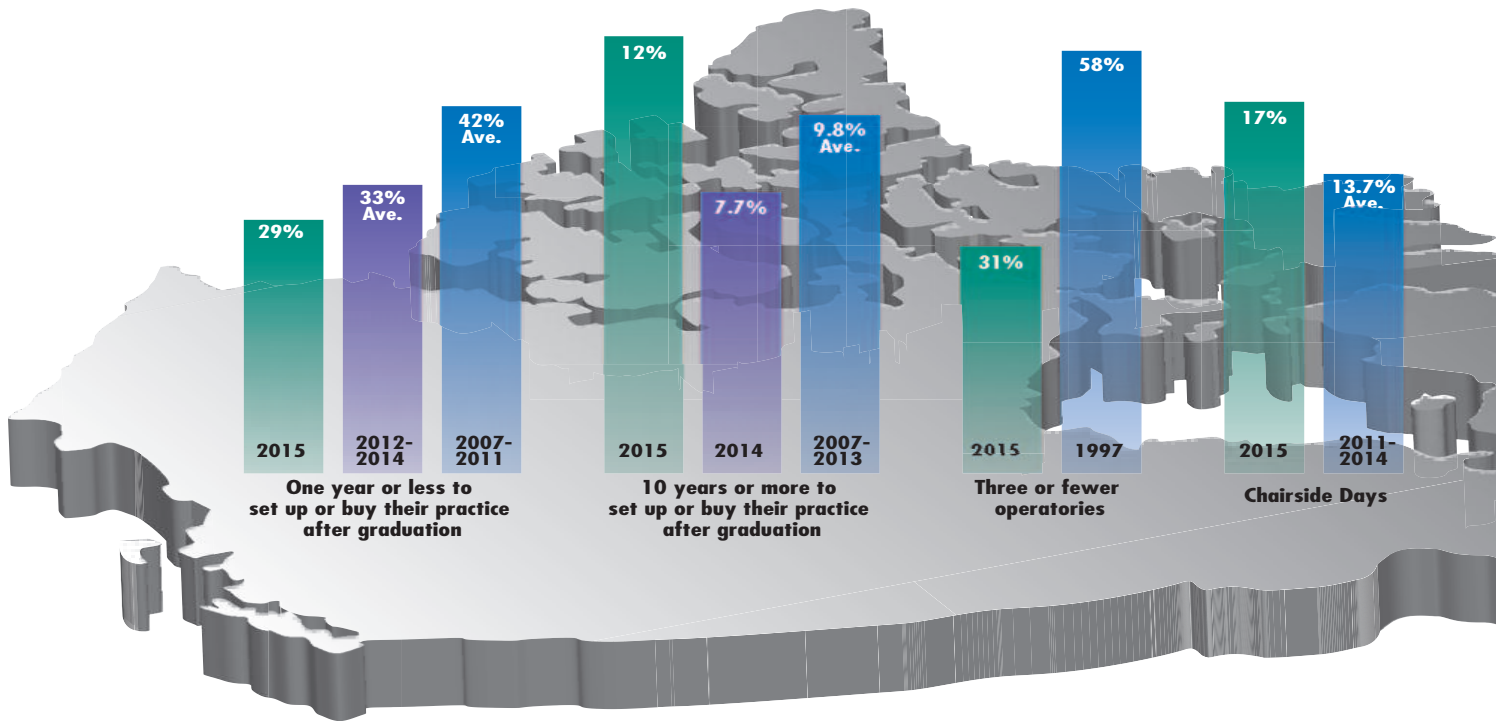
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 INSTRADENT

Consolidation of the Canadian dental



Based on tracking long term trends, the make-up of the typical Canadian dental practice continues to show consolidation, according to results from the Dental Industry Association of Canada (DIAC) Nineteenth Annual Future of Dentistry Survey.

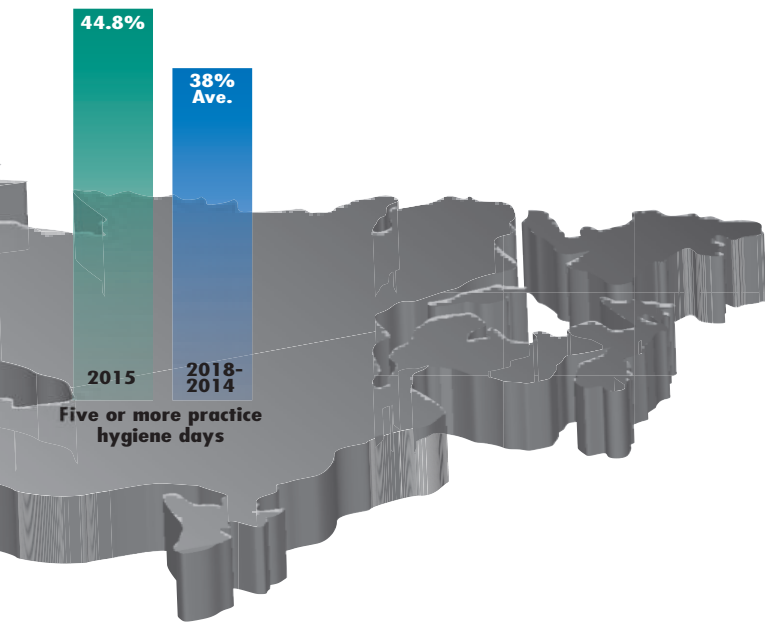
While the number of patients being treated per day per respondent has remained relatively consistent over the past eight years, there have been some real shifts in the practice profile appearing since the 2008 study.

As first reported in 2013, the trend towards recent Canadian dental graduates taking longer to set up their practices than those who graduated in past decades is continuing and, in fact, appears to be accelerating. The number of practice owners taking one year or less to set up or buy their practice after graduation is now down to 29% (as opposed to an average of 33% over the last three years and much lower than the average 42% from 2007 to

2011). On the other hand, 12% of owners took 10 years or more to set up or buy their practice after graduation. This represents an all-time high (up from 7.7% last year and an average of 9.8% from 2007-2013).

The established practice is also seeing major changes in its make-up. The 2015 survey confirms that there is a trend towards increasing numbers of dentists in the practice. In 2015, 36% identified themselves as sole practitioners (down from an average of 40% the last seven years) while those practices with five or more dentists (including the respondent) was up to 9% (an all-time high and up from an average of 6.4% the last 12 years). As might be expected, this has been accompanied by an increasing number of operatories in the average practice. Practices with three or fewer operatories have been in steady decline since the survey began, a real drop of 27% since 1997 (58% in 1997 versus 31% in 2015). Two-thirds (65%) of respondents in 2015 had 4 or more oper-

practice continues



atories, with 28% having more than five (up from 23% last year and up from the average of 19% from 1997-2007).

Dentists are also spending more time in the practice, with 17% of dentists now spending over 250 chairside days (an-all time high as opposed to an average of 13.7% at that level from 2011-2014).

This finding is reinforced by a drop in those spending under 100 days chairside in 2015 (4.0% as opposed to 5.1% in 2014). At the same time, the number of practice hygiene days is once again increasing. After having levelled off over the previous three annual surveys, nearly forty-five percent (44.8%) of 2015 respondents had 5 or more hygiene days per week (an all-time high and up from an average of 38% over the last eight years).

Yet, despite all of this, dentists are seeing no more patients per day today than they have on average over the past eight years. More than three-quarters of dentists

(77.2%) (similar to the last four years: 77% last year, 77% in 2013, 78% in 2012 and 78% in 2011) treated less than 15 patients per day in 2015, with over half (52%) treating between 6-10 patients and 22% treating 11-14 patients in an average day. On an overall basis, dentists treated 12.4 patients in an average day in 2015 (almost exactly the same as the average 12.5 patients seen over the last eight years).

Almost 1000 practicing Canadian dentists responded to this year's survey (similar to the response achieved over each of the previous fifteen years) with a good proportional distribution across all regions of the country. Based on this response rate, overall 2015 survey results have an accuracy of +/- 3.3% 19 times out of 20.

The American Academy of Implant Dentistry is conducting a benchmarking study of the implant practice in the US and results will be published in the Winter 2015 issue of AAID News.

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<input type="checkbox"/> Nonmember*	\$1445	\$1545	\$1645
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All refunds are subject to a \$50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by September 26, 2016 for a full refund (less the \$50 administrative fee). Between September 26, 2016 and October 3, 2016, a 50% refund (less the \$50 administrative fee) will be given. **Due to advance commitments to the hotel, no refunds will be made after October 3, 2016.**



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PRESIDENT'S MESSAGE



Dr. John Da Silva, DMD, MPH, ScM
President, American Academy of
Implant Dentistry

What will the future of the Academy look like?

We are entering the Fall, my favorite season of the year. Fall's clear blue skies, crisp clean air and nature's bursts of color in the changing foliage are spectacular. The temperature is cool but pleasant. Students are back on campus, and there is excitement building as the holidays rapidly approach.

Fall also marks the time for the AAID president's final report. Previous presidents have looked back at what they promised when inaugurated and told you everything that has been accomplished. I prefer not to do that. Rather, I will paint a picture for you of what I think the future of the Academy will look like.

I expect that 2016 will be the year when implant dentistry becomes recognized as a specialty by the American Board of Dental Specialties. The American Board of Oral Implantology/Implant Dentistry (ABOI/ID) will be known as the certifying Board with the AAID as its Sponsoring Organization. The AAID will be the source of the largest number of credentialed dentists and diplomates in the field of implant dentistry. Conflict will erupt and become a political issue between periodontists and prosthodontists as they both will claim implant dentistry as theirs. This can only make the AAID and its members shine since we have paved the way forward for over 60 years and have been associated with the ABOI/ID since 1969.

By that time, I anticipate that the United States District Court in Texas will

have ruled on the lawsuit we and three other dental organizations filed challenging the specialty recognition process in that state. I am optimistic that the Court will rule in favor of AAID's position and declare ADA-only recognized specialties as unconstitutional. The ABDS is an alternative to the American Dental Association process of recognizing specialties. The ABDS is fashioned after the American Board of Medical Specialties and is independent of the political culture of any individual organization.

As a result of these two significant actions, the AAID Credentials will become the direct and favored stepping stone toward obtaining Diplomate status from the ABOI/ID, further increasing the value of the AAID Credential. The value of using a Specialist in Implant Dentistry as well as a Credentialed member of the Academy will be actively promoted to patients by the Academy. This will make it more important than ever for our members to seek credentials. Currently, nearly 1,000 patients visit the website each day seeking a dental implant expert. Through online promotion to targeted audiences, I expect that number to increase significantly through the end of this year and beyond.

The Academy will become the organization to turn to for information about implant dentistry. The new look, content, and approach exemplified by this issue

[see President's Message p. 44](#)



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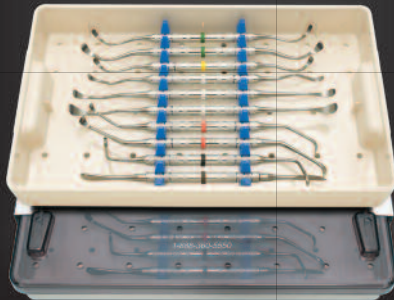
Screw lengths offered - 1.75mm x 8 (Silver), 10mm (Blue), 12mm (Gold), 14mm (Green), and 1.55mm x 15mm, 18mm, 21mm, and 24mm Bone Screws. Kit includes 18 Screws.

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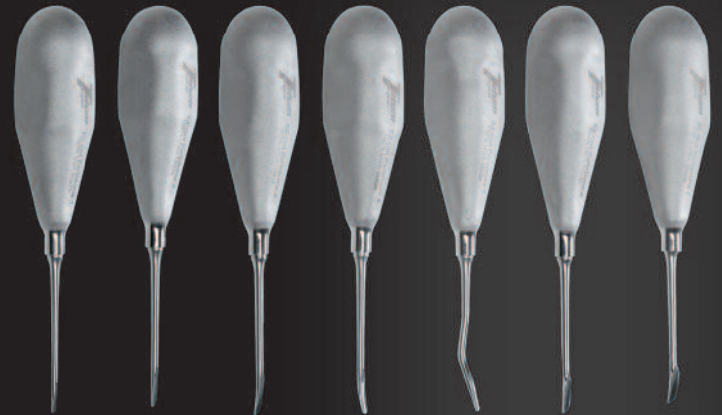
All of the instruments are tempered to permit them to be bent and shaped so that the tip is always touching bone while the curved back of the instrument can always be parallel to the lining it is elevating.

These specialized instruments are ideal to safely elevate the sinus membrane, and allow removal of bone buttresses.



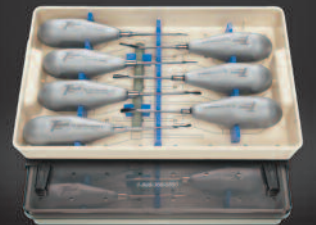
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Students at Georgia Regents University/AAID MaxiCourse[®] have many opportunities for hands-on learning.

The brainchild of **Dr. Terry Reynolds**, AAID's original MaxiCourse[®] began in 1988 at the Medical College of Georgia. In the intervening 37 years, the MaxiCourse[®] has graduated more than 1,200 implant dentists, evolved its curriculum, changed locations, and enhanced the student experience through a close relationship with the residency program at the university.

A couple of years ago, the current dean of the dental school decided that he wanted the MaxiCourse[®] to be solely presented at the Augusta, Georgia, campus. Previously, only some classes were held in Augusta, with the majority presented in Atlanta.

This change allowed for two major improvements to the course — an increase in the amount and type of

hands-on experiences for students, and a closer working relationship with the university's residency programs.

Both of the current directors of the MaxiCourse[®], **Dr. Doug Clepper, DMD, FAAID, DABOI/ID** and Michael Pruett, DMD, have a rich history with the AAID MaxiCourse[®]. Dr. Clepper was a lecturer at the Georgia MaxiCourse[®] many times in the past before becoming Director. Dr. Pruett was a student at the Medical



College of Georgia, and as a first-year dental student, he had classes in the same classrooms that were used on weekends by the MaxiCourse®. When he arrived at class, there were models that had been used in the implant dentistry MaxiCourse®. He would examine them. That gave him his first interest in implant dentistry. The university has a strong tradition with the MaxiCourse® and according to Dr. Pruett “are just trying to make it a little bit better.”

One of the ways they are enhancing the program is through the university’s residency programs. Dr. Pruett also acts as the Director of the General Practice Residency Program at the University. That program places and restores as many as 1,500 implants a year. The residents and the students at the AAID MaxiCourse® work cooperatively on patients. MaxiCourse® participants take photographs, work with models, make surgical guides, and work along with the residents. The MaxiCourse® students and the residents they have worked with jointly present a treatment plan including patient history, their diagnosis, and plan to the full class.

The Georgia MaxiCourse® tends to draw its student population from the southeast United States, although they have had some students travel from as far away as California, North Dakota, Wisconsin, and Texas. Because

of the significant time commitment, the directors want to make sure that the experience is a valuable one and well worth the investment of time and money.

In addition to a faculty that includes full-time professors from Georgia Regents University, the MaxiCourse® makes certain to include a mix of practitioners who are in the private practice of implant dentistry on a daily basis. In addition, they involve other practitioners who teach on ancillary topics such as risk management and legal issues related to implant dentistry.

One of the key distinguishers for the Georgia MaxiCourse® is the hands-on experience they get in implant dentistry. This practical training allows them to practice surgery on cadavers, as well as diagnosis, treatment planning, placement, and restoration of implants on real patients. The students’ experience doesn’t stop at that point. Rather, they come back to work with their patients a couple of months later to perform any second stage surgery, take impressions, and deliver the crowns on the implants they placed.

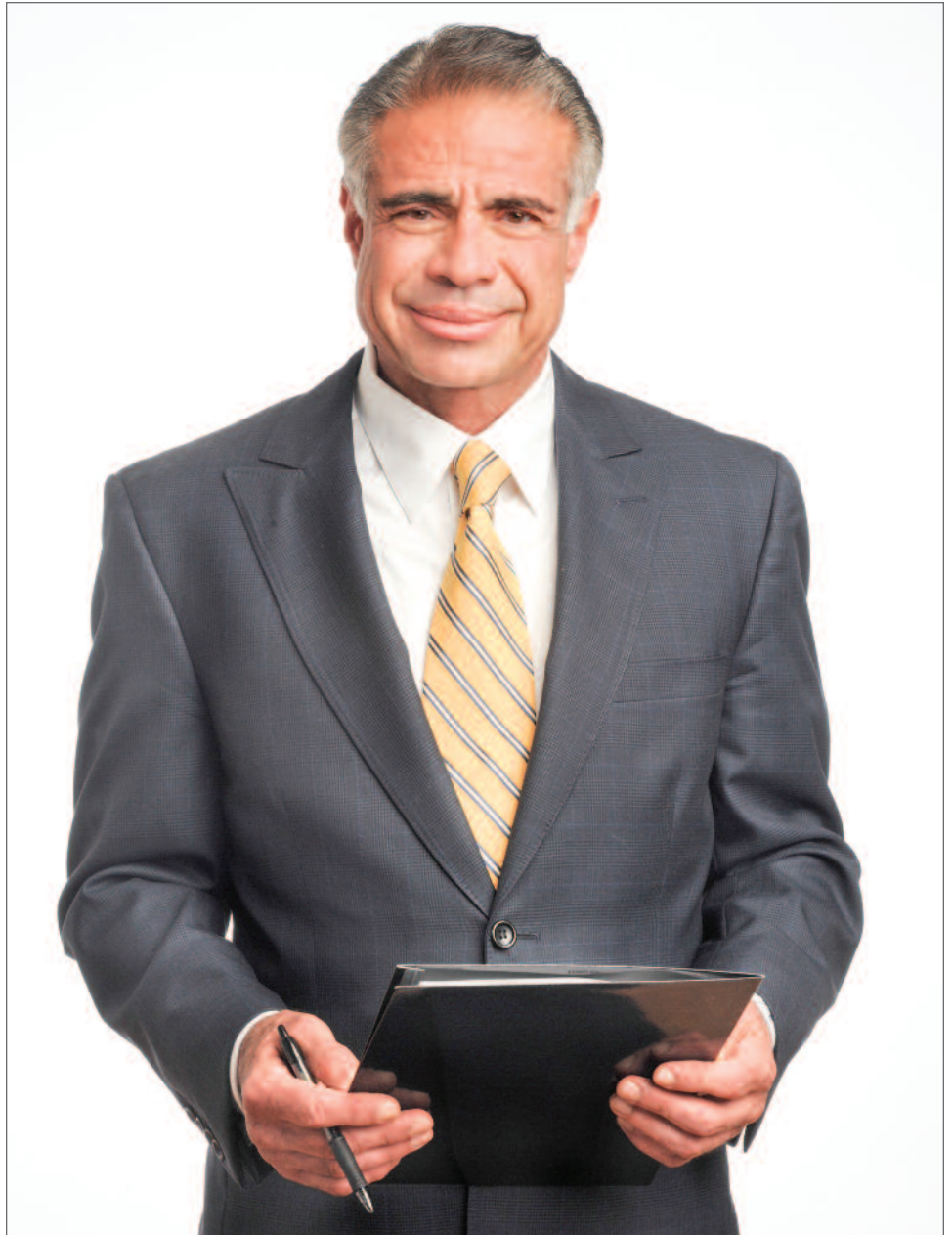
The next class will begin in March 2016 and run through November 2016. More information can be found online at www.aid.com or directly at georgiamaxicourse.com. Or contact Lynn Thigpen at 800-221-6437 or 706-721-3967 or by email at lbthigpen@gru.edu.



Live surgery on patients is a hallmark of the Georgia Regents University/AAID MaxiCourse®.

Dr. Richard Mercurio, incoming president of AAID

Interview conducted by Dr. David Hochberg, Editor, *AAID News*



DR. HOCHBERG: I'm sure the membership would like to know a little bit about your professional career. What made you decide to offer dental implant procedures to your patients?

DR. MERCURIO: I graduated from Georgetown University School of Dentistry in 1976. After practicing as an associate in Bethesda, Md., for two years, I moved to New Jersey and started my practice in Lincroft where I

still practice today. My part of that practice is comprised almost exclusively of dental implant surgical and restorative procedures.

I received formal implant education beginning with the MaxiCourse® directed by **Dr. Norman Cranin** in New York City in 1989. To this day, some of my best friends are people I met during that course.

Then I completed **Dr. Carl Misch's** surgical and prosthetic course at the University of Pittsburgh in 1995, and that's where I really became bitten by the implant bug. I followed that up with the Brånemark surgical and prosthetic course in Gothenburg, Sweden, in 1996.

DR. HOCHBERG: What do you remember about your first dental implant?

DR. MERCURIO: I remember the implant. I remember the position. It was the lower right first molar. I don't remember exactly how it went, but I know that by today's standards it probably took me a long, long time.

From that experience, I can offer some advice to beginning implant dentists in the Academy: Be prepared, know your patient, know your science, mentally anticipate the sequence of surgery, be confident in that knowledge, and begin. Don't spend 20 minutes looking at the radiograph and poking at the tissue. My advice is to dare to begin. Trust your ability. Just have the confidence to begin.

DR. HOCHBERG: Education, education, and more education has been one of the pillars that has supported AAID for more than 60 years. Where are we today and how does it look going forward?

DR. MERCURIO: I think we are looking better than ever. We have a terrific educational program set at the 2015 Annual Conference in Las Vegas.

The Educational Conference Committee convened earlier this year than in previous years in for lectures to be available for our conference. I compliment **Dr. Nick Caplanis**, the Chair of the AAID Annual Conference Education Committee, for his leadership at that meeting. As a result of his preparedness, the entire 2016 program platform was finalized in one day.

The Rutgers University Advanced Education Program has been approved, so Rutgers now joins Harvard and Loma Linda as implant dentistry programs whose graduates can apply directly for the Associate Fellow credential without examination.

The Japan MaxiCourse® application was approved, so we now have 11 MaxiCourses® worldwide. Our Academy continues to gain recognition of its educational efforts, and we will be an important provider of educational content for the Greater New York Dental Meeting and the Yankee Dental Congress.



Dr. Mercurio's wife, Margaret, and their granddaughter, Sophia.

The Education Oversight Committee is also examining criteria for endorsement of courses and lectures that are being offered by AAID members. Quality education continues to be the trademark of our Academy and continues to define us.

DR. HOCHBERG: Achieving specialty status has been an ongoing goal for the AAID for many years. Where do we stand today?

DR. MERCURIO: We are in a unique position at this point in time. Certain ADA-recognized specialties are trying to claim implant dentistry as part of their scope of practice. That makes little sense to me. No recognized specialty educational program teaches all the components of implant dentistry. Some teach part of it, but no one specialty teaches all of it. The American Board of Oral Implantology/Implant Dentistry has a Credentialing Board that has been in place since 1969. Their examination process has been deemed "bona fide" by state and federal courts.

I believe implant dentistry should be a specialty in its own right and the certifying Board should be the American Board of Oral Implantology/Implant Dentistry. Successfully challenging the Board of the ABOI/ID should be the deciding factor of who is an implant specialist. Implant dentistry needs to be a specialty because it's what's right and because it's what is best for our patients.

DR. HOCHBERG: The AAID works to encourage its membership to provide patient care that is second to none. Could you comment on the credentialing opportunities that are available, why AAID leadership continues to support this process, and why you think it's important for the membership to take advantage of the credentialing opportunities in the Academy?

DR. MERCURIO: When I first became active in the Academy, I was so impressed by the friendly, selfless demeanor of its credentialed members. This projected a feeling that these leaders in implant dentistry were approachable and had a willingness to help newer and younger members get started in the field. I think it's the same today.

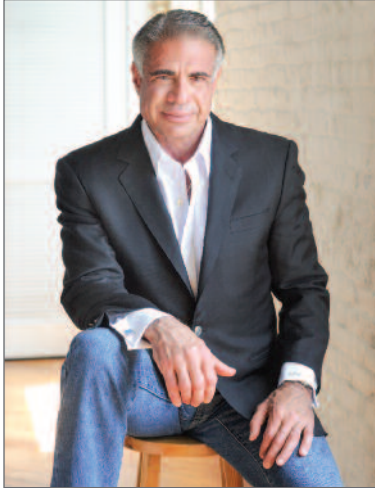
Credentialing is recognition of achievement, and it creates pride among our members for that achievement. It's important for younger members to see that there is a goal there for them to strive for and achieve.

One message I would like to impart to new or younger members, and also general members, is don't be afraid to approach someone and ask questions. Every leader and credentialed member of the Academy has stood where you stand now. Personally, it took me a while before I had the courage to approach some of the credentialed members. Every time I did, I enjoyed a camaraderie and a friendliness that I didn't expect.

At times, I have been concerned that the Academy has "flown under the radar" as far as the public and the profession are concerned. We need to continue our credentialing process and make sure our efforts are recognized. That can happen through more credentialed members getting the word out and through marketing.

DR. HOCHBERG: Many may not know, but you've been responsible for helping to create a value-added benefit program that we call the Member Advantage Program. Please catch everybody up on what it's about.

DR. MERCURIO: The Member Advantage Program was something that came about at a Membership Committee meeting two years ago. We were discussing that younger members coming out of school with large student loan debt might find it difficult to pay annual dues. We wanted to create a way to make membership dues less of a barrier to membership. I came up with an idea to contact several different companies and arrange for special reduced pricing for AAID members. I went booth to booth at an Annual Conference talking to some of the vendors. Several were willing to offer an AAID member courtesy discount on their product or service. I got about ten or 12 companies that agreed to do it. I believed that in the aggregate, the



"Right after taking [Dr. Misch's] course, he told me that I had been bitten by the implant bug, and there was no way to go back. And he was correct."

discounts offered by this group of companies could create a savings equal to the amount of the membership dues. So based on their buying habits and usage of these company products, it would essentially cost them nothing to be a member.

Over time, we started to expand it from a few companies to the 20 vendors that participate in the program today. Some participants in the program that have also agreed to donate a percent of their profits to the Foundation, which is an arm of the Academy that funds research in implant dentistry, so the program has a lot of tentacles.

Unfortunately, I think it's still under-used and under-recognized still by some of the members. It has a lot of good points to it. I'm going to try to get it to be more recognized because I think it's good for us, it's good for the Foundation, and it'll help our members.

DR. HOCHBERG: You alluded to the wonderful mentoring in the AAID, our Academy. Do you have any people in particular that you would like to recognize?

DR. MERCURIO: There are two people that have been of significant influence on my implant dentistry and Academy career: **Dr. Carl Misch** and **Dr. Emile Martin**.

Dr. Misch exposed me to implant dentistry in an organized manner. Up until the time I took Carl's course, I was taking different courses, and people would teach different things in unstructured ways. No one had it down to the point where this is what you do in this situation, or you don't do this or that. I believe that has been Dr. Misch's gift to the profession. He took a conglomeration of different treatments, and he organized the field. Right after taking his course, he told me that I had been bitten by the implant bug, and there was no way to go back. And he was correct.

Dr. Emile Martin has always supported me. He nominated me for the Northeast District's officer's line. After the officers line he appointed me to the A&C Board for two consecutive three-year terms. He continues to be available to me (whether he wants to or not) for providing opinion on many different topics.

DR. HOCHBERG: When you're not busy running your practice or caring for patients, what do you like to do in what free time you have?

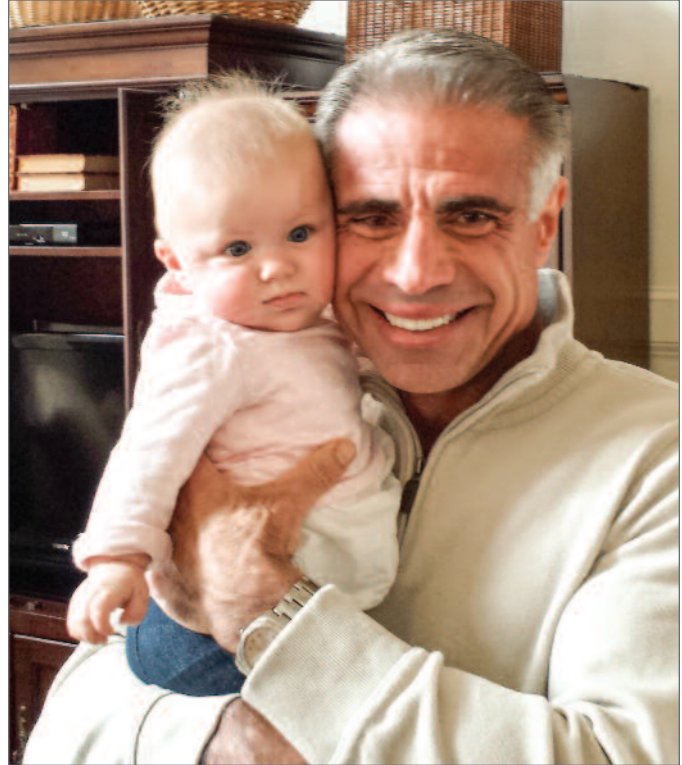
MEMBERPROFILE

DR. MERCURIO: I like to read. I think it's important to stay healthy, so I have a workout regimen. I have a trainer that I work out with twice a week, and I run twice a week. I sketch, which is a very relaxing thing for me. And I'm with my family. I spend a lot of time with my new granddaughter, Sophia, and I'm very close to my children.

DR. HOCHBERG: Dr. Mercurio, do you have any closing thoughts that you would like to share with the membership?

DR. MERCURIO: The Academy has grown appreciably in size and influence. The last several presidents were excellent leaders, and I want to recognize them. My hope is to continue to assist the growth of the Academy by setting new standards, continuing to expand our educational offerings, and bringing recognition to the Academy from both the public and the profession.

DR. HOCHBERG: On behalf of the entire AAID membership, I'd like to extend best wishes to you and your presidency. It's your vision for our Academy that will help to ensure our continued success into the future. Thank you so very much. ●



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BCP
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NATALIA EVANS, DMD
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BLAYNE J. GUMM, DDS
General Practitioner
Belleair Bluffs, FL



IHAB M. HANNA, DDS
General Practitioner
Redwood City, CA



JOHN HARGREAVES, DDS
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Denver, CO



OLINGA HARGREAVES, DDS
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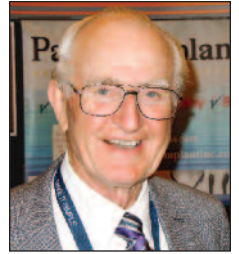
ISAIH LEW AWARD WINNER ANNOUNCED

Ralph Roberts, DDS, FAAID, was named the recipient of the 2015 Isaih Lew Memorial Research Award from the AAID Foundation. He will be honored in person at the President's Celebration during the Academy's 2015 Annual Conference.

Named after Isaih Lew, an implant pioneer who served as President of the AAID and Editor of the *Journal of Oral Implantology*, the award is given to an individual who has contributed significantly to research in implant dentistry.

Dr. Roberts is a co-inventor and developer of the Ramus Frame dental implant and the Ramus Blade dental implant. He was the inventor of the Single Tooth Replacement (STR) dental implant. He pioneered the concepts of osteocompression and osteoexpansion, which are essential principles for certain ridge augmentation techniques and closed sinus lift.

He earned his Fellow Credential in 1985, and was named an Honored Fellow in 1994. He continues to be engaged in the full-time practice of General Dentistry and Implantology in Rio Dell, California. Dr. Roberts is also the president of Pacific Implant, Inc. ●



HONORED FELLOWS FOR 2015 ELECTED

The Honored Fellows Committee has selected the following individuals for the 2015 Honored Fellows:

Norman Barbone, DDS, FAAID,

DABOI/ID, Mansfield, OH

Mario Cabianca, DMD, FAAID,

DABOI/ID, Trail, British Columbia, Canada

Mark Cullen, DDS, FAAID, DABOI/ID,

Saint Petersburg, FL

Chris Hughes, DMD, FAAID, DABOI/ID,

Herrin, IL

Ed Kusek, DDS, FAAID, DABOI/ID,

Sioux Falls, SD

Michael Nishime, DDS, FAAID,

DABOI/ID, Honolulu, HI

Cheryl Pearson, DMD, FAAID,

DABOI/ID, Lexington, KY

Shane Samy, DMD, FAAID, DABOI/ID,

Eugene, OR

Hamilton Sporborg, DDS, FAAID,

DABOI/ID, Chatham, MA

The selection of new Honored Fellows includes a nomination process with final selection based on scores determined by AAID involvement (volunteer positions at the National and District levels, speaking at AAID events, study clubs, etc.) and contributions to, implant dentistry and the nominee's home communities (teaching, publishing, awards, community service, etc.). ●

JACK HAHN HONORED WITH LIFETIME ACHIEVEMENT AWARD

The Central District of the Academy honored **Jack Hahn, DDS, FAAID, DABOI/ID**, with a Lifetime Achievement Award at a dinner in his honor during the 2015 Central and Western Districts' Conference.

Over 200 attended the event at which friends of Dr. Hahn from throughout the world regaled the audience with stories about their experiences with Dr. Hahn. ●



Dr. Hahn (right) with his wife Barbara and children Jeff and Julie.

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FOUNDATION LAUNCHES CAMPAIGN2015

The AAID Foundation has launched its first ever humanitarian project in conjunction with the Dental Lifeline Network (formerly the National Foundation of Dentistry for the Handicapped). The program is called *“Wish a Smile.”*



AMERICAN ACADEMY OF
IMPLANT DENTISTRY FOUNDATION

With support from dental implant and bone grafting corporate sponsors and volunteer dentists, *“Wish a Smile”* will provide free dental service to patients who are 17-29 years old, congenitally missing 1-3 teeth, and are financially disadvantaged.

The goals of this program are:

- To provide a humanitarian service to the public
- To increase public awareness of the AAID Foundation, the AAID and AAID’s members.

The success of this program is entirely dependant on the financial support we will receive from the corporations and the AAID’s members. The Campaign2015 has been launched to support the program.

During the past 12 years, AAID members have been extremely generous in supporting the Endowment Fund to provide funding for dental implant research. This year, contributions will be allocated to the *“Wish a Smile”* program. Please consider contributing to the AAID Foundation. The Foundation needs funding for this important project and relies on your generous financial support. The donation form can be found on the AAID website — www.aaid.com.

AAID MEMBERSHIP AMBASSADORS

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

We would like to thank the Membership Ambassadors who have referred colleagues as new members between May 29, 2015, and August 18, 2015.



Thank you for referring a colleague to the Academy.

Todd Engel, DDS, from Cornelius, NC

Robert Heller, DDS, from Lewis Center, OH

Philip J. Kroll, DDS, from Ventura, CA

Dr. David C. Pielak, from Palm Harbor, FL

Gilbert Tremblay, DMD, from Pierrefonds-Montréal, QC, Canada

Encourage your colleagues to join the AAID and offer them a \$50 discount on their first year’s membership dues by letting us know you referred them. Do so by November 1, 2015, and be entered into a drawing for 2016 AAID membership dues - up to a \$600 value.

If you would like to request membership applications, contact the Headquarters Office at info@aaid.com or by phone at 312-335-1550.

UPCOMING KEY AAID DATES

APRIL 2016

8-9 EXPANDING OPPORTUNITIES: DEVELOPING IMPLANT SITES FOR PREDICTABLE RESULTS

Western and Central Districts Meeting

Westin Bayshore, Vancouver, British Columbia, Canada

JUNE 2016

10-11 MANAGING BONE DEFICIENCIES

Southern and Northeast Districts Meeting

Hotel Vinoy, Saint Petersburg, FL

OCTOBER 2016

26-29 65TH ANNUAL EDUCATIONAL CONFERENCE

Hyatt Regency New Orleans, New Orleans, Louisiana

Check the AAID Online Calendar using this QR Code for a complete listing of all Key AAID Dates.





New Trends Program

Oct. 21, 10:40am

“MIS MGUIDE: Simplicity in Guided Surgical Care”

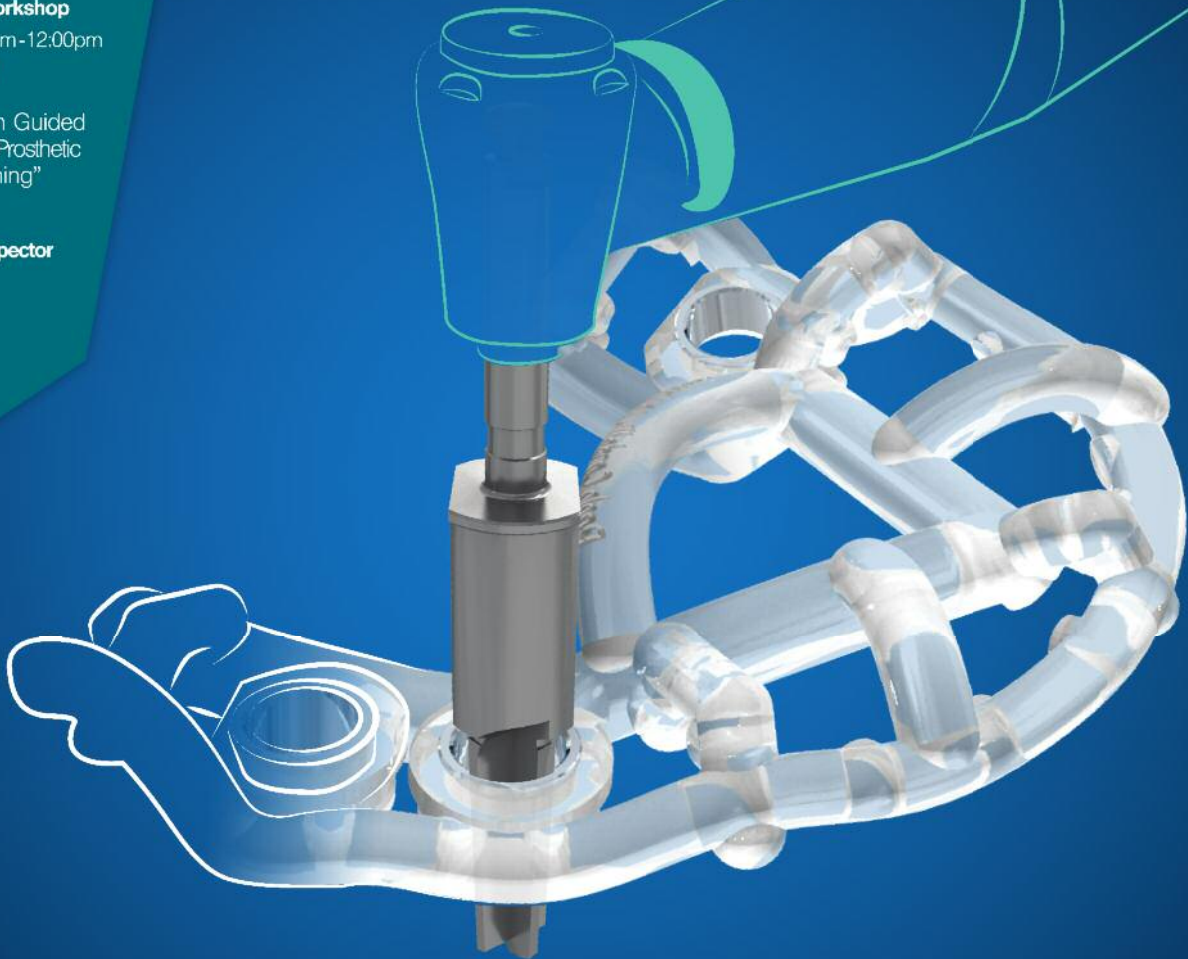
Speaker:
Dr. Andrew Spector

Hands-on Workshop

Oct. 22, 8:00am-12:00pm
Genoa Room

“Simplicity in Guided Surgery and Prosthetic Driven Planning”

Speaker:
Dr. Andrew Spector



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JAIME LOZADA NAMED 2015 AARON GERSHKOFF/NORMAN GOLDBERG AWARD WINNER

Jaime Lozada, DMD, FAAID, DABOI/ID, was named the winner of the Academy's Aaron Gershkoff/Norman Goldberg Memorial Award.

Named after the first two presidents of the Academy, the Award recognizes outstanding contribution to AAID and the field of implant dentistry.

Dr. Lozada, of Loma Linda, CA, currently serves as Director for Advanced Education in Implant Dentistry, Department of Restorative Dentistry at the School of Dentistry at Loma Linda University, where he also holds the rank of Professor.

He serves on the Editorial Board of *Journal of Oral Implantology* and the *Revista Actualidad Implantologica* (Spain). He is an Honored Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology/Implant Dentistry. He has delivered or published hundreds of presentations and articles for a variety of dental organizations and journals around the world. Dr. Lozada served as President of the American Academy of Implant Dentistry in 2008 and was the recipient of the Isaih Lew Memorial Research Award in 2010.





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Day 2 - Tuesday July 26th 8 am to 12 noon
Implant Prosthetics Step by Step

Day 3 - Wednesday July 27th 8 am to 12 noon
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Dr. George Arvanitis BSc, DDS

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Maxicourse Ontario Canada**

Diplomate: American Board of Oral Implantology
Fellow: American Academy of Implant Dentistry
Fellow: Academy of General Dentistry
Fellow: International Congress of Oral Implantologists

A 1990 graduate from the University of Western Ontario he maintains a full time general dental practice in Waterloo, Ontario focused on implant and advanced restorative dentistry.



Dr. Rod Stewart DDS

**Co-Director: Ti-Max Education & AAID
Maxicourse Ontario Canada**

Diplomate: American Board of Oral Implantology
Fellow: American Academy of Implant Dentistry

A 1983 graduate of the University of Toronto, he maintains a general dental practice in Hamilton, Ontario with a focus on advanced dental reconstructive treatment and he is a part time clinical instructor at the University of Buffalo, School of Dental Medicine, AEGD Program. He is chair of the AAID Maxicourse committee and a member of the AAID Admissions & Credentialing Board.

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Dental Student Awards

The 2015 AAID Dental Student Award is available to all accredited dental education programs in the United States and Canada.

A record 62 schools awarded the AAID Dental Student Award for undergraduate or graduate 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 Conference. The recipients and schools that participated in order of the name of the school are:

UNDERGRADUATE DENTAL STUDENT AWARD RECIPIENTS

Arizona School of Dentistry & Oral Health

Tyler J. Carlson, DMD

Boston University Henry M. Goldman School of Dental Medicine

Matthew Green, DMD

Case Western Reserve University School of Dental Medicine

Simrati Rahi, DMD

Columbia University College of Dental Medicine

Dr. Divya Khera

Creighton University School of Dentistry

Todd L. Squires, DDS

Georgia Regents University College of Dental Medicine

Ray Wallace, DMD

Harvard School of Dental Medicine

Armando Pardo, DMD

Howard University College of Dentistry

Courtney Oliver, DDS

Indiana University School of Dentistry

Rocky Dylan Anderson, DDS

Loma Linda University School of Dentistry

Erin Lam, DDS



Dr. Steven M. Morgano, Chair and Professor, Department of Restorative Dentistry at Rutgers University School of Dentistry presents the AAID Dental Student Award to Michael Diorio, DMD.

Louisiana State University Helath Sciences Center, School of Dentistry

Jacob L. Seiter, DDS

Marquette University School of Dentistry

Susan Kang, DDS

Medical University of South Carolina - James B. Edwards College of Dental Medicine

Brittany Wilkes Rush, DMD

Meharry Medical College School of Dentistry

Dr. Emeka Ezeokeke

Midwestern University College of Dental Medicine-Arizona

Margaret Wieser, DMD

Midwestern University College of Dental Medicine-Illinois

Dr. Emily Bragg

New York University College of Dentistry

Ehsan Farrokhanesh, DDS

Nova Southeastern University College of Dental Medicine

Kevin M. Carbonell, DMD

Oregon Health & Science University School of Dentistry

Minh V. Phan, DMD

Roseman University of Health Sciences, College of Dental Medicine

Dr. Ngoc-Chau Thi Vu

[see Dental Student Awards p. 44](#)



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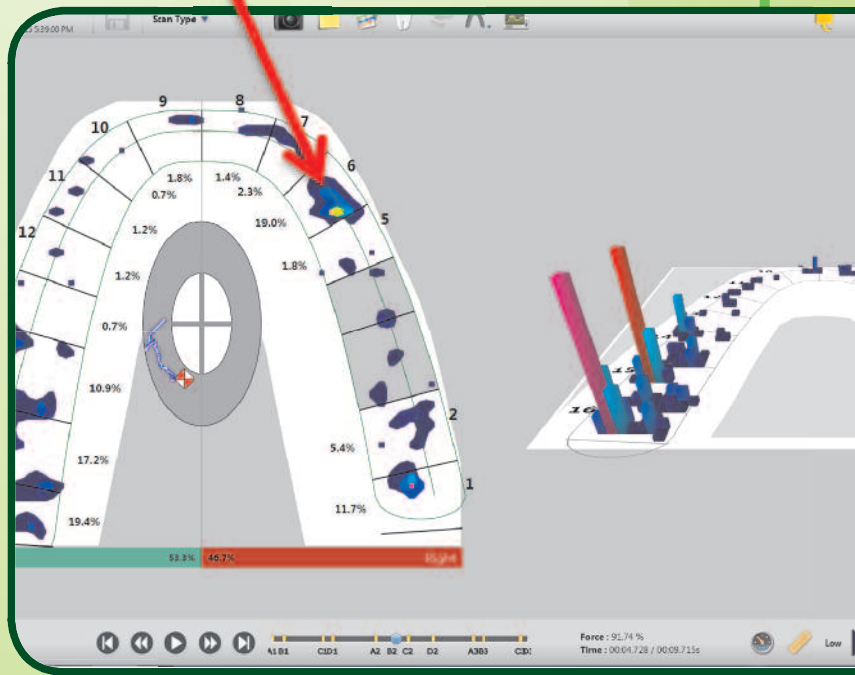
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Dental Student Awards

continued from page 42

Rutgers School of Dental Medicine
Michael Diorio, DMD

Southern Illinois University School of Dental Medicine
Bradley J. O'Reilly, DMD

Stony Brook University School of Dental Medicine
Joseph Mazzola, DDS

Temple University Kornberg School of Dentistry
Daniel H. Huynh, DMD

Texas A&M University Baylor College of Dentistry
Sarah Marie Severson, DDS

President's Message

continued from page 26

of *AAID News* is one example of how that is happening. The soon to be released results of the first comprehensive study of the practice of implant dentistry is another. And, the new look of the *aaid.com* website, which is launching shortly, will make certain that dentists interested in implant dentistry see the AAID as the organization of choice for their implant-specific education.

Speaking of education, the Academy will move to our next phase of enhancing AAID education by increasing the resources we devote. Many of you may not realize that the Academy was one of the first organizations to identify and act on the need for education on bone grafting. We will make certain we have the right resources on board to be the leader in implant education as the organization that identifies and educates on the next trends in the field.

Finally, I also see nearly 1,500 members and non-members convening at the iconic Caesars Palace in October to learn, network, and socialize with their peers at the Academy's Annual Educational Conference, October 21 – 24, 2015. Will I see you there? ●

The Ohio State University College of Dentistry
Megan M. Kottman, DDS

The University at Buffalo
Sanel Sadibasic, DDS

Tufts University School of Dental Medicine
Woosol Kim, DMD

University of Alabama School of Dentistry
Tony Kyungwoo Kang, DMD

University of Alberta School of Dentistry
Jeff Soparlo, DDS

University of California, San Francisco School of Dentistry
Dr. Isaac Chen

University of Colorado School of Dental Medicine
Dr. Rachel Foster Rivard

University of Connecticut School of Dental Medicine
Andrew Brodsky, DMD

University of Florida College of Dentistry
Tyler Oatmen, DMD

University of Illinois at Chicago College of Dentistry
Justin Schneider, DMD

University of Iowa, College of Dentistry and Dental Clinics
Dr. Orhan Suljic

University of Kentucky College of Dentistry
Grant Heward, DMD

University of Laval
Marc-André Breton, DMD

University of Louisville School of Dentistry
Marcella Amanda Trombley, DMD

University of Michigan School of Dentistry
Stephanie K. Johnson, DDS

University of Minnesota School of Dentistry
Stephanie Zastrow, DDS

University of Mississippi School of Dentistry
Darrell Rex Livingston, Jr., DMD

University of Missouri - Kansas City
Albana Kallmi, DDS

University of Montreal School of Dental Medicine
Gabrielle Marleau, DMD

University of Nebraska Medical Center College of Dentistry
Eric J. Van Boening, DDS

University of Nevada, Las Vegas School of Dental Medicine
James M. Robison, DMD

University of North Carolina School of Dentistry
Dr. David Xavier Baranowski

University of Oklahoma College of Dentistry
Siyong Kim, DDS

University of Pennsylvania School of Dental Medicine
Dr. Kyung Hoon Paul Kim

University of Pittsburgh School of Dental Medicine
Kaitlyn M. Burgess, DMD

University of Puerto Rico School of Dental Medicine
Christian S. Vega-Morales, DMD

University of Saskatchewan College of Dentistry
Miranda Mark, DMD

University of Tennessee Health Science Center College of Dentistry
Robert Ian Campbell, DDS

University of Texas School of Dentistry at Houston
Kacey A. Whitehead, DDS

University of the Pacific Arthur A. Dugoni School of Dentistry
Edmund A. Bedrossian, DDS

University of Washington School of Dentistry
Dr. Garrett G. Gentling

UT Health Science Center San Antonio School of Dentistry
Ryan Fort, DDS

Virginia Commonwealth University
Jacob Sheppard, DDS

West Virginia University School of Dentistry
Christina M. Hamer

Western University of Health Sciences College of Dental Medicine
Oshin Safarian, DMD

GRADUATE DENTAL STUDENT AWARD RECIPIENT

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The Densah® Bur is based on a new technology for osteotomy preparation that we have called “osseodensification”. Unlike traditional bone drilling technologies, osseodensification does not excavate bone tissue. Rather, it preserves bone bulk so bone tissue is simultaneously compacted and auto-grafted in an outwardly expanding direction to form the osteotomy.

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In the “Densifying Mode”, downward surgical pressure coupled with steady external irrigation creates a gentle hydrodynamic pressure wave, which expands a pilot osteotomy without excavating bone tissue with minimal heat elevation. A densified zone of surrounding bone is generated while plastically expanding the bony ridge at the same time.

In the “Cutting Mode”, the Bur is rotated at 800-1500 RPM in a clockwise (CW) direction to precisely cut bone if needed.

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newmembers

The AAID is pleased to welcome the following new members to the Academy. The following members joined between June 18, 2015 and September 2, 2015. 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 city.

International member list is organized by country, province (if available), and city.

Contact your new colleagues and welcome them to the Academy.



ALABAMA

William Bruce Young
Jacksonville

Gregory Gast, DMD
Semmes

ALASKA

Jeffrey Rogers, DDS
Fairbanks

ARIZONA

David Yang
Flagstaff

Tyler J. Carlson, DMD
Gilbert

Nathan Vassiliades, DDS
Gilbert

David G. Lebowitz, DMD
Paradise Valley

Fred Olsen, DDS
Phoenix

CALIFORNIA

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Anaheim

Brian M. Assael, DDS
Berkeley

Mark A. Rutley, DDS
Del Mar

Virinder S. Grewal
Elk Grove

Chad J Anderson, DMD
Fresno

Steven Alvarado
La Jolla

Donald Lee Hillock
Modesto

Jong-Gill Ahn, DDS
Ridgecrest

Donald Pepper, DDS
San Jose

Jerome N. Peterson, DDS
Santa Ana

Omid Barkhordar, DDS
Santa Barbara

Kenneth Alford, DMD
Santa Rosa

Albert Chow, DDS
Thousand Oaks

Cerisa Ignacio, DDS
Twentynine Palms

COLORADO

Stacy Doyle Lind
Centennial

Dushan Rajko Voyich
Craig

Daniel G. Hill
Lafayette

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Laura Miller, DDS
Madison

David Wu
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Bushnell

Ahmed Saleh Kiwan, DMD
Fort Myers

Boris Bujila
Hialeah

Dan Mazor, DDS
Hollywood

Gary Pileggi
Lake Mary

Gerald M. Levine
Orlando

Jason C Horwitz, DDS
Palm Harbor

David C Pielak
Palm Harbor

Paul A Garcia
Sunrise

Daniel H. Huynh, DMD
Tampa

Matthew Waite
Tampa

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Atlanta

Reynaldo T. Reese, DMD
Douglasville

Billy Steven Pealock
Lawrenceville

Travis Watson
Marietta

Robert R Halvorsen
Sandersville

IDAHO

Veronica Montgomery, DDS
Boise

ILLINOIS

Hugh Marchmont-Robinson,
DDS

Berwyn

Jennifer Mihlopulos, DMD
Carbondale

Victor Escobar, DDS
Champaign

Irfan Atcha, DDS
Chicago

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Paramvir Singh, DDS
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Emeka Ezeokeke, DDS
Merrillville

Michael Drone, DDS, MS
Valparaiso

Howard Stevenson, DDS
Valparaiso

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Paul D Herrera, DDS
Lawrence

Chuck Pierson, DDS
Wichita

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Kevin McMahon, DMD
Edgewood

Steven A. Anderson, DMD
London

Samuel Gregory Benanti
Louisville

David Lowry, DMD
Owensboro

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Michael J. Anderson, DDS
Denham Springs

David Raphael, DDS
Metairie

MARYLAND

Geoffrey Clive, DDS
Cockeysville

Garland K. Davis, DDS
Laurel

Donald M. Tilghman, DDS
Salisbury

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Risha Molato De Leon
Boston

Jack Ssu-Chieh Lee
Braintree

Joseph Alfred Walz
Southwick

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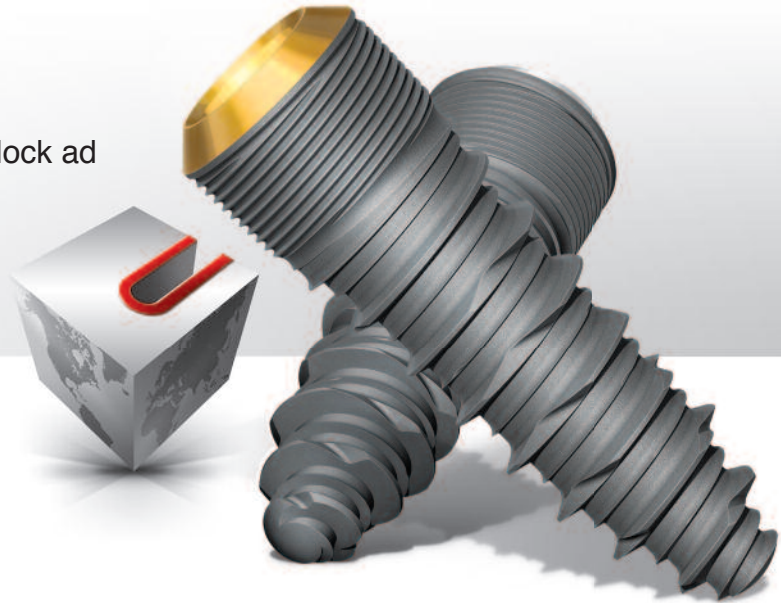
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Presented by: Dr. Nelson Pinto

"Extraction-to-Implant...Today!"
Presented by: Dr. Robert Miller

"Sinus Augmentation - Current & Future Trends"
Presented by: Dr. Ziv Mazor

Booth 701 Power Presentations

"Fabrication of - L-PRF"

Presented by: Dr. Robert Miller & Dr. Nelson Pinto
(Scheduled throughout the exhibit hours)

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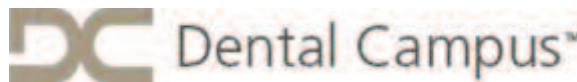
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newmembers

AAID welcomes new student members

It's never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. AAID's electronic membership, open only to dental students, has been in place for several years, and we currently have over 1,000 dental student members who are entitled to online access to Academy information and resources. The following is the list of new electronic dental student members who joined between May 29, 2015, and August 18, 2015.

Baylor College of Dentistry

Brandon Luckett

Brookdale Hospital

Chad Libraty

Case Western Reserve University

Ying Huang

Isha Moza

Columbia University

Yaakov Barak

Shlomo Eisenberg

Margaret Yew

University of Connecticut

Jeff Cutler

Howard University

Brinda Shah

Michelle Shapiro

Edmund Thomas

Loma Linda University

Sharona Noghre

University of Maryland

Steven Bresler

Camille Little

Meharry Medical College

Andrew Minias

University of Missouri

Kansas City

Enida Haxhia

Université de Montréal

Frederic Elbaz

New York University

Mikhail Abramor

Valentina Baranova

Vanessa Biancucci

Joshua Bronner

Wajih Chammal

Michael Esses

Chun-Yu Fan

Elliot Haber

Kimberly Long

Katherine Miller

Adam Rudin

Samantha Wolff

Newark Beth Israel Medical Center

Xun Chen

Moi Li

Oregon Health Sciences University

Keith Argraves

Tyler Bradstreet

Matt Erickson

Stephen Erwin

Christopher Alex Louie

Karl Shao

Sukhman Sidhu

University of Pennsylvania

Isaac Kuyunov

University of Pittsburgh

Jonathan Sanders

Julie Tran

University of Puerto Rico

Joel Diaz-Arana

Noeli Minaya

Christina Ortiz-Diaz

Grisel Rivera

Roseman University of Health Sciences

Danielle Marciniak

Minh Phi

Rutgers University

Nancy Ahn

Maria Bender

Mina Elfar

Kyle Estelle

Chris Fiorentini

Lior Furman

Tiffani Graves

Tetyana Khrabetyn

Yvonne Kiernan

Jason Kwan

Peter Lim

Omar Mayorga

Brian Mevlener

Farhad Mirabrisham

Sarah Mourad

Francis Nunez

Alexandra Okula

Sandra Onukwugha

Bansi Patel

Milan Patel

Priya Patel

Joel Pinter

Daniela Punzalan

Anthony Randazzo

Paul Redpath

Chris Russo

Melissa Shah

Minel Trakhman

Amy Tran

Caroline Tuttle

Lance Vicente

Cherie Walsh

Zakary Yermolenko

Southern Illinois University

John Cairns

Brian Hamel

Morgan Harding

Song Lim

Thais Meredith

Jon Owen

Nicholas Varney

Eliot Vildaver

Campbell Walters

State University of New York at Buffalo

Valerie Peng

Konstantina Sarandeva

Samantha Smith

Stony Brook University School of Medicine

Marc Jiorle

Temple University

Lauren Harper

Katie Nemirovsky

Tufts University

Allison Ferris

Bava Mihirgir

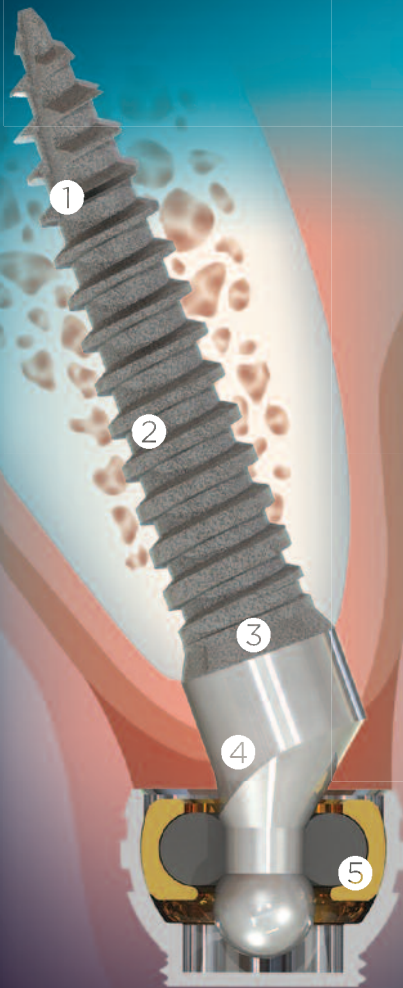
Western University of Health Sciences

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E-mail: LBThigpen@gru.edu

Web site: www.georgiamaxicourse.com

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370 Grand Ave, Englewood, NJ 07631

Director: John Minichetti, DMD

Contact: Lisa McCabe

Phone: 201-871-3555

E-mail: drminichetti@englewooddental.com

Web site: aaid-vegasmxcourse.org

Loma Linda University/AAID MaxiCourse®

Loma Linda, California

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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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Phone: 800-603-7617

E-mail: oralaidmaxicourse@gmail.com

Web site: www.oraaidmaxicourse.com

Puerto Rico MaxiCourse®

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Contact: Miriam Montes, Program Coordinator

Phone: 787-642-2708

E-mail: prmaxicourse@gmail.com

Web site: www.theadii.com

Rutgers University of Dental Medicine MaxiCourse®

September - June

110 Bergen Street, Room B701

P.O. Box 1709

Newark, NJ 07101-1709

Director: Jack Piermatti, DMD

Coordinator: Janice Gibbs-Reed, MA, CMP

Phone: 973-972-6561

E-mail: gibbs@sdm.rutgers.edu

Web site: sdm.rutgers.edu/CDE/MaxiCourse

Ti-MAX Implant Maxicourse®

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Oakville, Ontario, Canada and Waterloo,

Ontario, Canada

Phone: 905-235-1006

Contact: Chantel Furlong

E-mail: info@ti-maxicourse.ca

Web site: www.ti-maxicourse.ca

Vancouver, British Columbia MaxiCourse®

September – June

Contact: Andrew Gillies

Phone: 604-330-9933

Email: andrew@implantconnection.ca

Web site: www.vancouvermaxicourse.com

Japan MaxiCourse®

13, Morimaki-cho, Moriyama-ku

Nagoya, Japan 463-0073

Director: Yasunori Hotta, DDS, PhD

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Phone: (860) 649-2272

E-mail: Michelle@jawfixers.com

Web site: www.JawFixers.com

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Carol Phillips, DDS

Contact: Melissa Martin

Phone: 800-549-5000

Hands-on Training Institute

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Hands On Implant Training –

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Claudia Patch, DMD

Tischler Dental Laboratory

Woodstock, NY

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Linkow Advanced Implant Courses

Course Director: Dr. Michael Shulman

Phone: 201-840-7777

Contact: Amelia

Phone: 551-655-1909

E-mail: info@adiseminars.com

Web site: www.adiseminars.com

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- Segmental Osteotomies
- Cadaveric Specimen Course
- Each module contains both hands-on practicals and live surgeries

Contact: Rebekah Register

Phone: 727-459-4910

E-mail: tatuminfo@aol.com

Web site: tatuminstituteusa.com

University of Nevada, Las Vegas (UNLV) Division of Continuing Education Courses in Implant Dentistry

Live Implant Surgery Course (3 months)

Surgical Bone Grafting Human Cadaver Course
(3-day course)

Hands-on Maxillary Sinus Augmentation Course
(2-day course)

Pig Jaw Surgical Bone Grafting Course (2-day
course)

Francis Jones, DDS, PhD (Ca)

Contact: Roxane Santiago

Phone: 702-774-2822

CANADA

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

Dr. D.M. Vassos

Mentor Program – Hands-on Program over six
Saturdays

Location: Edmonton, Alberta, Canada

Contact: Rosanna Frey

Phone: 780-488-1240

E-mail: rosanna@dmvassos.com

Web site: www.dmvassos.com

The BITE Club

For those not ready for the AAID Vancouver
MaxiCourse®. Didactic study club to intro-
duce you to the world of oral implantology.
Contact: Andrew Gillies, Education Coordinator
Phone: 604-330-9933
E-mail: andrew@implantconnection.ca

Vancouver Implant Continuum

Continuing your MaxiCourse® journey
One-year program that incorporates live patient
surgery on your own patients with a review
of everything within the AAID Vancouver
MaxiCourse®
Contact: Andrew Gillies, Education Coordinator
Phone: 604-330-9933
E-mail: andrew@implantconnection.ca
Web site: www.cdiltc.ca

Implant Connect: Prosthetic Course

One-year program that will cover patient selec-
tion, treatment planning, occlusal considera-
tions and how to incorporate implants into
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Web site: www.cdiltc.ca

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Dr. Robert E. Leigh, Director

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Location: Leigh Smile Center, Alberta, Canada

Contact: Corie Zeise

Phone: 1-888-877-0737 (Toll Free)

E-mail: coriemanager@gmail.com

Web Sites: www.rockymountainsmilecenter.com
www.leighsmilecenter.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@piidentistry.com

Web site: www.piidentistry.com

OUTSIDE NORTH AMERICA 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

AAID Affiliated Study Clubs*

CALIFORNIA

Bay Area Implant Synergy Study Group

San Francisco

Matthew Young, DDS, FAAID, DABOI/ID

Contact: Kimberly

Phone: 415-392-8611

E-mail: info@dentalimplantssc.com

Web site: www.drmatthewyoung.com/
BayAreaImplantSynergyPage.htm

Northern California Dental Implant Continuum

Craig A. Schlie, DDS, AFAAID

Phone: 530-244-6054

E-mail: Dr.Schlie@gmail.com

FLORIDA

Central Florida Dental Implant Study Group

Altamonte Springs, FL

Don Preble, DMD

Contact: Sharon Bruneau

Phone: 407-831-4008

Fax: 407-831-8604

Mid-Florida Implant Study Group

Palm Harbor, FL

Rajiv Patel, BDS, MDS

Phone: 386-738-2006

E-mail: info@delandimplants.com

NEW JERSEY

Bergen County Implant Study Club

John C. Minichetti, DMD

Contact: Lisa McCabe

Phone: 201-871-3555

Web site: www.dentalimplantlearningcenter.com

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

NEW YORK

CNY Implant Study Group

Brian Jackson, DDS

Contact: Melanie – Course Coordinator

Phone: 315-724-5141

E-mail: bjddsimplant@aol.com

New York Study Club

Edgard El Chaar, DDS

John Minichetti, DMD

Phone: 212-685-5133

E-mail: info@edgardelchaar.com

NORTH CAROLINA

Clemmons North Carolina Study Club

Andrew Kelly, DDS

Clemmons, NC

Phone: 336-766-7966

E-mail: dctr2th@msn.com

* This calendar section is available to any cre-
dentialled member of the AAID to post informa-
tion about implant education courses offered by
the member. The member must agree to provide
the list of attendees to AAID in exchange for
publication of the course in the calendar. Study
Club listings are available only to Affiliated AAID
Study Clubs. For information about becoming
an Affiliated AAID Study Club, contact Catherine
Elliott, Director of Professional Development at
catherine@aaid.com.

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Exam eligibility for Affiliate Associate Fellows extended

The Board of Trustees, at their meeting in June 2015, acting on a request from the Admissions & Credentials Board, agreed on an eligibility extension for Affiliate Associate Fellows. For the 2016, 2017, and 2018 oral/case examinations, regardless of when their eligibility expired, any Affiliate Associate Fellow may apply for oral examination if they attend one AAID conference (either district or annual) within three years of applying for the oral examination.

This extension program provides Affiliate Associate Fellows the opportunity to become an Associate Fellow and demonstrate to the A&C Board that the member has current training in implant dentistry. This is being done to encourage the Affiliate Associate Fellows to continue to work toward their credential.

Doctors eligible to become Affiliate Associate Fellows can apply online at www.aaid.com or contact AAID's Membership Department at info@aaid.com or by calling 312-335-1550.

Obituaries

Past president Paul Mentag, DDS

The American Academy of Implant Dentistry just learned that past president **Paul Mentag, DDS** passed away peacefully on June 9, 2014 at the age of 91.

Dr. Mentag was a longtime resident and dentist practicing in Bloomfield Hills, MI. He graduated in 1944 from the University of Detroit Dental School. He served as a Captain in the US Army dental corps during the Korean War.

He served as president of the AAID in 1976.



Classified Ads

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