

AAID NEWS

Are dental implants only for the rich?

INSIDE

- Get to Know Your Riders
- Restoring Prime Referral Relationships
- Opioids and Implant Dentistry
- Classical Radiographic Template and Surgical Guide

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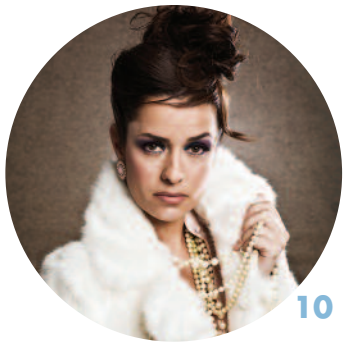
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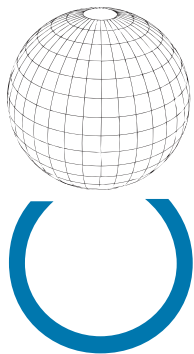
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By James E. Ference,
DMD, MBA, AFAAID, DABOI/ID
Editor, AAID News

First, do no harm

I suppose every practicing dentist has had to confront the issue of knowing when to prescribe pain medication and when to suggest over-the-counter alternatives. We have all had patients that seem to know exactly which opioid is appropriate and why it is necessary even in unlikely cases. “Generally, I can handle a lot of pain,” they say, “but pain in my mouth is intolerable. So I really need a small number of those percocets.” We are on the front line of filtering out the legitimate from the abusive.

As implant dentists involved in many surgical procedures, we probably deal with this issue more than others in our profession. In my home area and apparently much of the nation, heroin use has exploded. My paramedic patients report that nearly half of the calls are overdose related, and the protocol requires the administration of Narcan, the narcotic reversal agent. I asked what percentage of those rescued from near death are grateful. That usually elicits a quick answer, “Zero!” More often the patient is angry that they were deprived of a high and frequently presents with tendencies towards violence and projectile vomiting. And you thought YOU had a tough day at the office!

What has changed to bring us to this point? A few facts are noteworthy. The cost of heroin has dropped to a small fraction of on-the-street hydrocodone, reportedly to only \$5 compared to \$40. Those who are prone to addiction may well choose the easy and cheaper option only to find it is an almost irreversible choice.

The CDC has published material suggesting that the use of marijuana increases the likelihood of heroin addiction by a factor of 3, while addiction to pain relievers increases it by a factor of 40. Wow! Some consider prescribed pain meds as the culprit in the skyrocketing heroin problem. As dentists, we are, according to many experts, on the periphery of that issue, because our prescriptions tend to be for far fewer than many of our medical colleagues. Societal changes from the percentage of intact families to Hollywood influence to gang activity to the mental evolution that there is a pill for every problem all play a role.

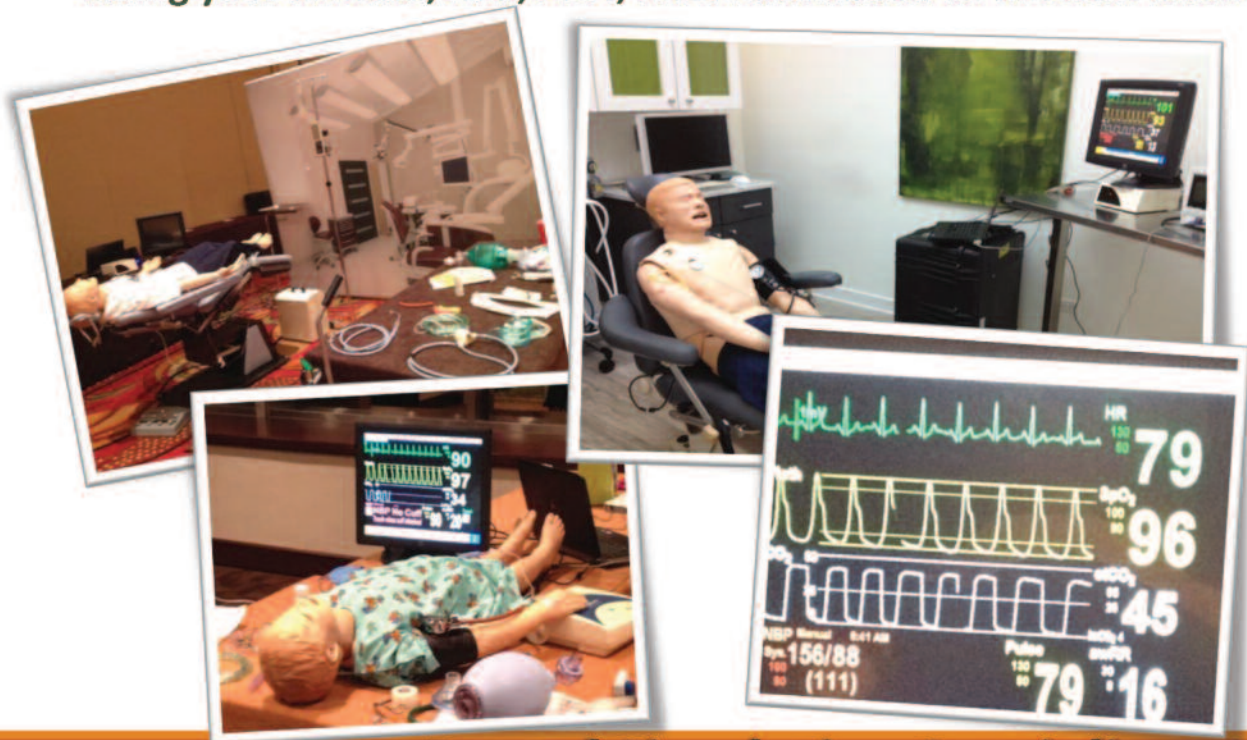
As implant dentists involved in many surgical procedures, we probably deal with this issue more than others in our profession.

Do YOU have ideas, strategies, comments, or observations that you want to share with your colleagues? Send them to me at editor@aaid.com.

see Editor's Notebook p. 58

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Before DSD



After DSD

OCO Biomedical, Inc., Names Janis Martin as Executive Vice-President

OCO Biomedical, Inc., announced the appointment of Janis Martin as OCO Biomedical Executive Vice-President. This newly created position will enable the company to exceed its goals as market demand for OCO's "Complete Dental Implant Solutions System and Approach" continues to grow globally.

Martin was the founder of ATX Bio, LLC, an Austin-based company that provides innovative consulting and management services for healthcare businesses. As an executive with Arise Healthcare, also Austin-based, Martin's team was directly responsible for increasing revenue 700 percent for one of its ventures as well as assisting in the generation of more than \$70 million in annual revenues. ●

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Glidewell Product Profile – 3.2 mm Inclusive® Tapered Implant

In a continuation of the company's commitment to provide practitioners with the tools they need to achieve predictable, esthetic results with greater efficiency, Glidewell Dental has expanded the Inclusive® Tapered Implant System to incorporate 3.2-mm-diameter implant sizes. Ideal for thin ridges and tight interproximal spaces, this robust, narrow-diameter option effectively enhances the versatility of the system to include a wider range of clinical situations.

The new 3.2-mm-diameter implant allows for placement in areas where space is limited, such as upper lateral incisors, lower incisors and sites between adjacent, converging roots. The tapered body of the implant and buttress threads are designed to engage and gently compress the



bone, increasing primary stability and aiding the osseointegration process.

Featuring an industry-standard 3.0 mm conical internal hex connection, Inclusive Tapered Implants are machined from high-strength titanium alloy. The expansion of the Inclusive Tapered Implant System is accompanied by the release of an all-new surgical kit, which has been redesigned for greater simplicity, durability and ease of use.

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The Aurum Group of Companies introduced the latest exclusive advancement in its full range of Cosmetic Restorative Alternatives: Crystalite™ Super Translucent Zirconia. Indicated throughout the mouth for esthetic

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With a significantly higher (49%) translucency compared to other super translucent zirconias, Crystalite contains cubic zirconia which refracts additional light to mimic the unique optical effects of natural teeth. The result is a warm, natural color and increased vitality with absolutely no ageing effect. Available in all VITA shades, Crystalite restorations are CAD/CAM designed and milled to ensure precise fit. Its easy, tooth preserving standard 1 mm (minimum) preparation and conventional cementation, makes it a snap to prescribe. The product is also protected by the Aurum Group's five year warranty program.

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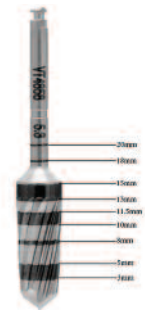
You Asked... We Delivered. Coming this Fall... Densah® Bur-G2 by Versah®

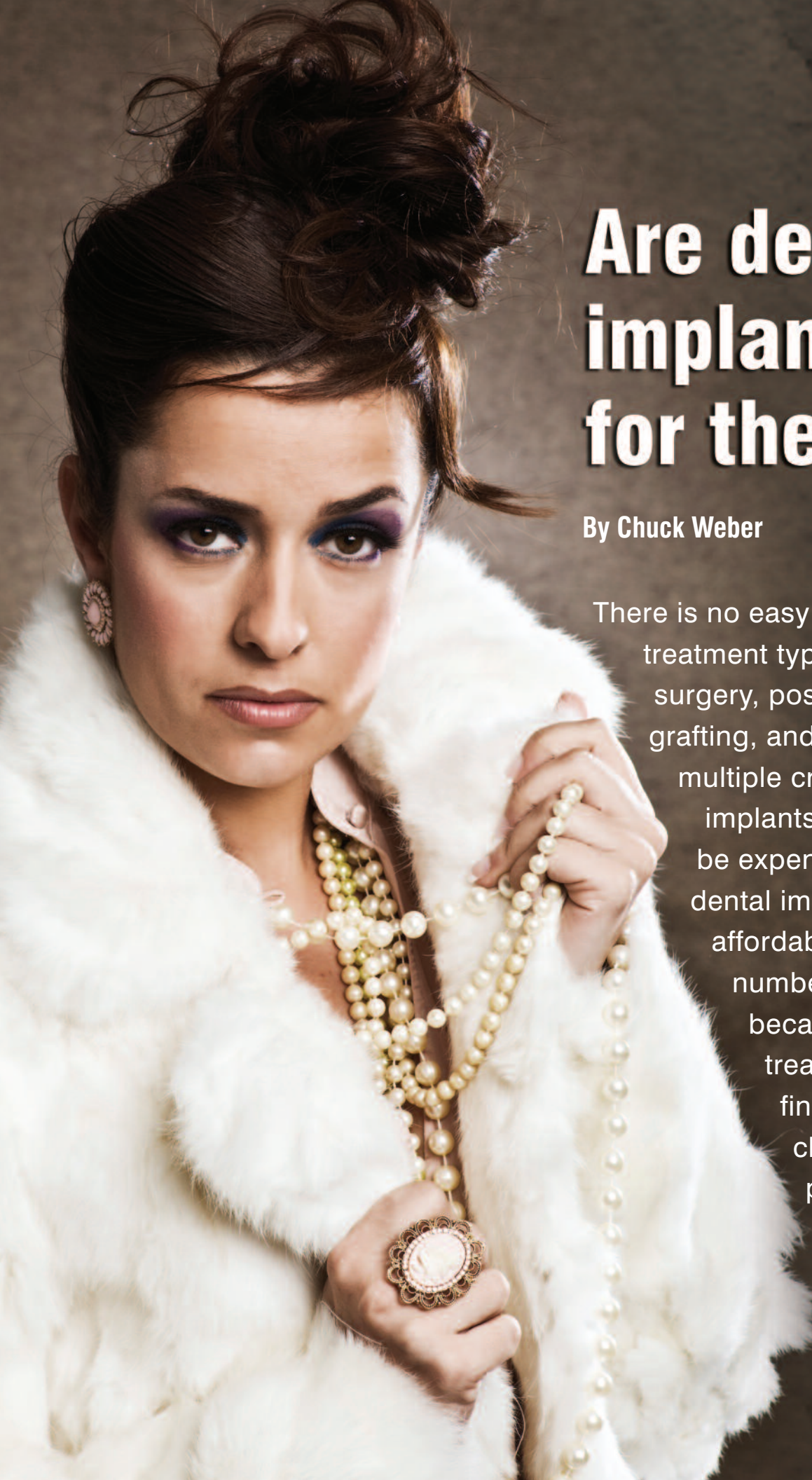
Versah® announced that the Densah® Bur-G2 will be available in Fall 2016 and features:

- New 3-5mm depth laser markings, which may allow the implant surgeon to predictably, manage the Crestal Sinus Elevation cases.
- Advanced patented technology designed to densify Type III/IV bone in a high speed counterclockwise rotation with irrigation (Densifying Mode), and to precisely cut but preserve type I / II abundant dense bone in a clockwise direction (Cutting Mode).

Densah® Burs Versatility may allow the implant surgeon to predictably manage different implant situations without compromising the alveolar bone and the implant stability. The preservation and the expansion of the alveolar bone occur by osseodensification.

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Are dental implants only for the rich?

By Chuck Weber

There is no easy answer. Because treatment typically involves surgery, possible bone or tissue grafting, and often requires multiple crowns, dental implants can take time and be expensive. Nonetheless, dental implants can be affordable to a large number of patients because of increased treatment alternatives, financing options, and choices made by patients themselves about what's important to them.

The reality is that lost teeth don't grow back. So perhaps a better question may be, what is the cost of not having teeth? Tooth loss is embarrassing and unsightly, but also can be unhealthy. Those with missing teeth have difficulty following a healthy, perhaps life-changing, diet because they can't chew vegetables and fruits.

If edentulism were an infectious disease, its high prevalence would qualify as a public health crisis. Yet there are no public outcries, such as the current alarm about the Zika virus, to do much about the problem. But unlike the Zika crisis, excellent treatment is widely available.

As the ravages of aging take their toll, elderly men and women, in particular, endure tooth loss caused by periodontal disease, years of smoking, and maybe a lifetime of inadequate or no dental care. As the U.S. population continues to age, so will the ranks of edentulous seniors. The National Institutes of Health estimates the number of toothless individuals among adults 60 and older is 25 percent, or about 9 million, and poor elderly are much more likely to lose their teeth.

Seniors, especially those on fixed incomes, believe the out-of-pocket cost is beyond their means. Unfortunately, seniors may not be alone in this belief. According to a study conducted by Federal Reserve covering the year 2015, 46 percent of adults say they either could not cover an emergency expense costing \$400, or would cover it by selling something or borrowing money.

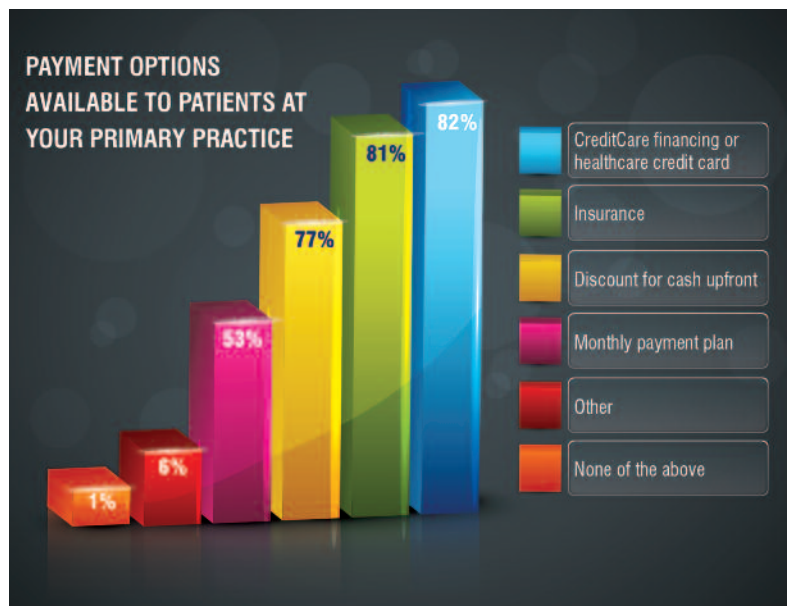
However, 62 percent of those earning between \$40,000 and \$100,000 per year, and 81 percent of those earning more than \$100,000 reported being able to cover such an emergency. In the same study, 20 percent reported putting off a dental procedure in the prior 12 months because they could not afford it. Dental treatment was the highest category deferred, eclipsing seeing a doctor (12 percent), follow-up visits (7 percent), or mental health care or counseling (6 percent)

"Finances are the major obstacle," says Brooklyn-based implant dentist Lawrence Nalitt,

DDS. "Medicare, Medicaid and private health insurance companies need to better recognize the oral-systemic health connection and discontinue the practice of carving out dentistry from health-insurance coverage," he said. "Oral health has a major impact on general health and for lowering risks for systemic diseases. If we are serious about improving health care for those missing teeth, and in particular the elderly, oral health care coverage must be expanded."

Dr. Nalitt added that despite overwhelming evidence of favorable outcomes achieved with dental implants, insurance companies will cover a three-unit bridge but not a single tooth implant.

The Special Care Dentistry Association advocates for expansion of Medicaid for oral health benefits to Medicaid eligible adults who are aged, blind or disabled, and also opposes state payment caps or maximums. Most seniors, however, are not Medicaid-eligible, and health coverage from Medicare excludes dentistry. A possible but unlikely solution could be allowing coverage for tooth replacement as a medical procedure designed to enable edentulous seniors to lower



Cutting out cigarettes and soft drinks would save more than enough money in a year to cover that cost.

their risk for cardiovascular disease and diabetes. Health insurance plans routinely cover medications to lower cholesterol and blood pressure, which patients take for life, to decrease risk for diabetes and cardiovascular disease. So why not provide coverage for a one-time tooth replacement procedure, which studies show can foster healthier eating habits and better weight control?

Knowing that Medicare coverage for tooth replacement and other dental treatments is as likely as a 90-degree winter day in the Midwest, what options could be available for non-wealthy seniors who want to have teeth again and hope to find ways to afford it?

afford the treatment are the ones most likely to ask for discounts, give sob stories and insist on negotiating. Those with legitimate personal and financial issues, who could use a discount, tend not to ask.

“Seniors with limited financial resources often will say they want to do whatever they can to find a way to afford the treatment because they value its potential for significant quality-of-life improvement. Sometimes the most affordable option could be mini-implants for partially-edentulous seniors and, for those without any teeth, a removable upper denture and a lower denture secured with mini implants,” she said.

David Resnick, DDS, practices in rural north-

Anchoring dentures with implants is the best option but it has to be simple to maintain.

Houston-based practitioner Jasmine Sung, DDS, considers tooth loss an inevitable outcome of advancing age, especially if you are not conscientious about dental care. For edentulous seniors, she likens tooth replacement plans to shopping for an automobile. “Options range from the Cadillac — replace every tooth with an implant at a cost of \$40,000 or more — to the Ford Fiesta, which involves removable dentures and costs less than \$1500,” she said. Staying with the car-buying analogy, a popular mid-size option could be dentures secured with two implants on each arch, which Dr. Sung notes is the standard of care for edentulous people in Canada.

When presenting implant cost scenarios to elderly patients, Dr. Sung observes that patients who can

west Minnesota and agrees that elderly patients usually are very satisfied with an affordable tooth replacement approach using a removal upper denture and an implant-secured prosthesis for the lower mandible.

“Anchoring dentures with implants is the best option but it has to be simple to maintain. People do well with removable top dentures, but it’s the lower jaw that causes problems,” he said.

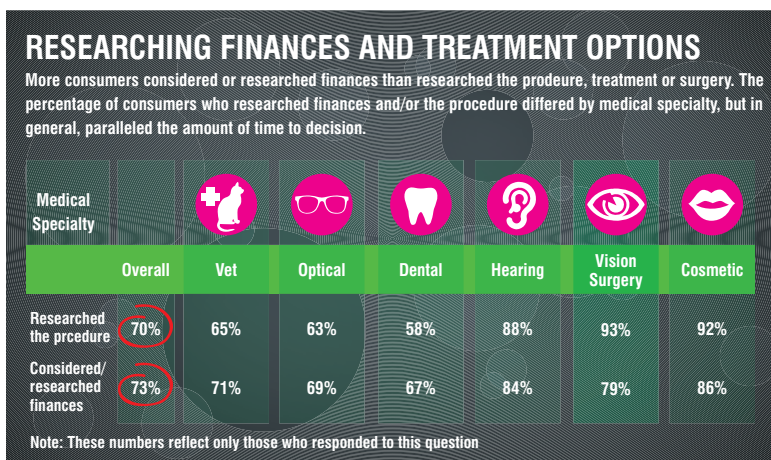
He believes lifestyle choices are the best predictor for tooth loss. “Most people who lose their teeth have unhealthy lifestyles that ultimately will shorten their lives. Smoking and excessive daily consumption of sugary soft drinks cause tooth loss, regardless of how much fluoride is used.”

Dr. Resnick added teeth — real and artificial — must be brushed and flossed, so people who neglected oral health throughout their lives are unlikely to change habits and would fare better with removable dentures.

For edentulous seniors who are good candidates for implants, Dr. Resnick believes the cost is not insurmountable. “It’s up to the patients to determine how they can pay for treatment. Securing existing dentures with implants is about \$3,500 in my practice. Cutting out cigarettes and soft drinks would save more than enough money in a year to cover that cost.”

Most people finance large purchases in everyday life. Similarly, a number of options exist for financing dental implants.

However, according to Consumers’ Path to Healthcare Purchases Study (2015) conducted by



“Consumers’ Path to Healthcare Purchases Study” research conducted for CareCredit by Rothstein Tauber, Inc. July 2015.

Synchrony Financial and CareCredit, consumers were less likely to research the procedure or financing options for dental treatment than five other medical specialties – including veterinary services.

And not surprisingly, as the price of the treatment increased, the more likely patients were to pursue a third-party financing option.

The implant profession makes it easy to pay for implant treatment. The AAID's Implant Practice Benchmarking Study reported that 82 percent of those responding offered CareCredit or some other form of healthcare credit card, with 77 percent providing discount for payments in advance of treatment. In addition to over 80 percent accepting insurance, 53 percent also offer monthly payment plans financed by the dentist.

Dr. Nalitt, however, insists that affordability is what prevents far too many edentulous seniors from seeking dental implant treatment, and expanded insurance coverage or other financial assistance is the only viable path. If access to dental implant therapy for edentulous seniors is to be expanded significantly, the choices are improving public and private insurance coverage for implants, which is unlikely, or finding new ways to subsidize treatment costs for non-wealthy seniors. Organized dentistry has taken steps in this general direction.

In 2015, the American Dental Association backed legislation introduced in the U.S. House of Representatives (HR 539, Action for Dental Health Act) to authorize the U.S. Centers for Disease Control and Prevention to provide grants to qualifying organizations to develop and expand programs establishing dental homes for children and adults, including the elderly and disabled. The measure is being considered in the House Energy and Commerce Committee's Subcommittee on Health.

The American Academy of Cosmetic Dentistry sponsors an assistance program for special populations, such as victims of domestic violence, through its "Give Back a Smile" program. Dental implants can be a part of the treatment.

The American Academy of Implant Dentistry Foundation sponsors the "Wish a Smile" program to help young adults with missing teeth caused by congenital defects. AAID members provide free dental implant services, with three cases currently in progress. The program is administered by Denver-based Dental Lifeline, which provides comprehensive dental care through volunteer dentists nationwide to people with disabilities who are elderly or medically fragile. It is the only charitable program in the United States focused solely on dental implant treatment.

Although many professional and charitable organizations identify the elderly as an underserved population for oral health, there are few if any programs to subsidize or pay dental implant treatment costs for edentulous seniors who need financial assistance. Several dental school clinics offer discounts for obtaining dental implant treatment options as a part of the training program for dental students and residents.

What we do know is the nation continues to age and people are living longer — until age 79 on average, according to the National Center for Health Statistics. Healthy aging requires a holistic medical approach emphasizing exercise, being socially active and proper nutrition, for which good oral health is essential.

As the leading professional society for implant dentistry, the AAID supports the proposition that implants frequently play a vital role in treating cases of partial or complete edentulism. Obviously, treatment plans utilizing implants can involve extensive and expensive options. But relatively simple plans can frequently provide huge benefits. When measured against consumer choices of all types, there are few "purchases" that can match the longevity or magnitude of benefits offered by treatments utilizing implants.

Of course, it is always up to the patient to determine his or her own priorities. However, when compared to the myriad of possible consumer expenditures, appropriate implant-related treatment plans can often be not only affordable, but a compelling bargain offering life-changing value.

About the author



Chuck Weber is a writer and communications consultant. He has been a public relations contractor for AAID and can be reached through his website, www.weberpr.com.

Resources

- American Academy of Cosmetic Dentistry "Give Back a Smile" program: www.aacd.com/aboutGBAS
- Dental school clinics that offer implant services: www.dentalimplantcostguide.com/complete-list-of-schools/
- Program for grants for cosmetic dentistry through Oral Aesthetic Advocacy Group, Inc. www.cosmeticdentistrygrants.org
- American Academy of Implant Dentistry Foundation "Wish a Smile" program: www.aaid.com/foundation/Wish_a_Smile.html



By D. Scott Fehrs, ChFC

Get to know your riders: A guide to maximizing the efficiency of your disability income policy

If you're in the market for disability income insurance, it's time to get familiar with an important component of the policy: the "rider." Consider the rider an enhancement to your policy that provides you with additional coverage under specific circumstances. Riders are available as a supplement to the policy at an additional cost.

Let's go over the top riders you could encounter.

The Own Occupation rider

The typical definition on a disability contract reads: "The occurrence of a condition caused by a sickness or injury, in which the insured cannot perform the main duties of his/her occupation and is not working at any other occupation. The insured must be under a doctor's care." This is known in the industry as a "Modified Own Occupation" definition.

The Own Occupation rider eliminates the phrase "and is not working at any other occupation." It allows someone to work in another occupation and still receive full benefits if they are unable to work in their prior occupation. Most companies have their Own Occupation rider as an optional add-on to your contract, and it is important to understand the various definitions and how they could affect your claim.

The Partial Disability rider

One of the more important riders is the Partial Disability rider, also known as Residual Disability rider. This rider ensures that you get coverage in the event that you're still able to work, but due to disability you can't work at full capacity.

There are different variations of partial disability. Generally, it requires a minimum 15% loss of income to qualify for benefits. Some contracts may require a loss of time or duties or income to receive partial benefits. An example of partial disability situation might be a person diagnosed with cancer. When they are in chemotherapy, they can only work a few days a week. Going back and forth to treatment may reduce their income, but they're still practicing.

Many of the claims we see will have a partial component. Some will begin as a partial disability and lead to a total disability. Many total disabilities can regress to a partial disability. This rider should be included on every contract.

The Future Insurability Option rider

Future insurability is important because it guarantees your ability to purchase coverage in the future regardless of your health. You do need to financially qualify, but, thankfully, you do not have to provide medical information to increase coverage. The idea is to obtain

coverage when you're young and as healthy as possible. Later, as you mature in your career and your income increases, your insurance coverage can increase accordingly. This rider is extremely important for people whose income is going to increase in the future. We typically find this to be the case for dental and medical residents.

The Cost of Living rider

The Cost of Living rider essentially protects your benefits from being eroded by inflation. There are many variations of this rider. Some companies base this rider on the Consumer Price Index (CPI), others base it on a flat rate of 3% a year. Regardless, it's good coverage to have.

Most companies offer the choice of a rider with either simple or compound inflation protection.

If you are young when you are buying your policy you will want to seriously consider a rider with a compound inflation feature. Let's say you're disabled at age 40 and have \$5,000 a month of disability income coverage with a 3% compound inflation rider. Your benefits could increase to over \$10,000 a month when you're 65 years old. If a

cost of living rider with a simple inflation feature was selected, your benefits would increase to about \$8750 a month when you're 65 years old.

The Catastrophic Disability rider

Just like the name says, this rider entitles you to additional benefits in the event of a catastrophic disability. It's a very cost effective way to get additional coverage, and it covers you when you're disabled to the point of needing to move to a nursing home or receive extensive care.

The bottom line is disability insurance is one of the most important coverages you own. You need to read the fine print and understand your policy. Disability income insurance policies have exclusions and limitations. It is important to speak with a specialist to help determine what makes sense for you.

D. Scott Fehrs, ChFC is Chief Executive Officer, Treloar & Heisel, Inc., a participant in AAID's Member Advantage Program. More information is available at treloaronline.com. (CA Ins. Lic #OD07615; AR Ins. Lic #0811108) CRN201712-198310

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By Roger P. Levin, DDS

Restoring prime referral relationships

Even if a substantial number of your implant cases come to you through your existing patient base, advertising (traditional or online) or other channels, you probably still rely on doctor referrals for many new implant patients.

Always a precious commodity, these referrers have greater value than ever in today's more challenging dental economy, so it behooves you to cultivate and protect your referral sources, especially those on your A-list—those who account for hundreds of thousands of dollars in implant production.

Your Competitors Want Your Best Referrers

You may not have any direct evidence, but it's safe to assume that other doctors are or will someday be making an effort to divert the flow of new implant patients from your practice to theirs... especially from your prime referrers. The question you must answer is *Why should my top referrers keep referring patients to me instead of somebody else?* If you can't answer quickly and confidently, you're vulnerable.

Many referral relationships die of neglect. The scenario is all too common. A new doctor (or one just beginning to emphasize implant treatment) works hard to develop relationships with implant referring offices. Gradually, the referral base grows and some of the referrers prove to be exceptionally good sources of new

patients. Once the number of referrals reaches a satisfying level, the doctor eases back on referral marketing efforts, content to simply maintain the status quo.

Monitor Referrals Closely

As time goes by, market conditions change, and referral patterns along with them. New doctors enter your market, searching for implant patients. Established implant doctors become more aggressive marketers. And practices that formerly stayed away from implant cases now regard them as potential sources of production. If you're not carefully monitoring how many referrals you're getting from each source as well as how those numbers are trending, you might not realize you're losing ground until a real movement of referrals away from you has taken hold.

The best strategy for protecting against this problem is preemptive. By differentiating your practice from competitors and lavishing proper attention on your most valuable referrers and their teams, you can stop a decline of referrals before it starts. Working closely with your marketing coordinator (MC), you can strengthen both professional and personal bonds with referrers. There are numerous strategies for accomplishing this, including frequent interoffice communication, educational events, social gatherings and doctor

lunches. However, if any of your “A” referrers seem to suddenly be slipping away, it’s time to initiate a save-the-referrer game plan.

Make It Personal

It’s more time-consuming and costly to develop a new referral source than to re-establish an existing one. So, unless you’re willing to lose implant production, you need to act when you first detect a problem. Regular monitoring of referrals and their sources is, therefore, imperative. Then, if you think you see a possible problem, do something about it. A “wait and see” approach is unwise simply because the longer a referrer avoids sending you referrals, the harder it will be to restore the supply of new patients from that office.

As soon as you see a red flag, ask the doctor in question to meet with you personally to discuss the matter. Most often, this meeting invitation will be accepted. If you’re reluctant to take this approach for fear of some kind of confrontation, relax. The referrer may be defensive in some situations, but will not become confrontational unless you do. Go into it with a positive attitude — remembering how much production and income the doctor has sent your way over the years — and there should be no problem.

Here are some guidelines for ensuring that this one-to-one meeting is pleasant and productive:

- 1. Get off to a congenial start.** Assuming you haven’t seen each other for a while, engage in some pleasant conversation before getting down to business. Relying on the personal information you have about the referrer, rekindle your acquaintance as you both become comfortable talking with each other.
- 2. Transition to a question-and-answer period.** Accustom the doctor to answering questions by asking how the practice is doing, if any new technologies have been introduced, what’s going on with the family...anything that seems appropriate.
- 3. Ask why referrals have declined or stopped.** Once you’ve “caught up,” shift to a discussion of why the doctor has been sending fewer or no implant patients to you. If it will make you feel more comfortable at this stage, prepare for this part of the discussion with scripting. This will vary depending on the situation, but it may be something like...

“You have an excellent practice and wonderful patients, Dr. Smith, and we’ve truly enjoyed seeing them over the years. However, in the last six months, we’ve noted that referrals from your office have

declined by about XX%. I don’t want you to be at all uncomfortable, but I do want to ask you what’s happened and see if there’s a way we can improve how we serve your patients.”

Look at that sample script and you’ll note several important features...

- You use the doctor’s name, which will focus his or her attention.
- You identify the issue calmly, without being accusative or antagonistic.
- You include a specific percentage of decline (or reduced number of patients), removing any “wiggle room” from the conversation.
- You say you don’t want the doctor to feel uncomfortable, ensuring that you will remain calm and giving the doctor permission to speak in a straightforward manner.
- You conclude this statement by indicating that you’re interested in finding a creative solution.

4. Thank the doctor for responding to your question.

Encourage further discussion by showing your appreciation for an answer...whatever it may be. If a problem has been identified, acknowledge it and talk about possible solutions. This will make it clear that you intend to do what’s necessary to win back the doctor’s confidence... and that the problem identified will not happen again.

5. After the meeting, send a thank-you email and recap.

Regardless of the outcome of your conversation, be gracious. Thank the doctor for being willing to discuss the issue. If the two of you agreed on a solution, also express how pleased you are that the issue could be resolved and affirm your commitment to following through on your end. Say that you look forward to continuing the relationship and that, should any other issues arise in the future, the doctor should call you to discuss it.

Conclusion

Today’s more competitive dental economy makes it more important than ever to build and maintain a strong doctor referral base, tracking the number and source of referrals constantly. Should you note a significant decline in the number of referrals coming from any of your prime “A” referrers, take immediate action. Following the steps discussed here, you will often be able to restore lasting, productive relationships with those who have been most helpful in increasing your implant production.

To see where Dr. Levin is speaking this year, go to www.levingroup.com and click on the Seminars tab. ●



Max G. Moses, JD, CPA, MBA

Opioids and implant dentistry

Prescription opioid addiction has become an epidemic. The year 2014 alone saw 14,000 fatalities in the U.S. due to opioid overdoses when the medication was prescribed for therapeutic purposes. The Center for Disease Control reports that people who are addicted to prescription opioid painkillers are 40 times more likely to be addicted to heroin. That far eclipses those addicted to alcohol, marijuana, and even cocaine.

The profession is under scrutiny as being an inadvertent part of the

problem rather than the solution. Dentists represent an estimated 11% of the overall annual number of opioid prescriptions in the United States. In fact, the Minority Leader of the U.S. Senate, Sen. Richard Durbin (D-IL), accused the dental profession of not doing enough to prevent the abuse of opioid pain medications. The ADA pointed out that although more can be done, the dental profession as a whole has slipped from the third largest group of opioid prescribing specialties to the fifth between the years 2010 and 2012.

NON-OPIOID PAIN MEDICATIONS			
MEDICATION	MAGNITUDE OF BENEFITS	HARMS	COMMENTS
Acetaminophen	Small	Hepatotoxic, particularly at higher doses	First-line analgesic, probably less effective than NSAIDs
NSAIDs	Small-moderate	Cardiac, GI, renal	First-line analgesic, COX-2 selective NSAIDs less GI toxicity
Gabapentin/pregabalin	Small-moderate	Sedation, dizziness, ataxia	First-line agent for neuropathic pain; pregabalin approved for fibromyalgia
Tricyclic antidepressants and serotonin/norepinephrine reuptake inhibitors	Small-moderate	TCA's have anticholinergic and cardiac toxicities; SNRIs safer and better tolerated	First-line for neuropathic pain; TCAs and SNRIs for fibromyalgia, TCAs for headaches
Topical agents (lidocaine, capsaicin, NSAIDs)	Small-moderate	Capsaicin initial flare/burning, irritation of mucus membranes	Consider as alternative first-line, thought to be safer than systemic medications. Lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain

Source: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention

Although no specific statistics were found, implant dentists are more likely than not to prescribe opioids because of the invasive nature of implant surgery.

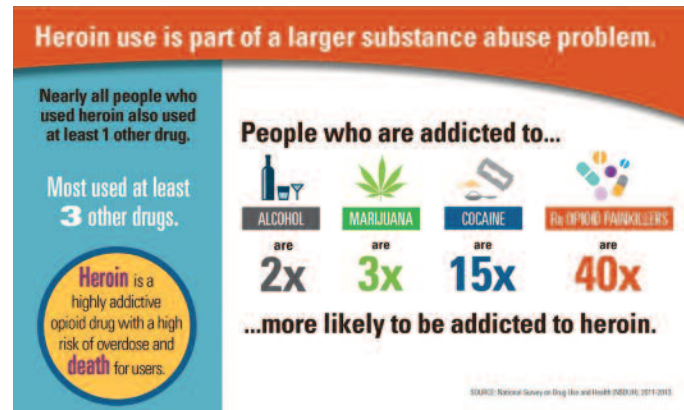
Nonetheless, dentists are on the front line, not just for prescribing pain medications, but for possibly identifying those who are abusers or potential abusers of opioids. The CDC has developed guidelines and checklists for those prescribing pain medications.

Among the key recommendations is that opioids are not first-line or routine therapy for chronic pain. When opioids are necessary, particularly for acute pain as typical as the result of implant surgery, prescribe the lowest effective dose of immediate-release opioids for as short a period as estimated for the duration of acute pain. According to the CDC, “three days or less will often be sufficient; more than seven days will rarely be needed.”

In an article published in the June 2016 issue of *Compendium of Continuing Education in Dentistry*, authors Drs. Raymond Dionne, Sharon Gordon, and Paul Moore state, “When used as directed, OTC dosing regimens for ibuprofen, ketoprofen, or naproxen sodium are safe and effective across a wide variety of dental-pain conditions. These conditions and the over 40 years of clinical experience with ibuprofen make NSAIDs the drug class of choice for dental pain for patients who do not have any contraindications to its use.”

Ibuprofen (e.g. Advil or Motrin) and acetaminophen (e.g. Tylenol) work well together to relieve pain with few side effects. “In fact, for many things like dental pain, they work better than many of the opioid-containing pain meds like Vicodin or Norco,” wrote Dr. Sharon Orange, Clinical Associate Professor of Medicine at University of Southern California, in the GoodRx Prescription Savings Blog.

This brings up an interesting and telling situation, that many implant dentists encounter...the patient asks for a specific opioid or combination cocktail of medications. They know the dosage and quantity they want or the patient requests a renewal of the prescription without a patient visit. These should be major warning signs to the dentist. The CDC recommends that prescribing health care providers check the Prescription Drug Monitoring Programs (PDMPs) prior to every opioid prescription.



What is the PDMP? It is a statewide electronic database that tracks all controlled substance prescriptions. Dentists can access prescription data such as medications dispensed and doses. PDMPs allow dentists to identify patients who are being prescribed other substances, may be at increased risk of opioid abuse, or identify prescriptions that may be contraindicated, such as benzodiazepines. Registration is required to access and requirements vary from state to state.

PDMPs and the attention on the epidemic of opioids are but one example of how dentists and other health care providers have been placed “in loca parentis,” a Latin legal term for “in place of a parent.”

However, virtually all would agree that there is a nexus between a dentist’s professional responsibilities and the need to be aware and cautious about prescribing opioids to patients. ●

Resources

Center for Disease Controls — www.cdc.gov/drugoverdose/prescribing/guideline.html

Check for information about individual state requirements for PDMPs online at www.namsdl.org/prescription-monitoring-programs.cfm.

Max G. Moses is the Director of Communications and Marketing for the American Academy of Implant Dentistry. He is an attorney and Certified Public Accountant. He can be reached by email at max@aaid.com or phone at 312-335-1550 ext. 227. ●



Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the Journal of Oral Implantology. In this new section of AAID News, we selected a few articles that have broad applicability to the daily practice, and provide a brief summary of key points so you can decide if you wish to invest your time to read the complete article. The following articles are from Volume 42, Issue 3 (June 2016). Let us know what you think.

Editorial:

Issues in Referring to Specialists



Dr. Dennis Flanagan

You referred a patient to a specialist and something goes wrong. You are out of the woods because the specialist is responsible. Not so fast. It depends on how you made the referral and what you documented. Authors Dr. Dennis Flanagan and Dr. Olivia Palmer recommend that instead of making a “referral,” you ask for an “evaluation,” and you communicate in writing to the specialist with specific instructions on what is to be evaluated. Speak directly with the specialist and document the patient’s record about the fact of the referral and the purpose.



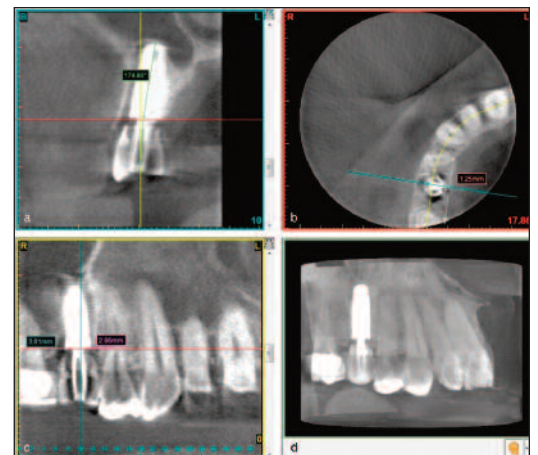
Dr. Olivia Palmer

See Dennis Flanagan, Olivia C. Palmer, “Issues in Referring to Specialists,” *Journal of Oral Implantology*. 2016;42(3):231-231. for complete article.

Research:

Exploring Effectiveness of Computer-Aided Planning in Implant Positioning for a Single Immediate Implant Placement — Research

The research in this article was funded in part by the AAID Foundation and was intended to evaluate effectiveness based on differences between planned position and actual final implant placement position. The study was based on 18 patients and involved single immediate implant using a taper screwed-type implant. The analysis showed no statistical difference between planned and final position in any measurement. The authors concluded that CBCT scans coupled with computer-aided implant planning program along with a final 1-to-2 drill protocol may improve accuracy.



See Alexander R. Edelmann, Bashir Hosseini, Warren C. Byrd, John S. Preisser, Donald A. Tyndall, Tung Nguyen, Sompop Bencharit, “Exploring Effectiveness of Computer-Aided Planning in Implant Positioning for a Single Immediate Implant Placement,” *Journal of Oral Implantology*. 2016;42(3):233-239. for complete article.

Case Letter:

Small-Diameter Implant Treatment Plan Revision: Management of Complications

The author, Dr. Brian Jackson was faced

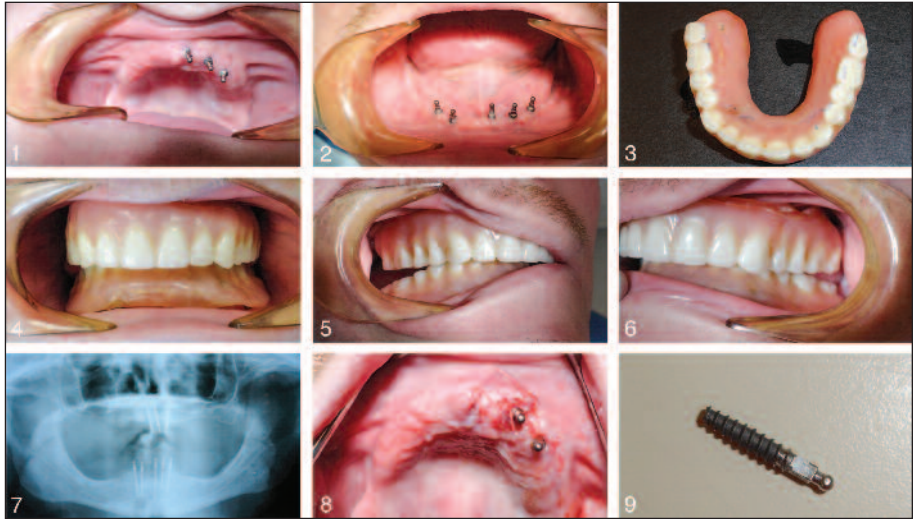


Dr. Brian Jackson

with failing mini-dental implants that had been placed in the maxilla two years previously. The implant failure was most likely due to poor surgical placement, immediate loading, and poor occlusal design. If

the strict protocols recommended for SDI and MDI had been followed, the failures most likely would not have occurred. Dr. Jackson's Case Letter describes his treatment plan to address the complications including how he removed the failing implants, the prosthetic reconstruction, and the implant reconstructive surgery. His Case Letter also reviews the appropriate protocols and treatment plan to successfully place small-diameter implants in the maxilla.

See Brian J. Jackson, "Small-Diameter Implant Treatment Plan Revision: Management of Complications," *Journal of Oral Implantology*. 2016;42(3):295-298. for complete article.

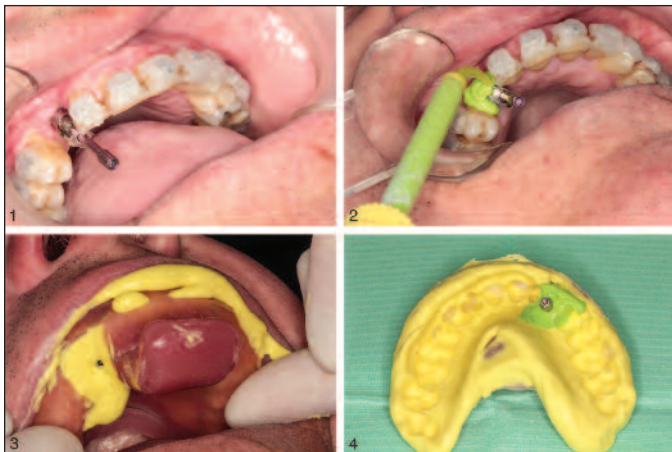


Case Letter:

Implant Impression for Full-Banded Orthodontic Patient

Implants are being used more in orthodontic therapy and more adults are presenting with orthodontic bands and wires. The challenge the implant dentist faces is how to take accurate impressions without tearing the impression material. The authors suggest a simple technique without bracket remotion by combining two types of impression material.

See Benito Rilo, Laura Lago, Noelia Fernández, Luis DaSilva, "Implant Impression for Full-Banded Orthodontic Patient," *Journal of Oral Implantology*. 2016;42(3):292-293. for complete article.



Literature Review:

Diet and Implant Complications

When you are planning treatment for your implant patient, do you ask about their eating habits? If not, perhaps you should, according to Dr. Dennis Flanagan. The forces applied when eating different types of food can have an adverse effect on the success of the implant and on the choice of the crown surface area. Some dietary considerations discussed include diets with significant consumption of raw vegetables, high-magnitude bite in a diet rich with meat, popcorn consumption, nuts, and so on.

See Dennis Flanagan, "Diet and Implant Complications," *Journal of Oral Implantology*. 2016;42(3):305-310. for complete article.

See Dennis Flanagan, "Diet and Implant Complications," *Journal of Oral Implantology*. 2016;42(3):305-310. for complete article.





By Shankar Iyer, DDS, MDS,
FAAID, DABOI/ID

The Classical Radiographic Template and Surgical Guide

Statement of the Problem:

With the plethora of surgical guides available for full-arch implant surgeries, how does one decide which is most effective? The choices range from a simple vacuum-formed template to advanced CT planning guides with titanium sleeves. The quick, transparent templates are not visually helpful during drilling. The costly CT-guided templates, while accurate, are limited to areas that only have adequate volume of available bone and where the extent of mouth opening is not an issue.

Some of the problems associated with the guides:

- Tissue-supported guides may cause loss of keratinized tissue through the use of tissue punches, and osteotomy use becomes limited or even eliminated.

- Bone-supported guides require a lot of reflection, and the implants may end up in less than ideal biomechanical distribution, since grafting and bone manipulation cannot be achieved easily.
- When the implants have to be placed, the guides will not permit the use of mounts, and the unmounted implant platforms often end up at incorrect levels. The guides will have to be removed, and the implants would have to be manually torqued to the final seating positions. During this maneuver, the implant may lose its concentric position within the osteotomy.
- The distribution of implants can be less than ideal (Figure 1)

Solution:

The chairside radiographic/surgical guide described in this Clinical Pearl can be efficient, versatile, fast, economical, and easy to produce with reasonable accuracy.

The technique described here will take just one visit and can be customized chairside to almost any type of full-arch prosthesis ranging from the popular All-on-4® to the classic Fixed Prosthesis 1 type of clinical cases.

Materials and Methods:

- A well-fitting patient's existing denture or relines a denture that will satisfy the requirements of esthetics

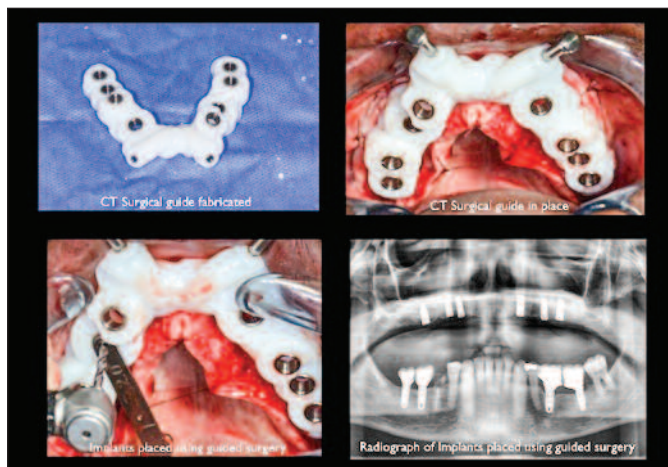


Figure 1.

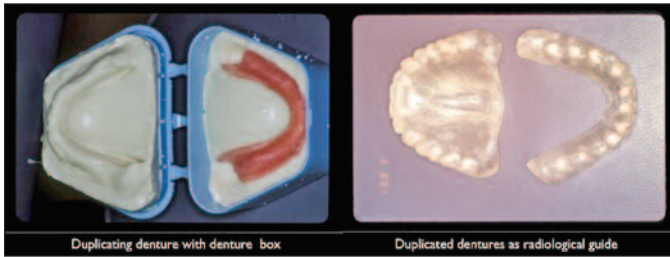


Figure 2.



Figure 3.

including the smile line, arch form, lip support, retention and stability.

- Denture Box/duplicating flask — alginate
- Clear ortho resin — powder and liquid (auto-polymerizing)
- Barium sulphate powder — (barium meal powder/Salvin Corp.)
- Acrylic trimming burs

Steps:

1. Impress the occlusal surface of the denture in a denture box (Figure 2) duplicating flask (Figure 3). Wait for the first mix to set and then apply petroleum jelly on the intaglio surface of the denture and the alginate.
2. Pour the second mix of alginate over this surface and close the box/flask.
3. After setting of the second mix, remove the cover and separate the two compartments.
4. Mix 10% by volume of barium sulphate with clear ortho resin and pour into the teeth portion of the impression. CAUTION – do not overfill the teeth portion. The complete fill will provide for a solid outline of the proposed teeth position on the scan. Note: the amount of barium sulphate should not exceed 10%, or there will be scatter on the images.

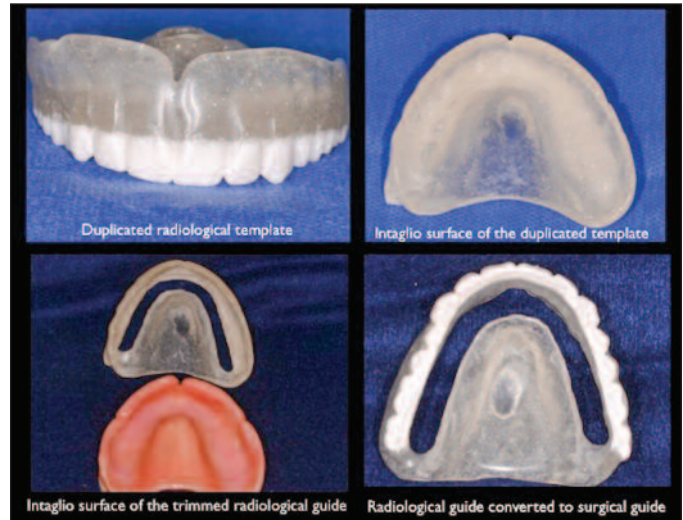


Figure 4.

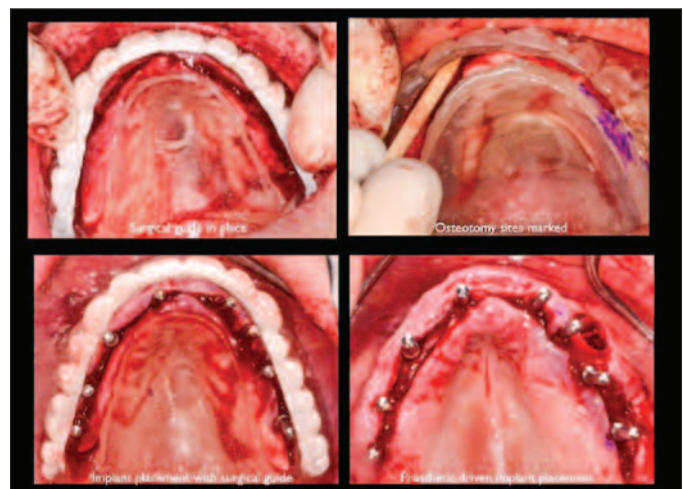


Figure 5.

5. Mix a second batch of clear ortho resin with either completely clear or with 3% by volume (the choice will depend on whether you wish to know the thickness of the soft tissue from the denture base) and close the lid to ensure compaction of the acrylic without any voids (a pressure pot curing is recommended).
6. Remove the cured duplicate denture, trim and polish the prosthesis. Try the denture and adjust for any sore spots with fit checker or pressure indicating paste. Give it to the patient for the scan and execute your plan either on your software or to diagnose the areas that will require bone manipulation through expansion and grafting (these options are not available through computer-generated CT guides).

see Clinical Pearl p. 22

Clinical Pearl

continued from page 21

7. The same radiographic guide can now be trimmed to provide the surgical guide. Create a through and through opening along the crest of the ridge (usually midway along the teeth to about 4 mm palatally from the crest (Figure 4).
8. After flap reflection, the guide can still be placed over the reflected tissues. Determine the sites of implant placement that were confirmed in the scan and mark the sites with an indelible pencil (Figure 5). The clear acrylic would aid easy visualization and determine the exact location of the implant osteotomy.
9. This usually coincides just palatal to the maxillary incisors in the case of maxillary implant osteotomies and on the crest of the ridge for the mandibular implant osteotomies. With the teeth positions as a guide, trim the acrylic to visualize the crest of the ridge. It is not necessary to have the exact locations in case of hybrid implant prosthesis. Just pick the best available bone with the ideal trajectory. Maintain the facial surfaces of the guide so that the drill does not get past the buccal to minimize the angulations. The size of the openings in the clear acrylic denture should be satisfactory to permit implant drills and the placement of the paralleling pins.
10. Trim and ease the edges of the acrylic. Your surgical guide is now ready to be used.
11. With the lingual surface removed from the radiographic template, the surgical guide can still be in place in the mandible and with the marker, you can determine the location of the implant osteotomy after exposing the surgical sites (Figure 6).
12. Thus, the teeth in the denture would aid in determining the locations favoring prosthetic driven implant placement. Radiographs shown demonstrate the preferred parallel placement of dental implants placed with the surgical guide that is described (Figure 7).

Advantages:

1. Materials used are all available in the office, and it is a complete in-office technique — economical, customizable, and efficient.
2. The guide can be fitted and removed easily during each verification process — osteotomy locations, permits paralleling pin placement and verifying tooth positions with implant locations.

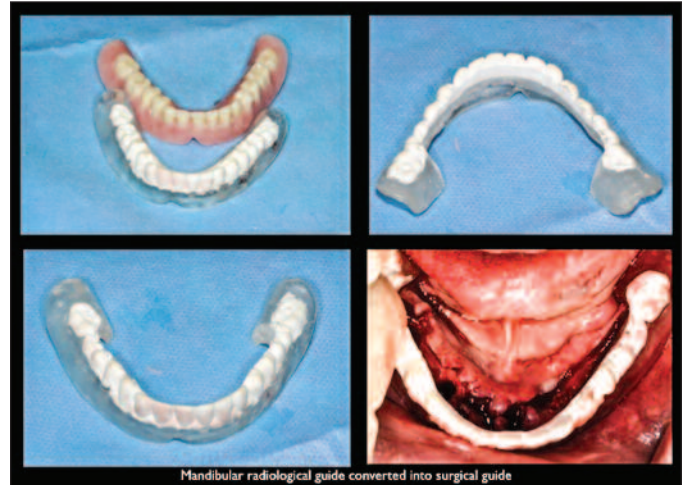


Figure 6.

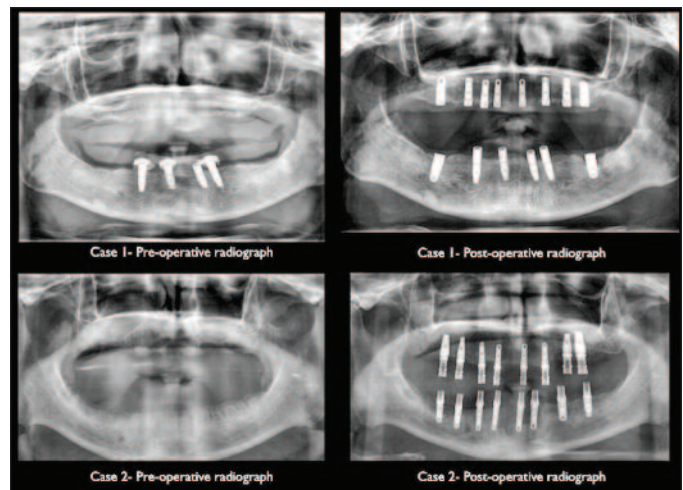


Figure 7.

3. With the guide in place, osteotomies can be used, and there is access for grafting voids and bone deficiencies.
4. The guide can be used with or without flaps, does not require serial use of rings for access, and will permit its use during sinus augmentation and implant placement as well.
5. Any existing surgical kits can be used with this guide.

Conclusion

The surgical guide shown here is very cost-effective and can serve to be time-efficient as well. The position of the implants in the surgical guide will aid in the planning of a prosthetically-driven implant treatment plan with minimal effort to obtain outcomes. ●



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soundbites

It's no secret that affordability for the patient can be a big barrier to implant case acceptance. For this issue, we asked some of our more seasoned members to touch on their experiences with the affordability of implants.



Linda Ribarich-Boehm, DMD, FAAID
Oneida, NY



Jerry Stahl, DMD
Fair Lawn, NJ

How do you approach discussing cost of implants with your patients?

We are very direct. Usually we present two or three options and explain how the considerable quality of life benefits of dental implants more than offset the cost.

After gathering diagnostic material together, we discuss different treatment options in broad terms. Once we have an idea of what the patient is thinking, our treatment coordinator discusses the financial options.

What payment options for implant treatment do you offer and which do patients prefer?

We offer check, cash, credit card or Care Credit. Most often patients use cash or Care Credit.

If we have a longstanding relationship with the patient, we will take a down payment, typically 50%, and let them pay the balance in installments. Newer patients will be offered 3rd party financing options. We always offer a larger pre-payment discount if they're interested in saving money. Most patients will pay the 50% down and pay the balance over time.

Has insurance coverage for implant treatment improved over the past 10 years?

Insurance coverage is quite limited and has not improved over the past ten years. Our "general" practice is largely insurance-based.

Dental insurance has improved over the past 10 years as more and more employees and employers are requesting these benefits. We have even submitted to medical insurance for dental implants and have received approvals.

What is the most expensive treatment option you have ever offered?

Fixed 12 unit PFM implant bridge on eight implants billed at \$20,000

Presented and accepted was \$80,000, including upper and lower arches with fixed, cementable final restorations.



Jasmine Sung, DDS, AFAAID
Houston, TX



Michael Wehrle, DDS
Hurst, TX



Rana Zogby, DMD, AFAAID
Toronto, ON, Canada

Unless the patient asks what the cost is, we do not discuss it. The ones who want to discuss are generally either requesting a discount or asking insurance questions. Our price includes the sum of the implant, bone graft, abutment, and restoration.

We are straightforward. The doctor diagnoses what the problem is, goes over treatment options with the patient, and then the financial coordinator goes over the fees and payment arrangements with the patient for the treatment option selected. I warranty all of my work for 5 years as long as the patient is fairly responsible with their oral hygiene both inside and out of the office.

If the patient asks, I'll verbally mention cost. However, my patient coordinator presents the estimate for the whole treatment along with an insurance estimate so the patient has an idea of their out-of-pocket cost. We always explain to the patient if there is any coverage by the insurance it will be limited.

use most often?

We offer the typical options (i.e., credit card, cash, check, Care Credit). Most patients will pay by credit card or cash.

We use cash, credit card, or financing through Care Credit. Our patients use the Care Credit option the most.

We offer no interest financing, which is quite common because treatment takes time, and each step has to heal before proceeding. We do not proceed with the crown unless implant surgery is fully paid. We also keep credit cards on file or accept post-dated checks. I find patients like the financing approach.

rs?

More implant procedures are being covered in the last few years, but I am often fighting with some insurance companies to pay for implants over a partial denture. Frequently, medical insurance or Medicare must deny coverage before the dental insurance will pay. We are forced to jump through hoops to get implants covered by insurance, and sometimes have had to wait more than a year before we receive payment.

The insurance companies that have implant coverage have been good about paying for the procedure. However, it does tend to use up all of the patient's insurance benefits for the year.

Not at all. If they are willing to cover an implant, then maximum we will get is around \$1,500 which is very low. I am not impressed with the coverage for implant procedures even though it is the best treatment option for the patient. Sometimes other procedures, such as gum grafts, will be covered but not on an implant.

Full mouth rehabilitations – extraction, temporary dentures or immediate implants plus bone grafts if necessary (sinus grafts, onlay grafts), then fixed prostheses. Depending on the patient's bone, we typically do a full-arch [for between] \$15,000-25,000.

\$30,000 for full mouth reconstruction.

5 implants with a bar and denture is usually a more expensive treatment for a full-arch that I offer. But, sometimes for only one tooth, I may need to do ridge augmentation plus an implant plus a temporary crown [and] it becomes an expensive single tooth.

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A. Meeting Registration	By 9/20/16	After 9/20/16
AAID Associate Fellow/Fellow/Diplomate*	\$1145	\$1245
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Student (Current or 2016 Graduate)	\$150	\$150
Spouse/Guest Name _____	\$295	\$295
Spouse/Guest Name _____	\$490*	\$490*

* Includes one (1) President's Celebration ticket
A. Meeting Registration subtotal _____

B. Hands-on Workshops

Each Workshop is \$199 (unless otherwise noted) if registration received by 9/20/16 (\$219 after 9/20/16)

- W1: Surgical Techniques Including Suturing (Stuart Orton-Jones, BDS)
- W2: Digital Photography and Radiography: Optimal Case Presentations for AAID Credentialing and Beyond (Cheryl A. Pearson, DMD, FAAID, DABOI/ID) (No Charge)
- W3: Predictable Ridge Preservation: The Soft Tissue Perspective (Ziv Simon, DMD, MSc)
- W4: Advanced Barrier Membrane Technology: Clinical Applications (Sponsored by Snoasis Medical; Mark Lucas, DDS, MS; Dan Holtzclaw, DDS, MS)
- W5: Program to be announced (Sponsored by Neodent)
- W6: PRF-BLOCK... A Consistent Protocol for Inlay/Onlay Grafts (Sponsored by Intra-Lock; Nelson Pinto, DDS)
- W7: Hands-on Implant Placement and Bone Grafting on Cadavers FEE: \$1,495 or \$1,695
- W8: Dental Malpractice & Beyond: What Implant Dentists Need to Know Now (Olivia Calhoun Palmer, DDS, JD, FAAID, DABOI/ID)
- W9: Sinus Augmentation: Current and Future Trends (Ziv Mazor, DMD)
- W10: Soft Tissue Management for Health and Esthetics Around Teeth and Implants (Michael Sonick, DMD)
- W11: Guided Implant Surgery: Introduction and Workflow (Bradley DeGroot, DDS, MS)
- W12: Implant Overdentures: Thought-Provoking Treatment Planning for the Edentulous Patient (Brian J. Jackson, DDS, FAAID, DABOI/ID)
- W13: History and Application: Short Implants (Sponsored by Bicon Dental Implants; Drauseo Speratti, DDS)

B. Workshops subtotal _____

C. Seminars

Unless otherwise noted, each seminar is priced at \$99 (\$119 after 9/20/16)

- S1: Management of Medication-Induced ONJ (James L. Rutkowski, DMD, PhD, FAAID, DABOI/ID)
- S2: Biotype Enhancement for Soft Tissue Stability Around Teeth and Implants (Edward Gottesman, DDS)
- S3: Demystifying the Oral and Written Exams: Increase Your Chances for Success (David Resnick, DDS, FAAID, DABOI/ID) (No Charge)
- S4: Management of the Anxious Patient and Sedation Complications (Richard Nagy, DDS)
- S5: Comprehensive Digital Workflow for the Treatment of Terminal Dentition and Edentulous Patients (Siamak Abai, DDS)

- S6: A Systematic Approach to Simplifying Full-Arch Fixed Reconstruction (Howard Chasolen, DMD, FAAID)
- S7: Managing Dental Implant Occlusion with Computerized Occlusal Analysis Technology (Robert Kerstein, DDS)
- S8: The Full-Arch Zirconia, Screw-Retained Bridge: Guided and Non-guided Surgical Options (Michael Tischler, DDS)
- S9: Creating the Ultimate Internet Presence NO CHARGE (Sponsored by Advice Media; Chad Erickson)
- S10: Multi-Media Strategies for Practice Development: A Sneak Peek Behind the Scenes of Single-Provider Implant Practices Producing \$1-4 Million in Annual Revenue (Daniel Holtzclaw, DDS, MS)
- S11: Improvement of Soft and Hard Tissue Healing with New Protocols of Smart Blood Concentrates (Joseph Choukroun, MD)
- S12: Ethics and Law in Implant Dentistry (Arthur W. Curley, JD)

C. Seminars subtotal _____

D. Special Events

- First-Time Attendee/Student Reception, NO CHARGE
- Demystifying the Oral and Written Exams, NO CHARGE
- ABOI/ID Certification Process Explained, NO CHARGE
- ABOI/ID Case Requirements Explained, NO CHARGE
- ABOI/ID Lunch, \$100
- Women Dentists Wine & Cheese, NO CHARGE
- President's Celebration, \$195
- Application of Microsurgical Principles in Plastic Periodontal and Implant Surgeries \$695 AAID members and non-members who register for 2016 Annual Conference (\$795 all others)

D. Special Events subtotal _____

GRAND TOTAL (A+B+C+D) _____

METHOD OF PAYMENT

Check Enclosed Visa MasterCard American Express Discover
 Card No. _____
 Card Exp. Date: _____ Security Code from Front or Back of Credit Card _____
 Signature: _____

Send check, payable in US\$, and this form to the AAID:
 American Academy of Implant Dentistry, c/o Delaware Place Bank, Dept. 350
 190 Delaware Place, Chicago, IL 60611
 Or register online at www.aid.com. Or you may fax your form to 312-335-9090.
 American Academy of Implant Dentistry • 211 East Chicago, Ave., Suite 750
 Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

Registrations received by October 14, 2016, will be processed prior to the meeting.
 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 27, 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.
 Hyatt Regency New Orleans puts you just an elevator ride away from all the action of NOLA as well as AAID's Annual Conference. Call the toll-free reservation line at (888) 421-1442 or the hotel directly at 504-561-1234. Or make your reservation online at www.aid.com. Take advantage of the special group rate of \$249 single or \$264 double per night plus tax.



Welcome

Warm beignets, hot jazz, and excellence in implant dentistry await you in New Orleans at AAID's 65th Annual Educational Conference, October 26 – 29, 2016.

Join over 1,000 implant dentistry professionals as we are inspired by Dr. Leonard Bailey, one of the pioneers in the field of pediatric heart transplantation. Dr. Ed Zuckerberg will close the Conference when he shares his unique insights into social media to increase your reach to potential patients through Facebook.

Over the 3 ½ days of the Conference, you will learn new techniques through several hands-on workshops. The Main Podium speakers will help you identify, treat, and avoid complications. AAID is known for its broadcast of live surgery with simultaneous commentary from the surgeon, as well the opportunity for you to ask questions during the procedure. This year is no exception.

Digital dentistry, the use of biologics to enhance healing, and much more will be covered during the Conference. Two full days of education specifically for your team will also be available.

The AAID is known for providing practical education for the practicing implant dentist®. Not only is that found in the didactic and hands-on sessions, but also through the interaction with peers in the halls and at the social events throughout the Conference.

Take home what you learn and put it to use immediately in your practice. And of course, be sure to enjoy a beignet or two.

See you in New Orleans, October 26 – 29, 2016.

Richard Mercurio, DDS, FAAID, DABOI/ID
President, American Academy of Implant Dentistry



WEDNESDAY, OCTOBER 26, 2016

NEW TRENDS | MORNING: 8:00 am – Noon | PAGES 12 – 13

The exact times and order of presentation will be determined closer to the dates of the Annual Conference. We are listing the course description and speaker information here in order of the sponsorship level. Check online at aaid.com for additional information.

Dental Implants...Does Size Matter?

Sponsored by Bicon, Presidential Sponsor
Charles Silvia, Jr, DDS, MD

Same Day Full-Arch Immediate Loading with the NeoArch™ Technique

Sponsored by Neodent, Presidential Sponsor
Dan Holtzclaw, DDS, MS

A Predictable Protocol for Vertical and Horizontal Regeneration of Hard and Soft Tissue at Time of Endosseous Implant Insertion During Full-Arch Reconstruction

Sponsored by Intra-Lock, Presidential Sponsor
Edward Mills, DDS, FAAID, DABOI/ID

Amnion-Chorion Allografts, Updated Scientific Rationale and Clinical Applications in Dental-Oral Maxillofacial Surgery

Sponsored by Snoasis, Presidential Sponsor
Dan Holtzclaw, DDS, MS

Clinical Applications for Two-piece All-Zirconia Dental Implants

Sponsored by Z-Systems, Gold Sponsor
R. Ted Fields, DDS, PhD

The topic and presenter for the following presentations will be announced shortly before the commencement of the New Trends, Techniques and Technology presentation. Check online at aaid.com for updates.

Sponsored by Nobel Biocare, Platinum Sponsor

Sponsored by Advice Media, Gold Sponsor

Sponsored by Glidewell Laboratories, Gold Sponsor

MAIN PODIUM | AFTERNOON: 1:00 pm – 6:00 pm | PAGES 16 – 17

CAD/CAM Technologies for Private Practice Esthetics, Implants, and Occlusion

Dean Vafiadis, DDS

Diagnosis and Pathology Beyond a Strictly Implant Focus: What You Don't See CAN Hurt You

Bernard Friedland, BChD, MSc, JD

3D Virtual Design and Planning from the Dental Laboratory Perspective

Michael Bergler, CDT, MDT

Guided Surgery for the Partially-Edentulous Arch

David Guichet, DDS

Future Perspective on Imaging: The Use of Virtual Treatment Planning in Oral Surgery

Joel Berger, DMD, MD

THURSDAY, OCTOBER 27, 2016

MAIN PODIUM | 8:00 am – 5:45 pm | PAGES 18 – 19

Laser-Assisted Peri-implantitis Procedure: An En“light”ening Treatment

Allen Honigman, DDS, MS

Contemporary Treatment of Peri-implantitis

Tara Aghaloo, DDS, MD, PhD

Autogenous Bone vs. Biologics: Graft Selection for Success

Craig M. Misch, DDS, MDS, FAAID, DABOI/ID

KEYNOTE PRESENTATION**The Evolution of Newborn Heart Transplantation**

Leonard Bailey, MD

Biologics in Bone Regeneration: Principles to Practice

Mark A. Reynolds, DDS, PhD

Live Surgery Broadcast from Loma Linda University

Surgeon:

Aladdin Al-Ardah, DDS, MS, FAAID, DABOI/ID

Moderator:

Antoanela Garbacea, DDS, MSD, FAAID, DABOI/ID

HANDS-ON WORKSHOPS | MORNING: 8:00 am – Noon | PAGE 24

W1: Surgical Techniques Including Suturing

Stuart Orton-Jones, BDS

FEE: \$199 (\$219 after 9/20/16)

LIMITED TO 30 PARTICIPANTS

W2: Digital Photography and Radiography: Optimal Case Presentations for AAID Credentialing and Beyond

Cheryl A. Pearson, DMD, FAAID, DABOI/ID

FEE: NO CHARGE

LIMITED TO 50 PARTICIPANTS

THURSDAY, OCTOBER 27, 2016

HANDS-ON WORKSHOPS | MORNING: 8:00 am – Noon | PAGE 25

W3: Predictable Ridge Preservation: The Soft Tissue Perspective

Ziv Simon, DMD, MSc
 FEE: \$199 (\$219 after 9/20/16)
LIMITED TO 30 PARTICIPANTS

W4: Advanced Barrier Membrane Technology: Clinical Applications

Sponsored by Snoasis Medical
 Mark C. Lucas, DDS, MS
 Dan Holtzclaw, DDS, MS
 FEE: \$199 (\$219 after 9/20/16)
LIMITED TO 50 PARTICIPANTS

SEMINARS | MORNING: 8:00 am – Noon | PAGE 36

S1: Management of Medication-Induced ONJ

James L. Rutkowski, DMD, PhD, FAAID, DABOI/ID
 FEE: \$99 (\$119 after 9/20/16)
LIMITED TO 50 PARTICIPANTS

TEAM PROGRAMS | MORNING: 8:00 am – 11:00 am | PAGE 42

Linking Implants into the Wellness Practice

Christine Taxin

HANDS-ON WORKSHOPS | AFTERNOON: 2:45 pm – 5:45 pm | PAGE 26

W5: The topic and presenter for this presentation will be announced shortly before the commencement of the Annual Educational Conference.

Check aaid.com for updates.
Sponsored by Neodent, Presidential Sponsor

W6: PRF-BLOCK...A Consistent Protocol for Inlay/Onlay Grafts

Sponsored by Intra-Lock
 Nelson Pinto, DDS
 FEE: \$199 (\$219 after 9/20/16)
LIMITED TO 50 PARTICIPANTS

SEMINARS | AFTERNOON: 2:45 pm – 5:45 pm | PAGES 36 – 37

S2: Tunneling Procedures and Options for Root and Implant Coverage

Edward Gottesman, DDS
 FEE: \$99 (\$119 after 9/20/16)
LIMITED TO 50 PARTICIPANTS

S3: Demystifying the Oral and Written Exams: Increase Your Chances for Success

David Resnick, DDS, FAAID, DABOI/ID
 FEE: NO CHARGE
LIMITED TO 50 PARTICIPANTS

S4: Management of the Anxious Patient and Sedation Complications

Richard Nagy, DDS
 FEE: \$99 (\$119 after 9/20/16)
LIMITED TO 50 PARTICIPANTS
SPECIAL INTEREST FOR TEAM

TEAM PROGRAMS | AFTERNOON: 2:45 pm – 5:45 pm | PAGE 42

How to Build a Dynamic Practice

David Vassos, DDS, FAAID, DABOI/ID

FRIDAY, OCTOBER 28, 2016

MAIN PODIUM | 8:00 am – 5:30 pm | PAGES 20 – 21

Soft Tissue Management for Health and Esthetics around Teeth and Implants

Michael Sonick, DMD

Craniofacial Changes and their Relationship to Implant Reconstruction

Oded Bahat, BDS, MSD

Current Concepts in Anterior Implant Esthetics

Adamo E. Notarantonio, DDS

Diagnosis and Treatment of Lingual and Inferior Alveolar Nerve Injuries

Richard Elias, DMD, MD

The Impact of a Comprehensive Digital Workflow on Single-Tooth Implant Therapy

Lyndon F. Cooper, DDS, PhD

12 Pharmacology Facts that Impact Dental Implant Therapy

James L. Rutkowski DMD, PhD, FAAID, DABOI/ID

FRIDAY, OCTOBER 28, 2016

HANDS-ON WORKSHOP | ALL DAY 8:00 am – 5:30 pm | PAGES 28 – 29

W7: Hands-on Implant Placement and Bone Grafting on Cadavers

LOCATION: Louisiana State University Dissection Lab (Transportation to be provided)

Daniel Domingue, DDS, FAAID, DABOI/ID | Shankar Iyer, DDS, MDS, FAAID, DABOI/ID | Kirk Kalogiannis, DMD, AFAAID
John Minichetti, DMD, FAAID, DABOI/ID | Lawrence Nalitt, DDS, AFAAID | Matthew Young, DDS, FAAID, DABOI/IDFEE: \$1,495 for AAID members, non-members who registered for 2016 AAID Annual Conference
\$1,695 for all others**LIMITED TO 30 PARTICIPANTS**

HANDS-ON WORKSHOP | MORNING: 8:00 am – Noon | PAGE 30

W8: Dental Malpractice & Beyond: What Implant Dentists Need to Know Now

Olivia Calhoun Palmer, DMD, JD, FAAID, DABOI/ID

FEE: \$199 (\$219 after 9/20/16)

LIMITED TO 50 PARTICIPANTS*SPECIAL INTEREST FOR TEAM*

SEMINARS | MORNING: 8:00 am – Noon | PAGES 38 – 39

S5: Comprehensive Digital Workflow for the Treatment of Terminal Dentition and Edentulous Patients

Siamak Abai, DDS

FEE: \$99 (\$119 after 9/20/16)

LIMITED TO 50 PARTICIPANTS*SPECIAL INTEREST FOR TEAM***S6: A Systematic Approach to Simplifying Full-Arch Fixed Reconstruction**

Howard Chasolen, DMD, FAAID, DABOI/ID

FEE: \$99 (\$119 after 9/20/16)

LIMITED TO 50 PARTICIPANTS**S7: Managing Dental Implant Occlusion with Computerized Occlusal Analysis Technology**

Robert Kerstein, DDS

FEE: \$99 (\$119 after 9/20/16)

LIMITED TO 50 PARTICIPANTS**S8: The Full-Arch Zirconia, Screw-Retained Bridge: Guided and Non-guided Surgical Options**

Michael Tischler, DDS

FEE: \$99 (\$119 after 9/20/16)

LIMITED TO 50 PARTICIPANTS**S9: Creating the Ultimate Internet Presence***Sponsored by Advice Media*

Chad Erickson

FEE: No Charge

LIMITED TO 50 PARTICIPANTS*SPECIAL INTEREST FOR TEAM*

TEAM PROGRAMS | MORNING: 8:00 am – Noon | PAGE 43

Converting Challenging Calls into Patients Who Show Up

Larry M. Guzzardo, BS

Alex Nottingham, JD, MBA

HANDS-ON WORKSHOPS | AFTERNOON: 1:30 pm – 5:30 pm | PAGES 30 – 31

W9: Sinus Augmentation: Current and Future Trends

Ziv Mazor, DMD

FEE: \$199 (\$219 after 9/20/16)

LIMITED TO 30 PARTICIPANTS**W10: Soft Tissue Management for Health and Esthetics Around Teeth and Implants**

Michael Sonick, DMD

FEE: \$199 (\$219 after 9/20/16)

LIMITED TO 30 PARTICIPANTS**W11: Guided Implant Surgery: Introduction and Workflow**

Bradley DeGroot, DDS, MS

FEE: \$199 (\$219 after 9/20/16)

LIMITED TO 30 PARTICIPANTS*SPECIAL INTEREST FOR TEAM*

SEMINARS | AFTERNOON: 1:30 pm – 5:30 pm | PAGE 40

S10: Multi-Media Strategies for Practice Development: A Sneak Peek at Single-Provider Implant Practices Producing \$1–4 Million in Annual Revenue

Daniel Holtzclaw, DDS, MS

FEE: \$99 (\$119 after 9/20/16)

LIMITED TO 50 PARTICIPANTS*SPECIAL INTEREST FOR TEAM*

TEAM PROGRAMS | AFTERNOON 1:30 pm – 5:30 pm | PAGE 43

Bambi vs. Godzilla: How to Deal with Difficult People

Bruce Christopher, MA, LP

SATURDAY, OCTOBER 29, 2015

MAIN PODIUM | MORNING: 8:00 am – Noon | PAGE 22

Demystifying the Role of the Zygomatic Implant
Edmond Bedrossian, DDS

Treatment Strategies for Failing Teeth and Implants
Regina Mericske, DMD, PhD

CLOSING KEYNOTE
Social Media Marketing for Dentists: What You Need to Know Now
Ed Zuckerberg, DDS

HANDS-ON WORKSHOPS | MORNING: 8:00 am – 11:00 am | PAGE 37

W12: Implant Overdentures: Thought-Provoking Treatment Planning for the Edentulous Patient

Brian J. Jackson, DDS, FAAID, DABO/ID
FEE: \$199 (\$219 after 9/20/16)
LIMITED TO 30 PARTICIPANTS

W13: History and Application: Short Implants

Sponsored by Bicon Dental Implants
Drauseo Speratti, DDS
FEE: \$199 (\$219 after 9/20/16)
LIMITED TO 30 PARTICIPANTS

SEMINARS | MORNING: 8:00 am – 11:00 am | PAGE 40

S11: Improvement of Soft and Hard Tissue Healing with New Protocols of Smart Blood Concentrates

Joseph Choukroun, MD
FEE: \$99 (\$119 after 9/20/16)
LIMITED TO 30 PARTICIPANTS

S12: Ethics and Law in Implant Dentistry

Arthur W. Curley, JD
FEE: \$99 (\$119 after 9/20/16)
LIMITED TO 50 PARTICIPANTS

SUNDAY, OCTOBER 30, 2016

POST CONFERENCE COURSE | ALL DAY 8:00 am – 4:00 pm | PAGE 44

Application of Microsurgical Principles in Plastic Periodontal and Implant Surgeries

Suheil M. Boutros, DDS, MS, DABO/ID
FEE: \$695 - AAID MEMBERS AND NON-MEMBERS WHO REGISTER FOR 2016 ANNUAL CONFERENCE
\$795 - ALL OTHERS
LIMITED TO 30 PARTICIPANTS

NEW AND IMPROVED - Electronic CE Credit Submission

A maximum of 20 hours of continuing education (CE) credits are available at the 2016 Annual Educational Conference. **NEW AND IMPROVED:** CE credits earned can be reported electronically, anytime, anywhere! Using the course code provided at the end of each session, attendees may submit course evaluations and CE credits via a laptop or mobile device, or by using the convenient computers onsite at the conference CE Kiosk. You can receive your CE certificate by email, save to your online account, or print out at your convenience. No need to enter personal information multiple times to report your CE attendance and evaluations. We will send you a user ID and password before the conference so you will be ready to go when you arrive. Too busy to submit during the conference? Attendees also have 30 days to report credits online, from any electronic device, at home, at the office or on the go. No more paper forms to complete. It's EASY, CONVENIENT, and GREEN!

Essential implant information to keep you current

ADA CERP® | Continuing Education Recognition Program

American Academy of Implant Dentistry is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of Dentistry. American Academy of Implant Dentistry designates this activity for 20 continuing education credits.



PACE
Program Approval for Continuing Education

Approved PACE Program Provider
FAGD/MAGD Credit

Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

The current term of approval extends from June 1, 2015 to May 31, 2017
Provider ID# 214696

CONFERENCE AT A GLANCE

TUESDAY, OCTOBER 25

8:00 am – 5:00 pm
Board of Trustees Meeting

4:00 pm – 7:00 pm
Registration

WEDNESDAY, OCTOBER 26

7:00 am – 7:30 pm
Registration

7:00 am – 8:00 am
Continental Breakfast

8:00 am – 12:20 pm
NEW TRENDS, TECHNIQUES, TECHNOLOGY
PRESENTATIONS (See pages 12 – 13)

8:00 am – 2:00 pm
MaxiCourse® Directors Meeting (By Invitation)

10:00 am – Noon
District Officers' Meeting (By Invitation)

1:00 pm – 6:00 pm
MAIN PODIUM PROGRAMS (See pages 16 – 17)

6:00 pm – 6:45 pm
First-Time Attendees/Students Reception

6:00 pm – 7:30 pm
Welcome Reception

THURSDAY, OCTOBER 27

7:00 am – 7:00 pm
Registration

7:00 am – 8:00 am
Continental Breakfast

7:45 am – 5:45 pm
MAIN PODIUM PROGRAMS (See pages 18 – 19)

8:00 am – Noon
SEMINARS & HANDS-ON WORKSHOPS
(See pages 24 – 25; 36)
(Separate fee required)

8:00 am – Noon
DENTAL TEAM TRAINING
(See page 42)

8:00 am – 5:30 pm
POSTER DISPLAYS

8:00 am – 10:00 am
The ABO/ID Certification Process Explained
and How to Complete the Part I and Part II
Applications
(See page 49)

9:30 am – 7:00 pm
Exhibits Open

10:00 am – 11:00 am
Networking and Refreshment Opportunity
in Exhibit Hall

Noon – 1:30 pm
Exhibit Hall Lunch (Open to all registrants)

Noon – 1:30 pm
District Caucuses (Open to all AAID members)

2:45 pm – 5:45 pm
SEMINARS & HANDS-ON WORKSHOPS
(See pages 26; 36 – 37)
(Separate fee required)

2:45 pm – 5:45 pm
DENTAL TEAM TRAINING (See page 42)

2:45 pm – 4:45 pm
ABO/ID Case Requirements Explained
(See page 49)

2:45 pm – 5:45 pm
S3: Demystifying the Oral and Written Exams:
Increase Your Chances for Success
(See page 37)

3:45 pm – 4:45 pm
Networking and Refreshment Opportunity
in Exhibit Hall

4:45 pm – 5:45 pm
LIVE SURGERY BROADCAST (See page 19)

5:30 pm – 7:00 pm
Implant World Expo Reception
(Open to all registrants)

FRIDAY, OCTOBER 28

7:00 am – 5:30 pm
Registration

7:00 am – 8:00 am
Continental Breakfast

8:00 am – 5:30 pm
MAIN PODIUM PROGRAMS
(See pages 20 – 21)

8:00 am – 5:30 pm
W6: HANDS-ON IMPLANT PLACEMENT AND
BONE GRAFTING ON CADAVERS
Louisiana State University Dissection Lab
(See pages 28 – 29)
(Separate fee required)

8:00 am – 5:30 pm
SEMINARS & HANDS-ON WORKSHOPS
(See pages 28 – 31; 38 – 40)
(Separate fee required)

8:00 am – 5:30 pm
POSTER DISPLAYS

Page numbers refer to pages in the Preliminary Program.
Schedule subject to change without notice.

8:00 am – 5:30 pm
DENTAL TEAM TRAINING (See page 43)

9:30 am – 5:30 pm
Exhibits Open

10:00 am – 11:00 am
Networking and Refreshment Opportunity
in Exhibit Hall

Noon – 1:30 pm
ABO/ID Diplomate Induction Luncheon
(Separate fee required)

3:30 pm – 4:30 pm
TABLE CLINIC PRESENTATIONS

3:30 pm – 4:30 pm
Networking and Refreshment Opportunity
in Exhibit Hall

5:30 pm – 7:00 pm
Women Dentists' Wine and Cheese Gathering

SATURDAY, OCTOBER 29

7:00 am – Noon
Registration

7:00 am – 8:00 am
Continental Breakfast

8:00 am – Noon
MAIN PODIUM PROGRAMS (See page 22)

8:00 am – 11:00 am
SEMINARS & HANDS-ON WORKSHOPS
(See pages 37 and 40)
(Separate fee required)

8:00 am – 11:00 am
POSTER DISPLAYS

9:30 am – 1:00 pm
Exhibits Open

10:00 am – 11:00 am
Networking and Refreshment Opportunity
in Exhibit Hall

12:30 pm – 2:00 pm
New Fellow and Associate Fellow Group Photo
(By Invitation)

2:00 pm – 4:00 pm
AAID Business Meeting

6:00 pm – 11:00 pm
Reception, President's Celebration Dinner
and Dancing

SUNDAY, OCTOBER 30

8:00 am – 4:00 pm
POST CONFERENCE COURSE ON MICROSURGERY
(See page 44) (Separate fee required)

W7: Hands-on Implant Placement and Bone Grafting on Cadavers

Friday, October 28, 2016
8:00 am – 5:30 pm

*LOCATION: Louisiana State University Dissection Lab
 (Transportation will be provided)*

*AGD Subject Code 690
 FEE: \$1,495 for AAID members, non-members who registered for 2016 AAID Annual Conference
 \$1,695 for all others*

LIMIT TO 30 PARTICIPANTS

This course is designed for the basic to intermediate implant dentist. Lectures will include suturing, bone grafting, socket preservation, ridge augmentation with membrane, block grafting, crestal and lateral sinus grafting techniques, osteotomies, and immediate implant placement. Participants will have the opportunity to perform implant surgery, bone grafting, and surgically-related anatomic dissection on cadavers.

This full-day course will take place offsite at the Louisiana State University School of Dentistry. Transportation will be provided.



Learning Objectives: At the completion of this presentation, participants should be able to:

1. Understand and practice socket grafting, flap manipulation, and suturing
2. Review and place dental implants and immediate-load implants
3. Understand and perform bone manipulation, membrane grafting, and block grafting
4. Understand and practice crestal sinus grafting and lateral window sinus grafting

YOU MAY REGISTER FOR W7 HANDS-ON COURSE ON YOUR 2016 ANNUAL CONFERENCE REGISTRATION FORM. OR REGISTER SEPARATELY HERE.

CONTACT INFORMATION (Please write legibly.)

Last name: _____ First Name: _____

Degree(s): _____ Name for Badge: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Size for AAID Logo Scrubs: (Circle one size each for top and bottom)
 TOP S M L XL BOTTOM S M L XL

Will you require round trip transportation between Hyatt Regency and the LSU Dissection Lab? Yes No

Return form to AAID by mail or fax or register online at www.aaid.com:
 American Academy of Implant Dentistry
 211 E. Chicago Avenue; Suite 750
 Chicago, IL 60611
 Phone: 312-335-1550
 Fax: 312-335-9090

AMOUNT:

_____ \$1495 - AAID MEMBERS AND NON-MEMBERS WHO REGISTER FOR 2016 ANNUAL CONFERENCE
 _____ \$1695 - ALL OTHERS

METHOD OF PAYMENT

Check Enclosed Visa MasterCard American Express Discover

Card No. _____

Card Exp. Date: _____ Security Code _____

Signature: _____

INSTRUCTORS:

Daniel Domingue, DDS, FAAID, DABOI/ID

- Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Chair, Membership Committee, American Academy of Implant Dentistry
- Private practice, comprehensive general dentistry, Lafayette, Louisiana



John Minichetti, DMD, FAAID, DABOI/ID

- Honored Fellow and Past President, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Director, AAID Las Vegas MaxiCourse®
- Private practice, Englewood, New Jersey



Shankar Iyer, DDS, MDS, FAAID, DABOI/ID

- Honored Fellow and President-elect, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Director, AAID-Asia MaxiCourse®
- Private practice, Elizabeth, New Jersey



Lawrence Nalitt, DDS, AFAAID

- Associate Fellow, American Academy of Implant Dentistry
- Recipient, Paul Johnson Service Award, American Academy of Implant Dentistry
- Fellow, Academy of General Dentistry
- Private practice, Brooklyn, New York



Kirk Kalogiannis, DMD, AFAAID

- Associate Fellow, American Academy of Implant Dentistry
- Fellow, Academy of General Dentistry
- Clinical Associate Professor, Cariology and Comprehensive Care, New York University College of Dentistry, New York City, New York
- Private practice, implantology and esthetics, New York City, New York



Matthew Young, DDS, FAAID, DABOI/ID

- Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- President, Bay Area Implant Synergy Study Club
- Private practice, San Francisco, California



Sponsored in part by



REGISTRATION INFORMATION

Registration fee of \$1,495 for AAID members or non-members who registered for the 2016 AAID Annual Conference (\$1,695 for all others), includes:

- All course instruction **PLUS**
- Round trip transportation to the Louisiana State University Dissection Lab from the Hyatt Regency New Orleans
- Continental breakfast
- Lunch
- Personal protection equipment
- All necessary tools to participate
- AAID monogrammed scrubs (be certain to indicate desired sizes on registration form)

Essential implant information to keep you current

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FAGD/MAGD Credit

Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

The current term of approval extends from June 1, 2015 to May 31, 2017
Provider ID# 214696

Application of Microsurgical Principles in Plastic Periodontal and Implant Surgeries

**Sunday, October 30, 2016
8:00 am – 4:00 pm**

LOCATION: Hyatt Regency New Orleans
(Strand 8 Room)



AGD Subject Code 496

FEE:

\$695 - AAID MEMBERS AND NON-MEMBERS WHO REGISTER FOR 2016 ANNUAL CONFERENCE

\$795 - ALL OTHERS

LIMITED TO 30 PARTICIPANTS

Suheil M. Boutros, DDS, MS, DABO/ID

- Diplomate, American Board of Oral Implantology/ Implant Dentistry
- Diplomate, American Board of Periodontology
- Dean's faculty, University of Michigan School of Dentistry, Ann Arbor, Michigan
- Private practice, periodontal and dental implant surgery, Grand Blanc, Michigan

The success of dental implant therapy is based not only on functional osseointegration, but also on positive esthetic outcomes, creating harmony with the existing dentition when smiling. This presentation will focus on indications of periodontal plastic surgery around dental implants. Treatment planning, timing, and different types of soft tissue grafting will be discussed. The hands-on portion will demonstrate different

techniques of soft tissue grafting around natural teeth and dental implants, and the type of microsurgical instrumentation utilized. The harvesting of different autogenous-free gingival grafts will be practiced, in addition to the use of dermal allograft.

Learning Objectives: At the completion of this presentation, participants should be able to:

1. Describe the importance of soft tissue management surrounding dental implants
2. Recognize key timing of soft tissue grafting around dental implants as well as contraindications and limitations
3. Identify soft tissue problems around dental implants and how to avoid and manage complications
4. Employ different types of periodontal plastic surgery and the type of instruments used to enhance esthetics

Registration fee of \$695 for AAID members or non-members who registered for the 2016 AAID Annual Conference (\$795 for all others), includes:

- All course instruction **PLUS**
- Continental breakfast
- Lunch
- Personal protection equipment
- All necessary tools to participate
- AAID monogrammed scrubs (be certain to indicate desired sizes on registration form)

Essential implant information to keep you current

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Approved PACE Program Provider
FAGD/MAGD Credit

The current term of approval extends from June 1, 2015 to May 31, 2017
Provider ID# 214696

Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

YOU MAY REGISTER FOR THIS POST-CONFERENCE COURSE ON YOUR 2016 ANNUAL CONFERENCE REGISTRATION FORM OR REGISTER SEPARATELY HERE.

CONTACT INFORMATION (Please write legibly.)

Last name: _____ First Name: _____

Degree(s): _____ Name for Badge: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Size for AAID Logo Scrubs: (Circle one size each for top and bottom)

TOP S M L XL BOTTOM S M L XL

Return form to AAID by mail or fax or register online at www.aid.com:

American Academy of Implant Dentistry
211 E. Chicago Avenue; Suite 750, Chicago, IL 60611
Phone: 312-335-1550, Fax: 312-335-9090

AMOUNT:

_____ \$695 - AAID MEMBERS AND NON-MEMBERS WHO REGISTER FOR 2016 ANNUAL CONFERENCE
_____ \$795 - ALL OTHERS

METHOD OF PAYMENT

Check Enclosed Visa MasterCard American Express Discover

Card No. _____ Card Exp. Date: _____ Security Code _____

Signature: _____



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Experience the best of the Big Easy at the Hyatt Regency New Orleans, located in the heart of downtown, next to the Mercedes-Benz Superdome, Smoothie King Center, and Champions Square. And of course, just an elevator ride away from all the practical education and action at AAID's Annual Conference.

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New Orleans, LA 70113

504-561-1234

<http://neworleans.regency.hyatt.com/en/hotel/home.html>

The Academy has negotiated a rate of \$249 (single) or \$264 (double) plus applicable taxes for attendees at the Conference. Reserve your room by calling 504.561.1234 or make your reservation online at aid.com.



ASSOCIATE FELLOW AND FELLOW

The Academy offers you the opportunity to distinguish yourself in your community as a credentialed member of AAID. Recognized by the courts as a bona fide program, the Academy's credentials in implantology, through the Associate Fellow and Fellow membership examinations, are based on psychometric principles.

If you have been planning to become a credentialed member of the AAID, this year's Annual Meeting is a good time to start.

The following opportunities are for anyone who has ever considered becoming credentialed, but hesitated because of the unknown. Knowing what to expect removes fears and mystery, furthering your preparation to provide the very best care for our patients and succeed as an AAID-credentialed implantologist. There is no charge to attend any of these programs; however pre-registration is required.

Visit the Credentialing tab of the AAID website www.aaid.com – or call the Headquarters Office at 312.335.1550 to obtain the application and related materials.

ADMISSIONS AND CREDENTIALS (A & C) BOARD IN EXHIBIT HALL

Visit the A & C Board's area near the entrance to the Exhibit Hall. There you will have the opportunity to talk with some of this year's newly credentialed members and see how they implemented the Guidelines for the Preparation of Case Reports. Representatives of the A & C Board will also be present.

Visit at the following times:

Thursday, October 27
During the Implant World Expo Reception
5:30 pm – 7:00 pm

Friday, October 28
During the Morning Break
10:00 am – 11:00 am

Saturday, October 29
During the Morning Break
10:00 am - 11:00 am

W2: Digital Photography and Radiography: Optimal Case Presentations for AAID Credentialing and Beyond

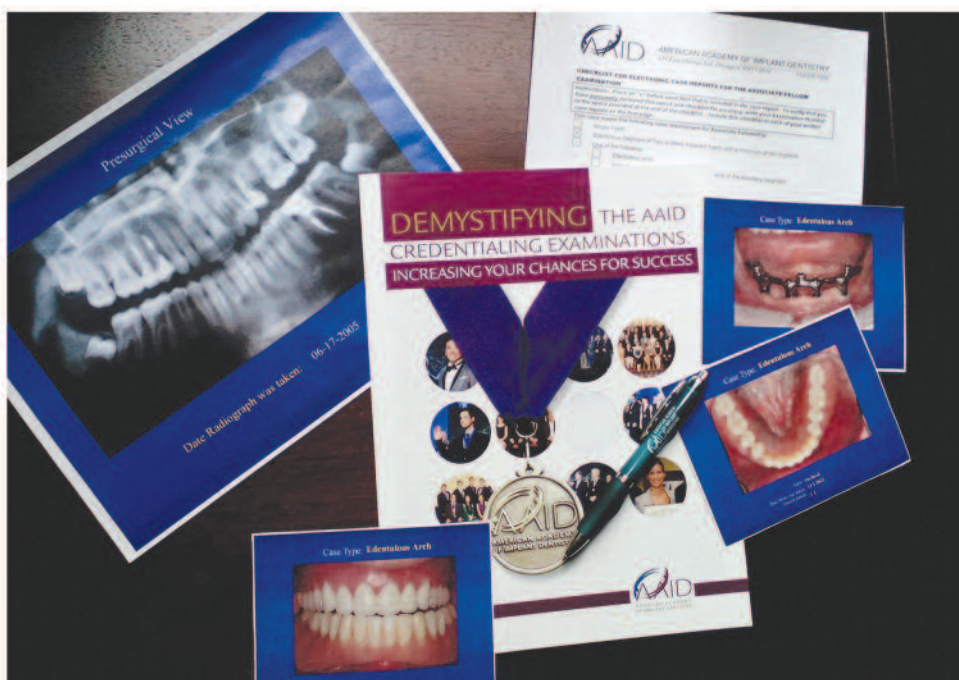
Thursday, October 27, 2016 8:00 am – Noon
For full program details, see page 24

This presentation will provide examination candidates and fellow dental photography and radiology enthusiasts with key information on the photographic requirements necessary to become a successfully credentialed Associate Fellow or Fellow of the AAID. Of course, these techniques will help ensure participants are prepared not only for credentialing, but also for future work, such as speaking engagements, working with patients and staff, and journal publication. Proper photographic and radiologic images will be discussed, including examples of crucial views and camera settings. Emphasis on the ability to communicate case information in a concise and timely manner also will be highlighted. Course registrants must bring their own cameras, lenses, retractors, o-rings, and side mirrors to this session.

S3: Demystifying the Oral and Written Exams: Increase Your Chances for Success

Thursday, October 27, 2016 2:45 pm – 5:45 pm
For full program details, see page 37

Many examinees experience fear and uncertainty as they go through the process of preparing for and taking the written and oral AAID Associate Fellow and Fellow exams. Presented by past examiners and past members of the Admissions and Credentials Board, this review course will provide a comprehensive look at the exams, including eligibility, logistics, subject matter, case requirements, and more, with particular emphasis on the oral exam. Attendees will observe an oral exam role played by examiners, and may participate individually in brief mock oral exams.



STAND OUT FROM THE CROWD: ABOI/ID DIPLOMATE

The American Board of Oral Implantology/Implant Dentistry (ABOI/ID) was chartered in 1969 by the American Academy of Implant Dentistry (AAID). The Board's mission is to elevate the standards and advance the science and art of oral implantology/implant dentistry by encouraging its study and improving its practice. The ABOI/ID Diplomate designation symbolizes a practitioner's achievement of one of the highest levels of competence possible in the field of implant dentistry.

The ABOI/ID Certification Process Explained and How to Complete the Part I and Part II Applications

Thursday, October 27, 2016 8:00 am – 10:00 am

This program will provide you with useful information about the American Board of Oral Implantology/Implant Dentistry and the process of how to complete your applications to take part in the ABOI/ID examinations. ABOI/ID staff and a member of the ABOI/ID Board of Directors will be present to discuss this process and answer your questions.

ABOI/ID Case Requirements Explained

Thursday, October 27, 2016 2:45 pm – 4:45 pm

This program will explain the required case submission guidelines as well as provide detailed information regarding documentation guidelines and x-ray/photograph expectations.

If you are planning on taking the Part II oral examination and have not submitted your cases to the Board, this program will be very helpful in guiding you through the process. ABOI/ID staff and a member of the ABOI/ID Board of Directors will be present to answer your questions.



ABOI/ID Diplomate Induction Luncheon

Friday, October 28, 2016 Noon – 1:30 pm

Cost: \$100 Includes lunch

Join us at the ABOI/ID luncheon to honor the new 2016 ABOI/ID Diplomates. During this event the ABOI/ID President, Dr. Jack Piermatti, will discuss current ABOI/ID activities and present new Diplomates with their medallions.

Current ABOI/ID Board members, committee members and ABOI/ID Past Presidents will also be recognized during this event. Whether you are a Diplomate or not, everyone is invited to attend. Last year's luncheon sold out quickly; so be sure to purchase your tickets in advance.

Tickets can be purchased through the AAID with your Annual Meeting registration or onsite at the Registration Desk.



Distinguish Yourself

Become a Diplomate of the American Board of Oral Implantology/Implant Dentistry. ABOI/ID Certification symbolizes the highest level of competence in implant dentistry.

aboi.org





It's all about the terminology.

Whether you're looking to add implantology to your dental practice, need help studying for the big exam, or are a seasoned pro, the new and improved *JOI Glossary of Terms, 2016 Edition* has you covered. Published as a digital flipbook, the *Glossary* features an intuitive user interface, complete with search functionality, bookmarking, and a mobile web app. With over 1,500 terms and definitions, it's a staple of the dental community.

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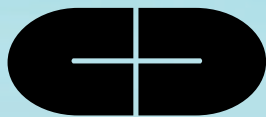
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PRESIDENT'S MESSAGE



Richard Mercurio,
DDS, FAAID, DABOI/ID
President, American Academy
of Implant Dentistry

Exciting times ahead!

I just returned from AAID's Southern and Northeast Districts Meeting held in St. Petersburg, Florida. In addition to over 14 hours of outstanding education on "Managing Bone Deficiencies," we honored one of the visionaries in implant dentistry — **Dr. Hilt Tatum**. As he said during an interview with **Dr. Bernee Dunson**, one of his regrets was not having joined the AAID earlier in his career.

the ADA and the ABDS can "work together" on the subject of specialty credentialing.

Equally encouraging is that the Dental Specialty Group (DSG) has invited the ABDS to present its plans at their meeting, scheduled for Thursday, August 4, 2016 in Chicago. The DSG includes officers and staff of the nine ADA-recognized dental specialties. The goal of the meeting is to exchange ideas and discuss items of mutual interest concerning specialty status.

Are you ready for AAID's Dental Implant Month?

Throughout the month of August, the Academy will help you raise awareness of AAID as THE SOURCE for qualified providers of dental implant services. This is just one way we are pursuing one of AAID's strategic objectives — increasing AAID's awareness among the profession and public. I'm pleased to also report that membership in the Academy has increased by over 11% since the same time last year.

Watch your email over the next couple of weeks for instructions on how to order your FREE Dental Implant Month Toolkit so that you can leverage your local influence with the AAID's national presence to encourage patients to see AAID members for treatment to replace missing teeth. Your toolkit will include:

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

Throughout the month of August, the Academy will help you raise awareness of the Academy as THE SOURCE for qualified providers of dental implant services.



The Board of Trustees also met in St. Petersburg. We heard updates on our legal action in the State of Texas, how the American Board of Dental Specialties is growing in stature, and the increased awareness of the need for new rules governing specialties and advertising in various states. Most encouraging is the request by general counsel of the ADA to have Dr. Frank Recker address a meeting with state executive directors and their legal counsels to discuss efforts on how

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President's Message

continued from page 42

- 25 copies of each Patient Education Brochure published by AAID
 - "Missing Teeth?"
 - "Missing Bone?"
 - "Dental Implant Options"
- 100 Dental Implant Month logo stickers
- AAID member or AAID credentialed door sticker

I encourage each of you
to help increase awareness
of dental implants as the
standard of care for replacing
missing teeth...

- AAID implant pen
- Embed code for patient education animated videos published by AAID
 - "Terminal Dentition"
 - "Post-Op Care"
 - "Missing Teeth"
- Dental implant puzzles to give to patients
- Downloadable posters and banners

Summary of Actions Taken by Board of Trustees

June 11, 2016, St. Petersburg, Florida

- **ELECTED** new Associate Fellows
- **APPROVED** new A&C policies as presented
- **GRANTED** Life membership for Lionel W. Richards, DDS, Sutter Creek, CA
- **APPROVED** New Affiliate Associate Fellows
- **ACCEPTED** 2015 Audit Report
- **ENGAGED** Auditor for 2016 audit
- **APPROVED** JP Morgan for 2016 investment advisory firm
- **CREATED** the Terry Reynolds Trailblazer Award

Some of the key messages to promote include:

- AAID members are committed to improving patient outcomes
- Most AAID members provide both phases of implant treatment saving time, money, and scheduling hassles
- AAID Credentialed members have the proven knowledge, training, and experience specific to surgical and restorative phases of implant dentistry
- Patients can find out more about dental implant treatment and search for an AAID Credentialed member on aaid-implant.org and find an implant dentist conveniently located near them

I encourage each of you to pick two of the following activities to help increase awareness of dental implants as the standard of care for replacing missing teeth and the value of seeking AAID members as a patient's preferred implant dentist.

Here are just a few of the more than two dozen ideas for easy ways to help celebrate AAID and Dental Implant Month:

- Announce to the community that your practice is offering free implant consultations during Dental Implant Month
- Ask your staff members and members of your family to promote Dental Implant Month through social media (Facebook, Twitter, etc.) at least twice during the month of August
- Affix the Dental Implant Month logo stickers to all outgoing paperwork/laboratory scripts/pharmacy prescriptions etc.
- Create a dental implant Hall of Fame for your office with photos of pleased implant patients (with appropriate permission, of course)
- Contact local TV, Radio, newspaper editors, and magazine editors to inform them about Dental Implant Month. Tell them that as a member of AAID, you are willing to be a consultant to offer more info about implant dentistry.
- If there is a dental school in your area, invite dental students to shadow you in your practice to encourage them to learn more about dental implants.
- Organize a raffle for patients so that if they post on your social media page they will be entered into a raffle to win a prize. The drawing should be held during Dental Implant Month.
- Record video testimonials from patients about dental implants and post it on your website during Dental Implant Month.

I look forward to seeing you in New Orleans, October 26 – 29, 2016, at AAID's 65th Annual Conference and hearing about what you did to help celebrate AAID and Dental Implant Month.

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AAID adds two new MaxiCourses®



Two new Maxicourses® have been approved by AAID's Education Oversight Committee. Beginning this Fall, instruction will be convene in Fort Lauderdale, Florida, by the Nova Southeastern University College of Medicine Implant MaxiCourse® and in Houston, Texas, at TexMax® Dental Implant Education.

Nova Southeastern



The Nova Southeastern MaxiCourse® is under the directorship of **Jack Piermatti, DMD, FAAID, DABOI/ID.**



The classwork will be presented at the Nova Southeastern University College of Dental Medicine in Fort Lauderdale, Florida. Dr. Piermatti is an experienced MaxiCourse® director, currently serving as co-director for the Rutgers University of Dental Medicine MaxiCourse® located in Newark, New Jersey.

Participation in the program initially will be limited to dentists. However, with a capacity of over 100 students, the MaxiCourse® may consider adding training for auxiliary in the future. The

course will include didactic, hands-on sessions in a simulation lab, and clinical sessions at the College of Dental Medicine's dental clinic. The 10-month continuum will consist of 10 modules. The early modules will focus on basic science, the middle modules on the implant surgery and prosthodontic basics, with the final modules focusing on advanced techniques.

One feature of the MaxiCourse® will be implant placement by students on live patients in an "over-the-shoulder" teaching mode. The live patients will be patients of record at the dental school clinic. Follow-up will be conducted through the post-graduate Residency Program in Prosthodontics.

TexMAX®

The newest approved MaxiCourse® will be run by **Jay Elliott, DDS, FAAID, DABOI/ID** and will be based in Houston, Texas. It will begin in November 2016. The initial class will be limited to 20 students.

The didactic portion of the curriculum will be provided online through

Contact information

**Nova Southeastern University
College of Dental Medicine Implant
MaxiCourse®**
3301 College Avenue
Fort Lauderdale, FL 33314-7796
Director: Jack Piermatti, DMD, FAAID,
DABOI/ID
609-314-1649
jpiermatti@yahoo.com
www.dental.nova.edu

TexMAX® Dental Implant Education
2750 W. Main St. Suite D
League City, TX 77573
Director: Jay Elliott, DDS, FAAID,
DABOI/ID
Registrar: Jackie Martinez
281-703-9468
jackie@texasimplanteducation.com
www.texasimplanteducation.com

AAID's MaxiCourse® Classroom that is being built in conjunction with Dental Campus, and Implant Dentistry online education provided through Loma Linda University. Students will be able to complete the 60-hour basic science portion of the MaxiCourse® online at their own pace before attending in-person classes to be held at New Teeth Dental Solutions in League City, Texas.



Seven days of live surgical sessions will be available for participants to treat their own patients. In addition, there will be two days of hands-on labs plus two days of cadaver training with anatomy review and mock surgeries.

Slate of Officers

The AAID Nominating Committee presents the following slate of officers for consideration at the Academy's 2016 Annual Business Meeting on Saturday, October 29 in New Orleans, during the 65th Annual Conference.

President — Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
(Automatic succession from President- Elect)

President-Elect — David Hochberg, DDS, FAAID, DABOI/ID

Vice President — Natalie Wong, DDS, FAAID, DABOI/ID

Treasurer — Bernee Dunson, DDS, FAAID, DABOI/ID

Secretary — Adam Foleck, DMD, FAAID, DABOI/ID

In accordance with Article IX, Section 7 of AAID's Bylaws, members not nominated by the Nominating Committee may be nominated by petition as follows:

3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chairman of the Nominating Committee or that person's designee at least 30 days in advance of the election at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election.

4) A nominee not announced by the Nominating

Committee must include the signatures of at least 5 percent of the voting membership on the petition.

5) The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and make this information available to the voting members.

Meet Adam Foleck, DMD, FAAID, DABOI/ID

Dr. Adam Foleck received his undergraduate education at the University of North Carolina at Chapel Hill, and his dental training from Temple University School of Dentistry where he graduated in 1997. He continued his post-graduate training in an Advanced Education in General Dentistry program at the University of Mississippi Medical Center/School of Dentistry. The program allowed for a concentration in implants and cosmetic dentistry which he completed in 1998 and afterwards relocated to Norfolk, Virginia to enter private practice.

In 2002, he completed the MAXI/Implant program, a year-long implant course at the Medical College of Georgia and in Atlanta. In 2004, he received an Associate Fellowship

[see Slate of Officers p. 54](#)



President

Shankar Iyer, DDS, MDS,
FAAID, DABOI/ID



President-Elect

David Hochberg, DDS,
FAAID, DABOI/ID



Vice President

Natalie Wong, DDS,
FAAID, DABOI/ID



Treasurer

Bernee Dunson, DDS,
FAAID, DABOI/ID



Secretary

Adam Foleck, DMD,
FAAID, DABOI/ID

AAID ATTENDS AMERICAN ACADEMY OF COSMETIC DENTISTRY ANNUAL SESSION

The Academy had a booth at the AACD annual session in Toronto, Ontario, Canada, from April 28-30, 2016. Lisa Villani-Gale, AAID's Manager of Member Communications, answered questions and promoted the Academy's member benefits and educational offerings. In addition, **Dr. Natalie Wong, DDS, FAAID, DABOI/ID** AAID's Treasurer, presented a lecture on "Guided Implant Surgery" to a packed room of attendees on Saturday afternoon. ●



AAID MEMBERS IN THE NEWS



Dr. Ed Kusek, Past-President of the Central District of the AAID, was one of the featured authors on the cover of the February 2016 issue of

Dentistry Today. His article, "Removable Prosthetics: Bad Attachments or Bad Design?" was published in that issue. **Dr.**

Jack Hahn's article entitled "BruxZir Full-Arch Implant Prosthesis" was published in the June 2016 issue of *Inside Dentistry*. **Dr. John**



Minichetti, past president of AAID and AAID's Executive Director, Sharon Bennett, were prominently quoted in the

cover article of that issue entitled

"Mastering the Artistry of Implants." **Dr. Natalie Wong**, Treasurer of the AAID, was featured in a Q & A feature in *Glidewell's* magazine, *Inclusive*. ●



DR. HAMILTON SPORBORG RETIRES FROM A&C BOARD



Dr. Hamilton Sporborg completed two three-year terms as a member of the Admissions and Credentials Board of the AAID and received a plaque commemorating his service from **Dr. Mario Cabianca**, Chair of the A&C Board, during the Board's meeting in Chicago in May. ●

RESEARCH GRANT APPLICATION DEADLINE

The AAID Foundation reminds researchers that applications for Non-Student Research Grants is due August 1, 2016.



Stipends up to \$25,000 will be awarded. Applications and more information are available on the AAID website — aaid.com — under the Foundation tab. Contact Afshin Alavi, Staff Director, by email at afshin@aaid.com or by phone at 312-335-1550. ●

AAID Membership Ambassadors

AAID Membership Ambassadors know firsthand 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 March 1, 2016, and June 19, 2016.

Thank you Michael Wehrle, DDS, from Hurst, TX, for referring 24 colleagues to the Academy.



Thank you Todd Engel, DDS, from Cornelius, NC,

for referring 3 colleagues to the Academy.

Thank you for referring 2 colleagues to the Academy:

Frank Lamar Sr., DDS, from Pittsford, NY
Isaac Tawil, DDS, from Brooklyn, NY

Thank you for referring a colleague to the Academy:

Jim Amstadt, DDS, from Eagle River, WI
Bill Anderson, DDS, from Findlay, OH
Lion Berzin, BDS, from Toronto, ON, Canada
Dr. Frank Caputo, DDS, from Racine, WI
Elizabeth DiBona, DMD, from Exeter, NH

Berneer Dunson, DDS, from Atlanta, GA
Louie Al-Faraje, DDS, from San Diego, CA
Guy Giacomuzzi, DDS, from Cedar Glen, CA
David Gimer, DDS, from Iowa Falls, IA
Alvaro Gracia, DMD, from Norton, MA
Richard Grubb, DDS, from Havre de Grace, MD
Olinga Hargreaves, DDS, from Denver, CO
Jason Kim, DDS, from Flushing, NY
John Minichetti, DMD, from Englewood, NJ
Dr. Roberto Moreno, from Muscatine, IA
D. Timothy Pike, DDS, from Poolesville, MD
Don Preble, DMD, from Altamonte Springs, FL

Thank you Robert Bagoff, DMD, from West Orange, NJ, and Jerry Stahl, DMD, from Fair Lawn, NJ for referring 27 electronic student members.

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, 2016, and be entered into a drawing for 2017 AAID membership dues — up to a \$600 value.

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

Transfer to Affiliate Associate Fellow Status

General Members, who have passed Part 1 of the Associate Fellow examination and have not previously transferred their membership to Affiliate Associate Fellow, are reminded to transfer their membership to this new category.

While the Affiliate Associate Fellow category is not a credential, it is a new member type that was created to recognize those who have begun the path to becoming credentialed, and to act as a “stepping stone” to Associate Fellow membership. Affiliate Associate Fellows receive a certificate with the category listed.

There is no additional cost to transfer membership categories, and the annual membership dues are the same as that for a General Member. All that is required is the completion of a simple form. If you believe you are eligible and would like to become an Affiliate Associate Fellow, please contact Lisa Villani-Gale, Manager of Member Communications, at 312-335-1550 x226 or lisa@aaid.com. The form is also available on the AAID website — aaid.com — under the Membership section.

An additional benefit of becoming an Affiliate Associate Fellow is that you

are granted an extension to take Part 2 of the credentialing exam, regardless of when you passed the Part 1 exam.

For the Part 2 oral/case examinations to be administered in 2016, 2017, and 2018, Affiliate Associate Fellows may apply for Part 2 if they attend one AAID meeting, conference, or education course within three years of the date of the examination.

For more information on the Part 2 examination, contact Carolina Hernandez, Director of Membership and Credentialing, at 312-335-1550 x228 or Carolina@aaid.com, or visit the Credential section on aaid.com.

newmembers

The AAID is pleased to welcome the following new members to the Academy. The following members joined between March 17, 2016 and June 15, 2016. If you joined the Academy recently and your name does not appear, it will be listed in the next issue. 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

Jesse Mann, DMD
Hoover

ARIZONA

Stephanie Collins, DDS
Flagstaff
Ronald H Watkins
Phoenix
David Halls
Show Low

ARKANSAS

Sanaz Rouhani, DDS
Little Rock

CALIFORNIA

Kevin Frawley, DDS
Beverly Hills
Shawn Frawley, DDS
Beverly Hills
Stephen Seheult, DDS
Colton
Jocelynn Ortega-
Gonzalez, DMD
Costa Mesa
Manolet Santos, DMD
Eastvale
Krystal Nhakhanh Nguyen,
DMD
El Centro
Hytham Abbas, DDS
Elk Grove
Mauricio Fonrodona
Fillmore
Amelia Flores, DMD
Inglewood
Wen-Che Chen, DDS
Irvine
David Bowen
Loma Linda
Muhanad Muhussin Ali, BDS
Loma Linda
Jing Ni
Loma Linda
Seuki Yang, DDS
Loma Linda
David Hakim, DDS
Los Angeles
Seunghwan Kim, DDS
Los Angeles
Maher Awwad, DDS
Menifee
Mauricio DosSantos, DDS
Mentone
Niki Katoozi, DDS
Ontario
Jayme Hong
Orange
Mohsen Mir
Pasadena

Robert S. Wright, DDS, MS
Paso Robles

Chelsea Liu, DDS
Poway

Sarabjit Massoun, DDS
Rancho Cucamonga

Tien Tran, DMD
Riverside

Linh Tran, DDS
San Francisco

Alejandro Echeverry
San Luis Obispo

BK Rai, DDS
Santa Barbara

Abdallah Al-Harazneh, DDS
Santa Maria

Sandeep Sharma, BDS
Santa Rosa

Alvina Padua, DMD
Sierra Madre

Vinay Madavan, DDS
Sonoma

Rula Al-Salti, DDS
Temple City

Kristi Chiang, DDS
Torrance

Greg Carlson, DDS
Valley Center

Lourdes Aquino, DDS
Van Nuys

Jonathon Geleris, DDS
Walnut Creek

Winnie Young, DDS
West Covina

Yvan Quintana, DDS
Williams

Edwin Papazian, DDS
Winnetka

FLORIDA

Jorge Queija
Coral Springs

Bryan M Bergens
Daytona Beach

Long T. Huynh
Naples

Alan J. Avriett, DMD
Ocoee

Jorge R. Angulo, DDS
Orlando

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see New Members p. 54

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 March 29, 2016 and June 21, 2016.

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Maya Bernes
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Erica Chang
Jui Chie Cheng
Kelsey Childers
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Tanya Ranginwala
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Blake Sherwood
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Jennifer Tran
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Stephanie Weng
Davi Williams
Cindy Wong
Dani Xie
Hong Yang
Micaela Zaverdinos

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Ivan Carrion
Shruti Chandra
Keedrick Crapp
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Judith Delgado
Takashi Dixon
Michael J. Hicks
Sebastian Isaza
Douglas Reid
Joseph Rogers
Jonathan Salinas
Ruth Simeon
Leighton Williams
Steve Yopa

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Gabriela Abascal
Robair Aldaya
Amanda Andre
Jamie Chan
Addison Cheng
Kate Chung
Sara Farajian
Nazia Fatima
Henry Fung
Megan Hanvivatpong
Deborah Huh
Joseph Kang
Eugenia Lunpu
Leanne McCarron
Bisma Rahman
Jennifer Singh
Khalida Stanazai
Ola Tantawy
Zahabiyah Tsiawwala
Anna Wong
Kelvin Wong
Joey Yu

Oregon Health Sciences University

Kenneth Clow
Nicholas Ferguson
Leif Gambee
Preet Gill
Cliff Heaberlin
Drew Hubbard
Karaneh Jahan
Cale Lennard
Martin Lindner
Peter Ma
Daniel McMaster
Lillian Nguyen

Dustin Peterson
Brenden Scott
Brad Spika
Tyler Tebay
Azin Torkian
Kenny Tran
Claire Yi

State University of New York at Buffalo

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Rahul Avadhani
Sabrina Bhatti
Allison Blustein
Kadambari Colaco
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Mark Floumanhall
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Jared Reardon
Ashley Scofield
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Lisa Shaw
Megha Sherchan
Juhi Soni
Andrew Trooien
Ranjitha Vasili
Stephanie Wu
Erina Yusypov
Grace Wanwan Zhang

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[see New Student Members p. 54](#)

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New Members

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Yang Byung IK MSD, PhD Seoul	Seungho Shin Uijeongbu-si
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Dongho Kang, DDS Seoul	Dongha Baek Yeosu-si
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Minjae Kim Seoul	Yeosu-si
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Chunsoo Sung Seoul	
Hongseok Yang Seoul	

New Student Members

continued from page 52

Dhruvee Sangani	Gregory Digby	Spencer White
Gurpreet Singh	Casey Dominguez	David Young
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University of California, San Francisco	Charly Edwards	Sarah Aslan
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Katie Lee	Thomas Kiefer	Ruidan Ma
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Slate of Officers

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standing in the American Academy of Implant Dentistry. In 2011, he was one of only thirteen in North America to receive Diplomate status in the American Board of Oral Implantology. He became a Fellow of the American Academy of Implant Dentistry in 2012 and an Honored Fellow in 2014

Dr. Foleck lectures in the United States and internationally on implants and CAD/CAM surgical integration, as well as mentors dentists interested in implant dentistry. He also lectures on

Practice Management and Marketing Techniques for Dental Practices. He has served as chairman on several committees for the American Academy of Implant Dentistry as well as participated on other committees. He is a former President for the Southern District of the American Academy of Implant Dentistry, and has served as a Trustee the National Board. Dr. Foleck enjoys training and participating in triathlons, traveling, and spending time with his wife and children. ●



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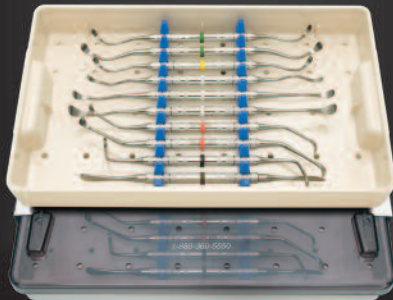
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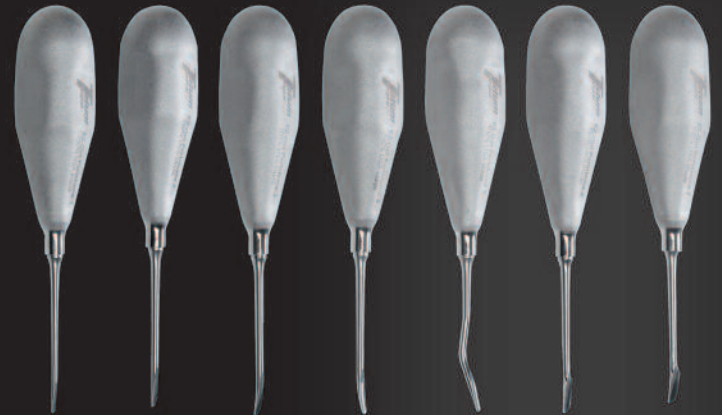
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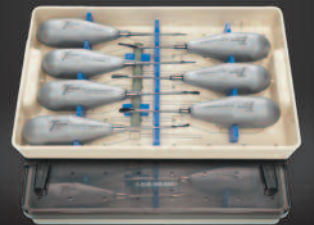
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Instructors: Dr. Richard Borgner and Dr. Bernee Dunson

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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)
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Hands-on Maxillary Sinus Augmentation Course (2 days)
Pig Jaw Surgical Bone Grafting Course (2 days)
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
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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 introduce you to the world of oral implantology.
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Phone: 604-330-9933
E-mail: andrew@implantconnection.ca

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Web site: www.piidentistry.com

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Toronto Implant Institute
Natalie Y. Wong, DDS, FAAID, DABOI/ID
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Guided Surgery and Guided Prosthetics™ for Immediate Full-Arch Implant Restorations
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Phone: 604-330-9933
E-mail: andrew@implantconnection.ca
Web site: www.cditc.ca

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: Esther Yang
Phone: 201-871-3555
E-mail: info@englewooddental.com
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

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ACADEMY HONORS DR. O. HILT TATUM

The AAID honored one of the profession's leading clinicians and innovative practitioner — **Dr. O. Hilt Tatum** — at the Academy's 2016 Southern and Northeast Districts' meeting held in June in St. Petersburg, Florida. Nearly 200 doctors from throughout the country learned about Dr. Tatum's innovations in a live interview conducted by **Dr. Bernee Dunson**. A reception and dinner in honor of Dr. Tatum followed.



Obituaries

Haig D. Garabedian, Bloomfield Hills, MI — Life member

Haruyuki Kawahara, Osaka, Japan —
Honorary member

Tokio Kuremoto, Osaka, Japan — Fellow

William Fred Longe, Plymouth, MI — Life member

James Mills, Daphne, AL — General
Member

Ram Setlur, Brooksville, FL — Associate Fellow

Joe F. Warriner, Oklahoma City, OK — Fellow

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Editor's Notebook

continued from page 4

Nevertheless, we must be conscious of the admonition, "First, do no harm." Of course, our first role is taking care of our patient. Pain relief is very important. We all know that the variation in the human population is huge. What doesn't bother one patient is perceived as unbearable for another. We are left to figure it out as best we can. There is plenty of room for error, but we must make a good faith effort to avoid inadvertently playing a negative role. We have, on page 16, included some material we think may help in that regards.

James E. Dunson

Continuing Education

continued from page 57

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 credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, contact Ellen Paul, Director of Professional Development at ellen@aaid.com.



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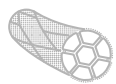
Glycolon™ (PGA/PCL)

- ▶ Absorbable monofilament
- ▶ Maintains 50% tensile strength for 11-13 days
- ▶ Sizes range from USP 4/0 to USP 6/0
- ▶ **Most Popular:** 16 mm RC 3/8 circle black needle – 5/0 USP



Resolon™ (Nylon)

- ▶ Non-absorbable monofilament
- ▶ Heat treated to increase softness and flexibility
- ▶ Sizes range from USP 4/0 to USP 7/0
- ▶ **Most Popular:** 16 mm RC 3/8 circle black needle – 5/0 USP



PGA Resorba™ (PGA)

- ▶ Absorbable multifilament (coated)
- ▶ Maintains 50% tensile strength for up to 21 days
- ▶ Sizes range from USP 4/0 to USP 6/0
- ▶ **Most Popular:** 18 mm RC 3/8 circle needle – 4/0 USP



Resolon Twist™ (Nylon)

- ▶ Non-absorbable pseudo-monofilament
- ▶ Coated pseudo-monofilament reduces drag
- ▶ Sizes range from USP 3/0 to USP 4/0
- ▶ **Most Popular:** 18 mm RC 3/8 circle black needle – 4/0 USP


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