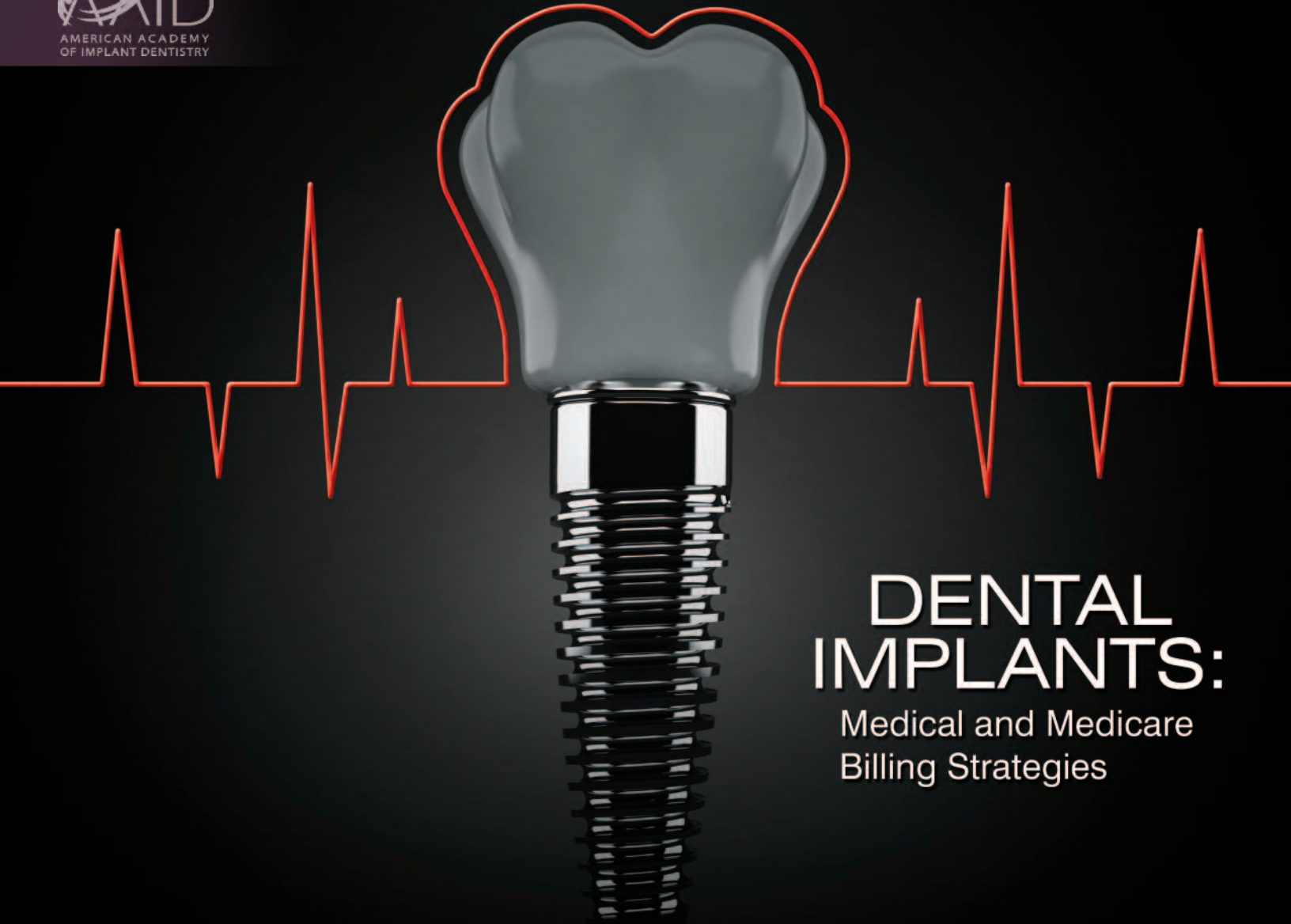


AAID NEWS



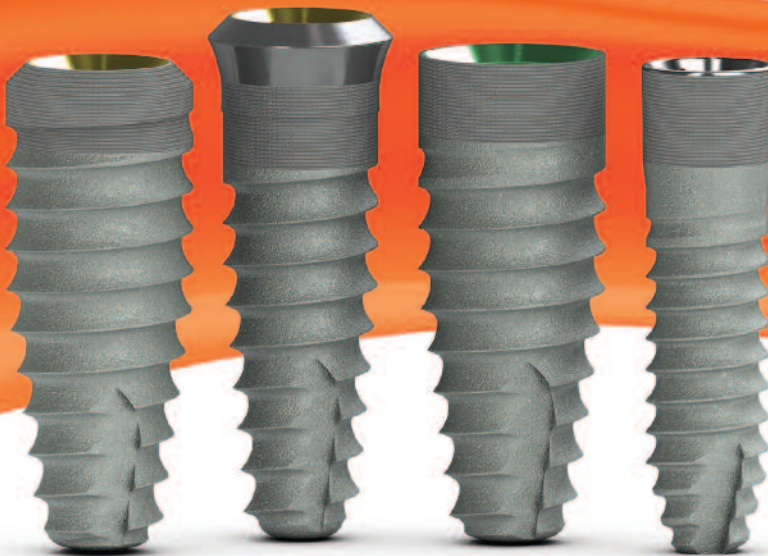
DENTAL IMPLANTS:

Medical and Medicare
Billing Strategies

INSIDE

- Dental Practice: Fundamental Shift?
- U.S. Court of Appeals Upholds AAID's Texas Victory
- NOAC and Implant Dentistry
- 2017 AAID Annual Conference Preview

no more compromises

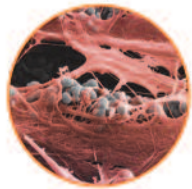


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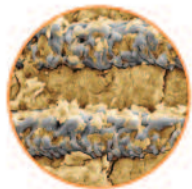
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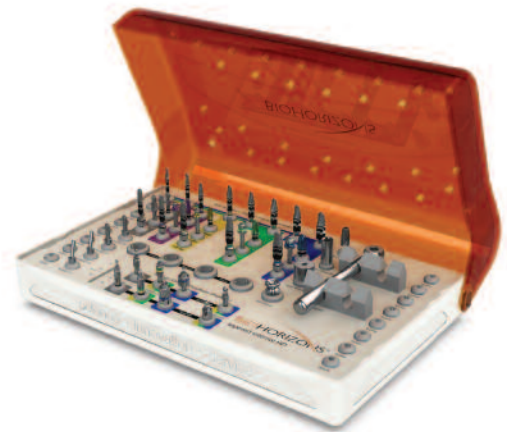


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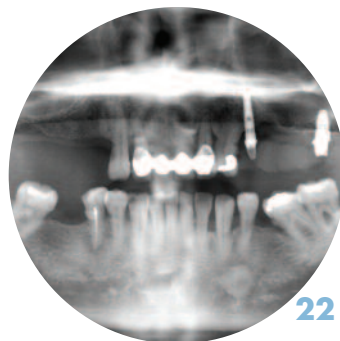
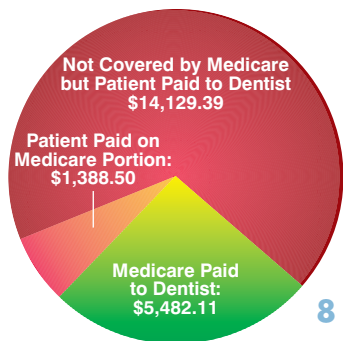
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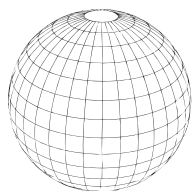
*Tapered Plus, Tapered Tissue Level, Tapered Internal and Tapered 3.0

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

Do You Have Blinders On?

A recent trip to Japan reminded me of a favorite quote: “He who knows England only, knows England not at all”.

Without a basis of comparison, we know less than we may think. I found Japan to be unusually clean. Men and women, as far as I could tell, walked seemingly without concern even in poorly lit areas at night. Countrywide, including delays from mechanical and weather issues, the Shinkansen or bullet trains average delays were only 54 seconds. And most startling, on a subway back to the airport, we encountered a group of three little girls about 5 years old, going home from school in their uniforms unaccompanied by adults. If you worry about personal safety and orderliness in your own country, you may enjoy Japan. Returning home, you may be at least a tad less satisfied knowing that people in some places elsewhere do at least some things better.

In medicine and dentistry, comparisons to how others approach various treatments offer great opportunities for improvement. The upcoming 2017 AAID Annual Education Conference in San Diego, October 11 – 14, 2017 offers one way to discover how implant dentistry is practiced differently around the world.

Without a basis of comparison,
we know less than we may think.

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

The Leonard Linkow Global Symposium is a full-day of presentations from implant dentists from a dozen different countries. They will showcase what is going on in their country in the world of implantology. AAID president Dr. Shankar Iyer designed this symposium specifically to help attendees get past the blinders we all can experience if we only know what we are doing locally. Maybe something much better is around the corner; perhaps a problem you experience is solvable by doing something differently.

The point is not to simply encourage you to attend the AAID Annual Conference, although I personally believe it is the most valuable implant dentistry education available.

Rather, it is to encourage you to think beyond the borders of your practice, your community, your background, and your previous experiences. Discover different approaches to treatment challenges. You are never too old or experienced to consider different treatment options. The internet has opened up a wealth of knowledge

[see Editor's Notebook p. 58](#)

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Clinical case and photography courtesy of Paresh B. Patel, DDS.



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*Price does not include multi-unit abutments, shipping or applicable taxes and may vary when original equipment manufacturer (OEM) components are requested or required. †Half of payment is due after first appointment; half is due at final delivery. **Warranty is provided to the prescribing dentist and is nontransferable. For complete warranty details go to glidewell dental.com. 1. Clinicians Report, TRAC Research, July 2014 GL-5398-060817

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Zimmer Biomet Names New General Manager to Lead Global Dental Business

Zimmer Biomet Holdings, Inc. (NYSE and SIX: ZBH), a global leader in musculoskeletal healthcare, announced the appointment of Pedro Malha to General Manager of its Dental division, headquartered in Palm Beach Gardens, Fla. As General Manager, he will lead the global strategy and operations for the Dental business, which provides surgical, restorative, regenerative and digital dentistry solutions, as well as industry leading continuing education to dental professionals worldwide.

Malha brings more than 20 years of experience in the healthcare segment, where he has a strong track record of building medical device and pharmaceutical brands, developing commercial capabilities and driving strong, profitable growth globally. Malha most recently served as head of the global strategic efforts for Abbott Vision Care. He has held leadership roles in various business units of Abbott, including Vice President for the EMEA Region and Head of North Europe for Abbott's Diabetes Division. Prior to joining Abbott, Malha was a Strategy Consultant with Ernst & Young in New York City.

A graduate of Bentley University with a bachelor's degree in management, Malha also holds a Master of Business Administration from Boston University. ●

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Zest Dental Solutions, Developer and Manufacturer of the Genuine LOCATOR®, Marks 40th Anniversary



Zest Dental Solutions (Formerly Zest Anchors), the developer and manufacturer of the award winning LOCATOR Attachment System, marks its 40th anniversary of providing innovative solutions for the treatment of edentulous patients.

Zest's humble beginning started in 1972 within a small dental laboratory in San Diego, California. From that point through 1976, the original founder, Max Zuest recognized the continual problems his clinician customers were experiencing with patients' overdentures. During this time, the Zest® Attachment originated, a solution considered to be far better than what was on the market at the time. In 1977 Mr. Zuest's son, Paul Zuest, joined him officially forming Zest Anchors and releasing the second generation Zest Anchor Advanced Generation (ZAAG®) Attachment. The ZAAG Attachment was designed for all major implant systems, a product differentiator that proved to be an important growth driver resulting in the need for a larger manufacturing facility in Escondido, California.

In 2000, realizing improvements could still be made to the product portfolio, Paul took over operations of the company, and together with Scott Mullaly, set forth to develop a product that would eventually become the most globally recognized and trusted brand for overdenture restorations, the LOCATOR Attachment System, commercially released in 2001. In late 2009, Zest Anchors was acquired by the private equity firm The Jordan Group.

Today, Zest Dental Solutions is a portfolio company of Avista Capital Partners, a leading private equity firm. Day-to-day operations are led by Steve Schiess as President and CEO. The company's flagship product LOCATOR has achieved worldwide acceptance as the premier overdenture attachment in the dental industry. More than 100 manufacturers have partnered with Zest to customize its patented LOCATOR Attachment System to be compatible with their respective implant platforms. Zest's Global Headquarters is in Carlsbad, California and the company has grown to a nearly 225 employees, 75,000 square feet total facility company. It provides removable and fixed implant restorative solutions, world class narrow-diameter implant systems, and dental materials and products for overdenture modification and processing to clinicians treating the real world problems associated with edentulism. The company has also further diversified its product portfolio with acquisitions of Danville Materials, a leader in small equipment and dental consumables, and Iveri Whitening. This diversification makes Zest a true solutions-based company for a continuum of patient care from the preservation of natural teeth to the treatment of total edentulism.

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Hybridge Sets Record Quarter Following Launch of Hybridge XD—The Express Digital Full Arch Protocol



Hybridge saw record full arch numbers in second quarter due their patent-pending digital full arch breakthrough, Hybridge XD, launched in the first quarter. Doctors and patients alike are thrilled with the results. Hybridge XD enables a doctor to deliver a definitive, high-quality restoration in just one appointment post-surgery and four hours of chair time total, including both surgical and restorative aspects. With Hybridge XD, the practitioner can fulfill the demands of immediacy, durability, adjustability, and lifelike esthetics. For both new entrants to the full arch space and established full arch practices, Hybridge protocols provide the benefits of case predictability and increased profitability coupled with superior quality prosthetics. September and November CE courses available.

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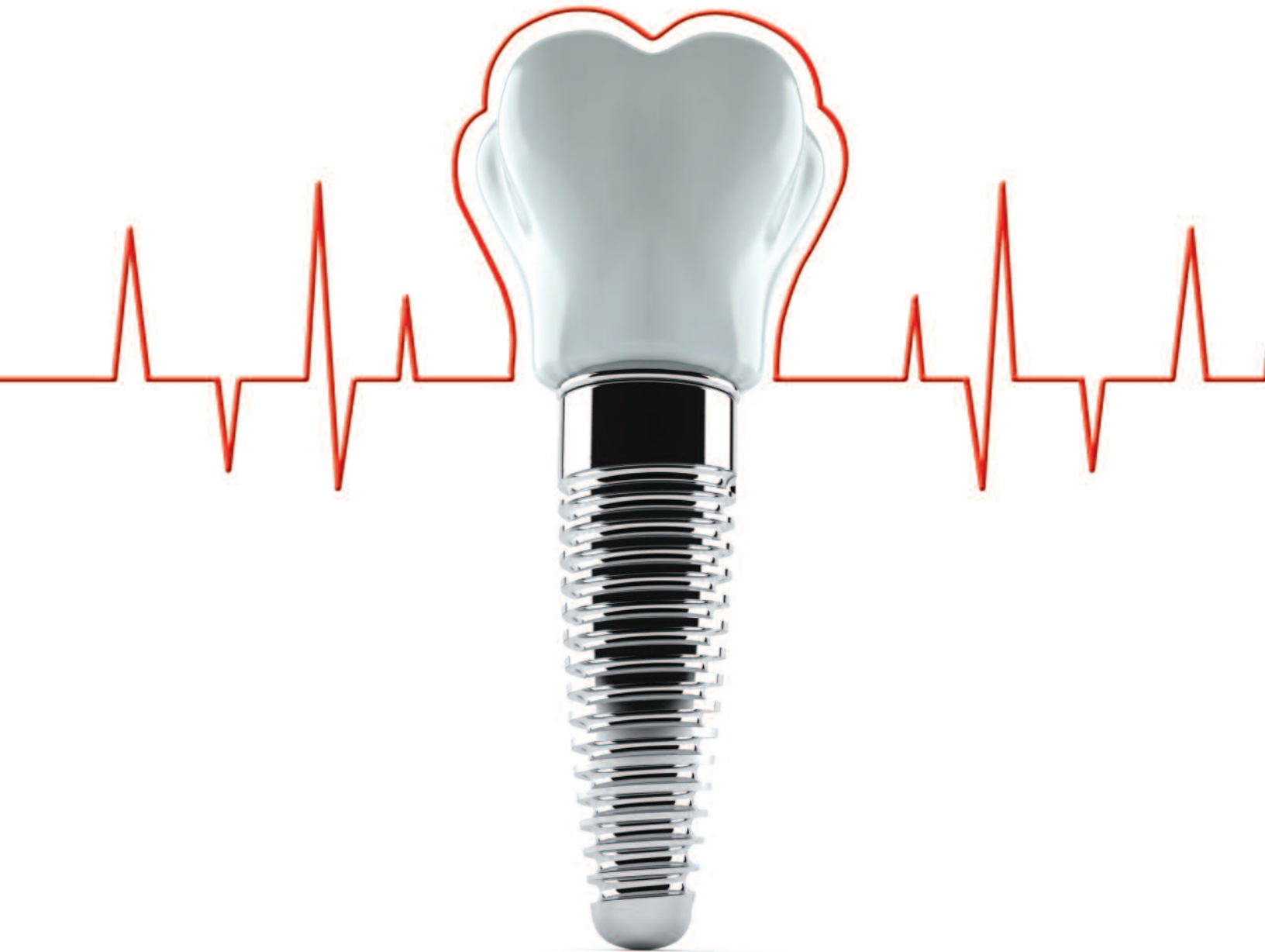


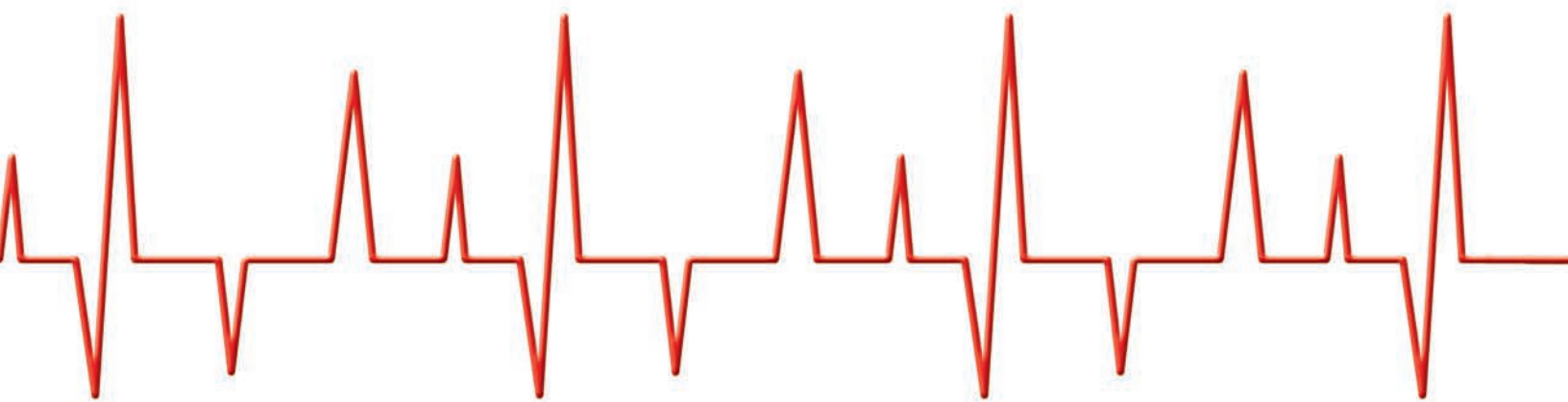
The *Journal of Oral Implantology* features relatable research in implantology, implant surgery, and advanced implant procedures. JOI has an efficient and robust peer review process, and accepted papers are published as quickly as six months after submission. Submit to JOI today.

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DENTAL IMPLANTS

Medical and Medicare
Billing Strategies





Many patients desperately need dental implants but just can't afford them. To make matters worse, they have other underlying health issues. Medical and Medicare billing may be a viable option to help these patients. The path to offering these options isn't necessarily easy and getting claims paid isn't a slam dunk, but if done right, it can benefit your patients and your practice.

Typically, more people will have medical insurance than will have dental coverage, and reimbursements for medical procedures are far higher than those for dental procedures.

"Dental plans aren't 'insurance,' which is the transfer of risk, for payment. With medical insurance, the insurer is accepting the risk of loss for you," said Dave Preble, vice president of the ADA Practice Institute, Chicago. Currently, a medical insurer will cover payments to plan providers for

Medical plans and Medicare require that the work be a "medical necessity," the concept of which is a source of debate.

covered procedures after the deductible has been met without regard to any caps. Dental plans, on the other hand, tend to have very low caps, which are usually satisfied before any implant-related work would be undertaken, if they are covered at all.

WHO'S ELIGIBLE?

Not everyone who seeks implant and related work will be able to receive medical reimbursement. Medical plans and Medicare require that the work be a "medical necessity," the concept of which is a source of debate.

The fees that are submitted to a medical insurer must be the same for dental, medical, and patient billing.

The criteria for “medical necessity” varies from plan to plan and from insurance company to insurance company, according to Olya Zahrebelny, DDS, principal with the Z Group, Chicago. Medicare has the strictest medical necessity and documentation requirements. Commercial insurers vary in identifying the degree of severity of the problem and in their coverage. She estimated that half to 70 percent of medical plans cover implants and/or their related procedures.

WHAT QUALIFIES?

Typically, much of the work surrounding implants, such as CT scans and bone and tissue grafts, can qualify for medical reimbursement, though the implants themselves will not. Patients and their implant dentists will need to ensure that the work they do is based on the proper diagnosis of the medical issue, is the most appropriate treatment based on the diagnosis, and that the treatment is medically necessary, Preble said.

Estimates of eligible patients vary widely. In a general (comprehensive) dental practice, Zahrebelny stated that about 85 percent of procedures are medically billable. In a specialty practice, it can be even more, according to Zahrebelny. But Preble estimated the percentage of cases that will receive medical reimbursement to be much lower.

Older patients, those 60 years of age and up needing implant and related work, are excellent candidates for medical reimbursement, according to Dr. Leonard H. Smith, San Jose, Calif. Many of these patients have lost multiple teeth, can't wear dentures, can't chew or swallow properly, or have other complications that make implant dentistry a medical necessity.

A complete medical history is necessary, Christine Taxin, of Links2Success and an Adjunct Professor at New York University College of Dentistry said, pointing out that good oral health is essential in controlling diseases such as diabetes, kidney ailments, and sleep apnea, just to name a few. She said that

too often dentists use simple checklists that aren't detailed enough to uncover medical conditions that could be aided through improved oral health.

Procedures that can qualify for medical billing include oral dental procedures associated with traumatic injuries; radiographs for screening and diagnostic purposes; extraction of impacted teeth and extractions recommended prior to surgery, chemotherapy, and other select medical procedures; soft and hard tissue grafts and associated anesthesia, interim prostheses when surgery is involved; and appliances for the treatment of palatal expansion, and for certain other procedures.

Bone grafting, recontouring the jaw, and placing titanium stabilizers are all procedures that medical insurers recognize, Smith added.

Though some, like Zahrebelny, Dr. James R. McAnally of Big Case Marketing, Miami Beach, Fla., Taxin, and Smith, have had good success with medical billing, Preble hasn't seen many dentists successfully pursue it, though. “As long as you are using the appropriate coding for the treatment you are performing and aren't trying to defraud the payer, there is no reason that you cannot try,” Preble said.

Preble added that dentists shouldn't be surprised if their claims are rejected because the insurer determines that they are dental claims, not medical claims.

LEGAL AND ETHICAL CONCERNS

The dental versus medical debate can also be the source of legal and ethical concerns. But there is significant science to back up the need for good health of the oral cavity to be necessary for a patient's overall health, points out Taxin.

Regarding the legality and ethics of medical billing, Taxin points to the following segments CMS.gov rules: *“Policy provision for reimbursement of dental services: payment regardless of discipline of provider: notwithstanding any provisions of a policy or contract of group health insurance hereafter delivered, issued for delivery, amended, renewed, or ratified whenever such a policy or contract provides for reimbursement for a service which within the lawful scope of practice of a duly licensed dentist, the following provisions shall apply:*

“A person covered under such group health policy or contract shall be entitled to reimbursement for such service regardless of whether the

service is performed by a duly licensed physician or duly licensed dentist.”

Don't let the word “medical” in “medical necessity” deter you. The link between oral health and overall health is clear. “The law states that a dentist or oral surgeon is a physician as long as he or she is operating within the scope of their license. Someone going to Harvard to be a dentist spends their first 14 months in their medical school,” Taxin said

“Dentistry is not optional,” Taxin added. “If the oral cavity is healthy, you can stay healthier, pointing to increasing amounts of research tying oral health to overall health.”

“The health of the mouth relates to the health of the whole body,” agreed McAnally.

“There is total transparency in medical billing,” Smith added. “Dentists are doctors in the purview of medical insurance. We put DDS after our names on all claim forms. Medical insurance has paid

Cases where the patient is missing a tooth or two probably won't qualify for medical billing.

claims for oral surgery for decades. But some dentists are not aware of these benefits that are available to their patients. I've worked with this for 20 years.”

Additionally, just because someone's treatment is eligible for medical billing doesn't mean that the treatment will be covered. The billing itself must adhere to strict guidelines, with the proper entries, codes, descriptions, etc., so that the claim isn't rejected.

A MEDICARE EXAMPLE

Dr. James McAnally provided an example of a 2016 case completed by a dentist who participated in Dr. McAnally's Medicare Money Program™.

After a comprehensive medical evaluation, past medical history, review of symptoms (ROS), head and neck evaluation, intra oral exam, and radiographic evaluation were performed and an assessment was made.

The patient was scheduled and treatment was performed. Letter of Medical Necessity (LMN) and

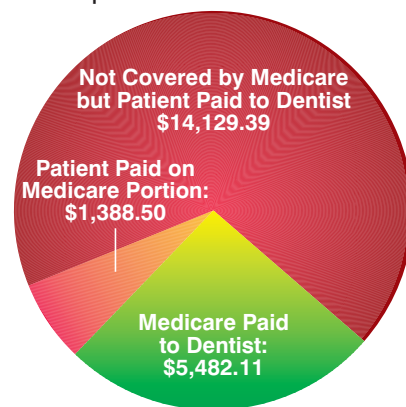
Operative Report (OR) were completed.

The total treatment plan was \$21,000 for upper arch.

According to the Explanation of Benefits (EOB), Medicare approved \$6,992.51 for the procedures, paying the dentist \$5,482.11. The patient's responsibility for the Medicare portion was \$1,388.50.

The patient also paid additional out of pocket for those portions of the treatment plan that were not able to be submitted to Medicare.

Explanation of Benefits



Diagnosis Established:

1. R68.84 Pain, maxilla
2. M27.2 Inflammation maxilla
3. J32.0 Oral antral opening
4. K08.23 Severe resorption maxilla
5. R13.10 Difficulty chewing
6. J34.89 Pneumatization of sinus R & L
7. Z86.32 Endocrine disorder

Treatment Performed following Exam:

1. 99205 New patient exam
2. 70355 OPG
3. 70486 CT w/o Contrast
4. 21085 Surgical Guide

Treatment Recommended (and eventually performed):

1. 21210 Bone graft, Maxilla
2. 21208 Osteoplasty
3. 30580 Oral Antral repair
4. 21079 Interim Appliance
5. 70355 OPG
6. P9020 PRF – Plasma Rich Fibrin

No distinction is made between being a general dentist or a specialist, but the process can take several months to complete.

MORE COMPLEX PROCESS

Medical billing is a more complex process than dental billing, experts agree. First, a thorough consultation, examination, and full documentation are required.

“The clinical examination must be comprehensive in nature and completed from a medical standpoint, including a complete head and neck evaluation, as well as extra- and intra-oral exams, including the TMJ,” Zahrebelny explained. “An orthopantomogram and a complete maxillofacial CT scan are recommended to complete this medical exam. A radiology report should also be prepared and in the chart, viewable upon request. Documentation of all results and findings is critical. Also, the fees that are submitted to a medical insurer must be the same for dental, medical, and patient billing. You cannot submit different fees to different entities. The office must collect the deductible and co-payment. It cannot be written off. The deductible is often taken out in increments and not required to be paid in full upfront.”

There is no wiggle room on the deductible/co-payment collection, McAnally added. Even though a dentist may do some charitable work, he or she must collect the required amount for a case to qualify for medical billing. Smith added that billing medical insurance without making the necessary collection is fraud.

Cases where the patient is missing a tooth or two probably won't qualify for medical billing. The problems need to be severe enough that they affect a person's overall health because they severely inhibit proper chewing and swallowing. However, there are exceptions for cases resulting from trauma.

The coding is also different for medical billing than for dental billing. The good news is that the actual number of codes that are used for medical billing is relatively small, Smith said. The bad news is that wrongly entered codes will be denied.

Submitting claims to medical insurance requires knowledge and familiarity with two separate code sets: ICD-10 and CPT, as well as a separate claim form, CMS-1500 02/12, Zahrebelny said.

Preauthorization is required for all elective surgeries and for CT scans. The documentation requirements are also dramatically different. The submission format for medical billing also differs from those for dental billing.

GETTING ON MEDICAL/MEDICARE LISTS

In order to receive medical reimbursement, a provider must be registered with Medicare or, in most cases, must be a preferred provider on a medical plan (though some will provide payments to out of network physicians) before treatment begins. No distinction is made between being a general dentist or a specialist, but the process can take several months to complete. Getting on lists for medical insurance reimbursement can be a little tricky. Medical plans vary in filing requirements, the deductibles vary by patient and the plan he or she has, so any return can be minimal compared to the effort of jumping through all of the hoops, according to McAnally. “It's like herding cats and never catching any.”

However, Taxin sees more success in getting on plans for medical providers in the last few years, especially since the Affordable Care Act (ACA) required people to have medical insurance of some type or pay penalty.

The Medicare registration is less stratified — there's only a single provider hoop to jump through, though the process itself is complex.

“If you mess up a single line on the [Medicare] registration, they will reject you; it's best if you don't attempt to do this yourself, but have a professional company do it for you,” warned Hootan Shahidi, owner of Crossover Dental Enterprises (CODE), a medical billing company for dental and dental specialty practices. “You won't find out if you are approved until six months after you apply.”

There are various options for Medicare provider status, ranging from Medicare participating or non-participating provider — both are Medicare providers and have Provider Transaction Access Number (PTAN) (Medicare numbers) — but claim submission differs for each status, Zahrebelny explained. There are also ordering providers, who cannot submit claims for services, but can only refer patients to Medicare providers and write scripts that will be filled, and covered by Medicare at a Medicare pharmacy; durable medical equipment (DME) providers (dentists who can only bill for obstructive sleep apnea (OSA) appliances) to

being completely “opted out” (cannot bill Medicare for any procedures or services, nor can the patient that is referred or has a script written, have these services covered by Medicare.

But any implant dentist that wants to get on the list has to do so in the proper manner. Visit [medicare.gov](https://www.medicare.gov) to search for dentists who are Medicare providers. Once on the list, you need to make sure that all related billing use all of the correct codes, or any coverage will be rejected. All of the procedures for getting on Medicare’s list and the application for doing so are on the government’s website, <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>. The application itself is 29 pages long.

CONCLUSION

“Billing medical procedures can be extremely beneficial to a dental practice, whether it is a general practice or a specialty one,” said Dr. Zahrebelny. “From a marketing standpoint, this will also dramatically increase the volume of patients that your practice can attract, helping patients now pay for necessary procedures when they were unable to do so solely out of pocket and/or only with dental benefits. All in all it is a win-win for all parties.”

“It’s a new language — a paradigm shift,” Smith says of medical billing. Due to the complexity involved, he advises dentists to use a third party that specializes in the practice to pursue medical billing.

“It’s a win-win for the patients and for the dentist,” Smith said of medical billing. “It provides money and work for dentists that they otherwise would not have and allows patients to receive treatment they otherwise would not have access to.”

Phil Britt is a veteran journalist who has covered business, financial services and technology for local and national publications as well as websites since the mid-1980s after starting his professional career as a sportswriter in 1978. His work has appeared in JAMA, Independent Banker, Plastics Machinery Magazine, The MReport, Enterprise Applications Today, KM World, CRM Magazine, Data Center Management Magazine and many other publications and websites. He can be reached at spenterprises@wowway.com.

In order to receive medical reimbursement, a provider must be registered with Medicare or, in most cases, must be a preferred provider on a medical plan...

RESOURCES

The process of medical billing for dentists is a complex one, with different requirements, registration requirements and bill coding than for dental billing. If done everything is done correctly, dentists who provide implant services can increase the number of patients who can take advantage of their services and more patients will be able to afford much-needed services. Below are some resources for further information:

Medicare information:

<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

Top 10 list of medically billable procedures: Medical Billing Solutions for the Dental Office

www.thezgroupllc.com/welcome-to-the-z-group-.html

Big Case Marketing:

www.themcanallysellingsystem.com/go/all-on-4-program-landing/

Available on Amazon.com or contact links2success.biz to obtain copies of the following:

The Dentists Guide to Medical Billing: Your Map to Success

The Dentists Guide to Medical Billing: CT Scanning

The Dentists Guide to Medical Billing: Sleep Apnea

The Dentists Guide to Medical Billing: TMD

The Dentists Guide to Medical Billing: Implants



By Drs. Bill and Christina Blatchford

Implant Sales Need Emotion

A sale takes place only when there is a transfer of enthusiasm or emotion. Implants are not very enthusiastic or emotional on their own. In learning the clinical part of implants, we have a tendency to sell this treatment using dental terms rather than appealing to your patient's emotions.

You love implants and want to do more. Because you learned the clinical skills for implants, it is natural for you to want to share the intricacies of how to do a dental implant. Your patient isn't as interested in the "how" as you think.

- "Can you share with me what caused the loss?"
- "How did you feel then when that loss occurred?"
- "How do you feel now about your smile?"
- "What is your hope for your smile in the future?"

Too often, we are selling implants based on diagrams and pictures of the implant themselves. We have seen websites so detailed and factual, one could believe we are teaching an implant course. Honestly, it is a rare patient who wants to see the implant abutment and discuss screwing it into the bone. Emotional words from you might be *secure, solid, strong, confident, and confidence-building*.

What you do is truly life changing. Allow the patient to emotionally share how this could impact his life, her family, and the job.

Asking right-brained open-ended questions is brilliant. These are questions which cannot be answered with a simple yes or no and speak to emotions. Rather than asking, "Do you like your smile? This will garner a "yes" or "no" and doesn't invite the patient to become involved. Instead, ask, "tell me what you like best about your smile?" Give your patient the opportunity to share the emotions they felt when they realized their smile was not so stellar and had just about given up. Keep asking emotional questions.

The "how" is reserved for the informed consent. The emotion sells the case.

The "how" is reserved for the informed consent. The emotion sells the case.

What causes people to say "yes" to larger treatment is seeing for themselves the benefits of moving forward. Imagine how emotional it can be for someone to have a smile with missing or compromised teeth. Our job is to bring them back to that emotion of losing that permanent tooth.



Notice Clear Choice ads on television. The patient's story is emotional about how they felt before treatment. Very little is shared about the actual procedures but more about how this has impacted their lives, their work, and their families.

Dentists are too quick to get to the bottom line. Naturally, we want to solve their problem and we are confident we have the implant solution. We need to learn to encourage our patients to share their emotions as this is where decisions are made. You will have a much greater case acceptance of larger cases if you dwell on the emotional side and allow the patient to share feelings. The patient needs to really feel the benefits of making a change. You or team members are encouraging the emotional conversation and indeed, there may be some tears.

Many times the conversations can arise with team members. Being skilled in sales conversations and asking questions to bring forth emotions is essential for team members, too.

I am sharing an x-ray I recently received from a Blatchford Doctor in Hawaii. By asking questions, Dr. Yokoyama discovered I had placed three blade implants 42 years ago in Corvallis, Oregon and they were still of service to the patient who has a different name and new residence.

She was a successful real estate broker who dressed

impeccably with striking hair and face. I believe she grew up with few resources and was a genuine dental phobic. Her emotional button was her appearance and the embarrassment of her smile. As a realtor, she had personal relationships with her clients and felt with her smile, she was losing credibility. If I had tried to sell her on function and her complete smile, nothing would have been accepted.

These were done at Oregon Health Sciences University with my instructor, the late Dr. Leonard Linkow over my shoulder and of course, I was sweating bullets. I am pleased these implants have lasted so long. These were done in acrylic as temporaries, even though she had paid for porcelain. She was such a phobic, she would not allow the final restoration. As a dentist, I saw other areas of concern that I knew I could fix. This sale was based purely on emotion, not function.

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Dental Practice: Fundamental Shift?

The fundamental shift in the make-up of the Canadian dental practice detected in previous reports is continuing, according to results from the Dental Industry Association of Canada (DIAC) Twenty-First Annual Future of Dentistry Survey. All of the following points may reflect on the impact of the current economic situation on the dental practice in Canada:

- The number of hygiene days per practice is increasing overall (44% of respondents in 2017 had 5 or more hygiene days per week, as compared to 40.4% last year and the average of 38.5% the last ten years).
- At the same time, the average number of patients treated per day continues to decline. While influenced by specialist respondents, on an overall basis, dentists treated 12 patients in an average day as compared to the average of 12.5 patients over the last ten years. Eighty three percent stated they treated less than 15 patients a day (as opposed an average of 77.5% over the last four years).

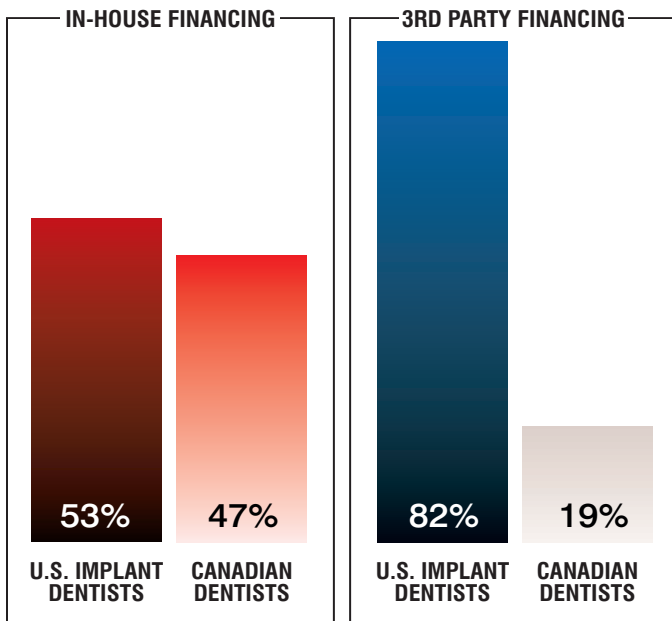
It is little wonder that “Getting More Patients” was the top challenge that respondents intended to address in 2017 (as well as the Top Metric for Success in the opinion of 83%), with “Financial/paying bills/overhead” a close second. Many dentists have responded by moving into multi-practice (Group Practice).

While the majority (59%) of respondents stated they were in a solo practice, more than a third (36%) were now in a group practice and another 4% in corporate dentistry. According to the American Academy of Implant Dentistry’s 2016 Dental Implant Practice Benchmarking Study, 54% reported they were in solo practice, 38% in a group practice, but only 1% in corporate dentistry.

It is little wonder that “Getting More Patients” was the top challenge that respondents intended to address in 2017.

- There are now more dentists per practice on average, with a record 13% of practices with five or more dentists. This was 3.4% in 2016 and an average of 6.3% the last 14 years.
- There are now more operatories per practice (72% of respondents had four or more operatories. Of these, an all-time high of 30% had five or more). Almost one-quarter (22%) of respondents were planning on adding at least one operatory in the next two years.

FINANCING SOURCES



Dentists are also now focusing their practice management CE activities on financial aspects. While all four of the highest rated Practice Management topics for 2017 related to building the business of the practice (Ranked in order from highest: Revenue Enhancement/Expense Management; Fraud Protection, Marketing the Practice, and Communication/Case Presentation), the top focus has switched from marketing to “the Numbers”, which may be a reflection on the economic situation. At the same time, membership in study clubs was up overall; with 45.1% of respondents stated they belonged to one or more as compared to the average 37.9% of the previous eight years.

The majority (65%) of Canadian dental practices now

offer patient financing in some fashion. Almost one-half (47%) of respondents offered in-house financing while 19% used third party financing. By contrast, according to AAID’s study, 82% of implant dentist practices offered third-party patient financing and 53% offered in-house financing.

Social media continues to climb the list of practice-building tools utilized at 45% of respondents and progressively trending upward from 13% in 2012 when the question was first asked. In the AAID implant practice study, 51% reported using social media. This movement to on-line promotion mirrors where dental patients are telling practitioners they are getting information on dental treatment options. According to the Canadian survey, internet achieved an all-time high rating and was ranked as the top patient source for the second straight year. This was followed by the more traditional sources such as family members, friends, and dentist/dental team presentations.

In AAID’s study, word of mouth referrals from existing or former patients was most commonly mentioned at 84%. Online search was second at 60% with referral from another doctor or dentist third at 41%.

A total of 335 practicing Canadian dentists responded to this year’s survey with a good proportional distribution across all regions of the country. AAID’s study had responses from 528 implant dentist respondents across the United States.

Although the 21st Annual Future of Dentistry study is only available to members of the DIAC, information about the Dental Industry Association of Canada is available online at diac.ca.

The AAID 2016 Dental Implant Practice Benchmarking Study is available for purchase online at aaid.com/benchmark.



By Frank Recker, DDS, JD

U.S. Court of Appeals Upholds AAID's Texas Victory

The United States Court of Appeals for the Fifth Circuit issued its opinion on June 19, 2017. It affirmed the lower court decision in favor of the American Academy of Implant Dentistry's position that the Texas rule on dental specialties is unconstitutional. As a result, the State of Texas, as well as Louisiana and Mississippi (part of the Fifth Circuit), are enjoined from enforcing provisions that prohibit dentists from advertising as specialists in areas not recognized by the American Dental Association (ADA). The Federal District Court in Texas



regulation Section 108.54 of the Texas Administrative Code that restricted specialties in Texas to only those recognized by the American Dental Association was unconstitutional. The American Academy of Implant Dentistry, along with three other dental organizations and five individual Texas dentists, had filed suit challenging the regulation.

The Court of Appeals wrote that "Section 108.54 completely prohibits the plaintiffs [AAID, *et al*] from advertising as specialists in their fields solely because the ADA has not recognized their practice areas as specialties. The Board [Texas State Dental Board of Examiners] has not justified Section 108.54 with argument or evidence."

"This is a major step forward for patients throughout the Fifth Circuit. More information will now be available to help them decide who to use for their dental needs," said Dr. Shankar Iyer, President of the American Academy of Implant Dentistry. "Patients won't need

This affirmation by the Court of Appeals clearly validates the recognition of Diplomate status earned through our [AAID] Board.

ruled that this "is an unconstitutional restriction on Plaintiff's First Amendment right to free commercial speech." The Court of Appeals affirmed the lower court decision by a 2-1 majority.

The lower court decision declared unconstitutional Texas administrative

to guess whether a dentist who is trained in treating gum disease or extracting teeth is also experienced in the complex and comprehensive field of implant placement and restoration. Patients will now be able to seek out specialists in implant dentistry, such as those certified by AAID's certifying board, the American Board of Oral Implantology/Implant Dentistry (ABOI/ID)," he pointed out.

Dr. Arthur Molzan, President of the ABOI/ID agreed. "This affirmation by the Court of Appeals clearly validates the recognition of Diplomate status earned through our

Board. Our requirements demand extensive knowledge of both the surgical as well as the restorative phases of implant dentistry."

According to Frank Recker, DDS, JD, AAID's general counsel, "This Court of Appeals decision continues a string of legal victories supporting the proposition that non-ADA recognized specialties in fact do exist, are bona fide, and dentists board certified in those fields — such as implant dentistry — may inform the public of their specialization." ●

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By Joel Rosenlicht, DMD, FAAID,
DABOI/ID

Novel Oral Anticoagulants (NOAC) and Implant Dentistry

Although infrequent, bleeding complications in dental implant placement can be serious, particularly in the floor of the mouth. A literature review found that in implant cases involving patients not receiving anticoagulation treatment, the immediate bleeding complications most often observed in implant cases was in the mandibular canine region followed by the incisor zone, and the premolars. All implant-caused bleeding resulted from excessive implant lengths or angulation that penetrated the cortical plate or violated intra-osseous vascular structures. Most of the authors pointed to sublingual artery damage secondary to perforation of the lingual cortical plate as the cause of bleeding.¹

The average age of a patient receiving dental implants was 55.5 years.² It would not be surprising that patients in that age range are taking some sort of antiplatelet or anticoagulant regimen for other health issues. This raises some concern about bleeding complications even when performing treatment procedures that typically do not cause significant risk of bleeding. This is because bleeding is now caused by the alteration of the coagulation cascade and not just from anatomical vascular injury.

When taking the medical history, question patients about unusual bleeding episodes, particularly after surgery, spontaneous bleeding, and easy or

frequent bruising. The following should be considered clinically significant:³

- Bleeding that continues more than a few hours after the procedure or persists after initial hemostasis
- Results in a patient's call or visit back to the dentist or to seek emergency medical care
- Development of hematoma or ecchymosis with the soft tissues from less than expected trauma
- Requires blood product support

Common antiplatelet medications to look for when taking the medical history include aspirin, Ticlid (ticlopidine), and Plavix (clopidogrel). Anticoagulant medications to be on the lookout for include Coumadin (warfarin) and newer medications such as Pradaxa (dabigatran, Xarelto (rivaroxaban) and Eliquis (apixaban).⁴ These newer medications are typically referred to as Novel Oral Anticoagulants (NOAC).⁵

There is general consensus that when a patient presents with older anticoagulant or antiplatelet agents, that there is no need to discontinue the regimen in anticipation of dental procedures.⁶ The American Heart Association, American College of Cardiology, Society for Cardiovascular Angiography and Interventions, the American College of Surgeons, and the American Dental Association published their consensus opinion recommending that dentists who have a concern should contact the

patient's cardiologist prior to discontinuing antiplatelet medications.⁷

According to guidelines promulgated by the European Heart Rhythm Association (EHRA), dental procedures reviewed for bleeding issues included the extraction of one to three teeth, periodontal surgery, incision of abscess, and implant positioning. These interventions do not necessarily require discontinuation of anticoagulation. The recommendation of the EHRA is to perform the treatment at the trough concentration of the NOAC — 12 or 24 hours after the last intake. They specifically warn that treatment should not be performed at peak concentration.⁸ So, when taking medical history, determine not only what medication the patient is taking but the usual time of day they ingest the medication.

It appears clear that advising a patient to discontinue antiplatelet or anticoagulant medications puts the dentist at greater risk and should be done only after consultation with the patient's physician. It is important to know the patients' medical reason for being on anticoagulation therapy. In many instances the risk of having patients taken off antiplatelet or anticoagulation medicines far exceeds the risk of uncontrolled bleeding from dental procedures.

Should a patient experience prolonged bleeding, the dentist has several local measures available. These include mechanical pressure, hemostatic agents (e.g. Gelfoam® or Surgicel® or Avitene®), suturing, and mouth rinses such as tranexamic acid mouthwash or Aminocaproic Acid.⁹

Careful pre-surgical planning, understanding anatomical risks and recognizing potential bleeding issues is imperative for the surgical dentist to achieve a safe post-surgical and medical result.

- 1 Balaguer-Martí J-C, Peñarrocha-Oltra D, Balaguer-Martínez J, Peñarrocha-Diago M. Immediate bleeding complications in dental implants: A systematic review. *Medicina Oral, Patología Oral y Cirugía Bucal*. 2015;20(2):e231-e238. doi:10.4317/medoral.20203.
- 2 Clifford B. Starr, Mohamed A. Maksoud, Implant Treatment in an Urban General Dentistry Residency Program: A 7-year Retrospective Study, *Journal of Oral Implantology*, 2006; 32(3): 142-147
- 3 Anurag Gupta, BDS; Joel B. Epstein, DMD, MSD, FRCD(C); Robert J. Cabay, MD, DDS, Bleeding Disorders of Importance in Dental Care and Related Patient Management. www.cda-adc.ca/jcda/vol-73/issue-1/77.html
- 4 <http://www.pharmacytimes.com/contributor/sean-kane-pharmd/2016/09/noac-doac-or-tsoac-what-should-we-call-novel-oral-anticoagulants> (Accessed June 28, 2017)
- 5 http://www.aaom.com/index.php?option=com_content&view=article&id=126:blood-thinners-and-dental-care&catid=22:patient-condition-information&Itemid=120 (Accessed June 28, 2017)
- 6 American Dental Association, Oral Health Topics, Anticoagulant and Antiplatelet Medications and Dental Procedures, www.ada.org/en/member-center/oral-health-topics/anticoagulant-andantiplatelet-medications-and-dental-procedures Accessed 6/26/2017.
- 7 Grines CL, Bonow RO, Casey DE, Jr., et al. Prevention of premature discontinuation of dual antiplatelet therapy in patients with coronary artery stents: a science advisory from the American Heart Association, American College of Cardiology, Society for Cardiovascular Angiography and Interventions, American College of Surgeons, and American Dental Association, with representation from the American College of Physicians. *J Am Dent Assoc* 2007;138(5):652-5.
- 8 Heidbuchel H, Verhamme P, Alings M, Antz M, Hacke W, Oldgren J, et al. European Heart Rhythm Association Practical Guide on the use of new oral anticoagulants in patients with non-valvular atrial fibrillation. *Europace* (2015) 17: (10) 1467 - 1507
9. <https://depts.washington.edu/anticoag/home/content/local-methods-prevent-or-control-bleeding>. Accessed June 28, 2017.

Joel L. Rosenlicht, DMD, FAAID, DABOIID is a nationally recognized author and lecturer. He has been the president of both the American College of Oral and Maxillofacial Surgeons (ACOMS) and the American Academy of Implant Dentistry (AAID). He is also a diplomate of the American Board of Oral and Maxillofacial Surgery (ABOMS) and of the American Board of Oral Implantology/Implant Dentistry (ABOI). He is an Honored Fellow of the American Academy of Implant Dentistry.

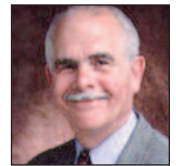
Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the Journal of Oral Implantology. In this section of AAID News, we selected a few articles that have broad applicability to the daily practice, and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 43, Issue 3 (June 2017).



EDITORIAL

The Great Occlusion Fiasco

“What did you learn about occlusion in your dental school?” These are a few of the compiled statements that Dr. Michael Melkers, Editor of American Equilibration Society's (AES) publication received in reply to that question, verifying that “occlusion confusion” is truly a global problem:



Gene McCoy

- Occlusion means confusion and it is hard to understand.
- There are so many theories with no explanation.
- The majority of dentists prefer to stay away from occlusion or temporomandibular disorders diagnostics.
- I feel the UK suffers from a lack of basic training in occlusion.
- After graduation, most dentists do not worry about occlusion, as it was not emphasized in school.

Dr. Gene McCoy opines that occlusion is a puzzle that has to be solved if we are to understand its role in dental practice and its relationship, if any, in the etiology of temporomandibular joint (TMJ) disorders.

Gene McCoy, The Great Occlusion Fiasco, *Journal of Oral Implantology*. 2017;43(3):167-168.

RESEARCH

Fracture Strength of Standard and Small Diameter Prosthetic Abutments for Full-Arch Implant-Supported Restorations

This study tested the fracture strength of prosthetic abutments with different sizes and combinations to support a 5-implant milled framework with distal extension. Prosthetic abutments with different dimensions (4.8-mm diameter miniconical abutment and 3.5-mm diameter microconical abutment) were screwed to five threaded implants.

All prosthetic abutments and combinations that were tested provide adequate fracture strength for clinical use. However, the combination of standard and small diameter abutments leads to lower fracture strength compared with when only standard sized prosthetic abutments were used, irrespective of the abutment diameter (4.8- or 3.5-mm).

Bruno Costa Martins de Sá, Augusto Ricardo Andrighetto, Sergio Rocha Bernardes, Rodrigo Tiozzi, Fracture Strength of Standard and Small Diameter Prosthetic Abutments for Full-Arch Implant-Supported Restorations, *Journal of Oral Implantology*. 2017;43(3):175-179.



Figure 1: Prosthetic abutments tested in the study (left, standard diameter; and right, small diameter).

CLINICAL

Comparison of Bovine Bone-Autogenic Bone Mixture Versus Platelet-Rich Fibrin for Maxillary Sinus Grafting: Histologic and Histomorphologic Study

Numerous grafting materials have been used to augment the maxillary sinus floor for long-term stability and success for implant-supported prosthesis. To enhance bone formation, adjunctive blood-borne growth factor sources have gained popularity during the recent years. The present study compared the use of platelet-rich fibrin (PRF) and bovine-autogenous bone mixture for maxillary sinus floor elevation. A split-face model was used to apply two different filling materials for maxillary sinus floor elevation in 22 healthy adult sheep.

The authors concluded that bovine bone and autogenous bone mixture is superior to PRF as a grafting material in sinus-lifting procedures.

Hakan Ocak, Nukhet Kutuk, Umut Demetoglu, Esra Balcioglu, Saim Ozdamar, Alper Alkan, Comparison of Bovine Bone-Autogenic Bone Mixture Versus Platelet-Rich Fibrin for Maxillary Sinus Grafting: Histologic and Histomorphologic Study, *Journal of Oral Implantology*. 2017;43(3):194-201.

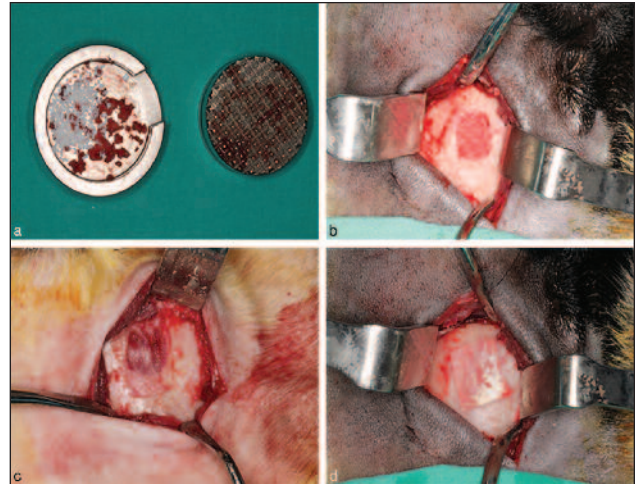


Figure 2 (a) Preparation of bone mixture. (b) Placement of bone mixture. and (c) Placement of PRF into the subsinus cavity. (d) Closure of the window with collagen membrane.

CASE REPORTS

Transnasal Endoscopy Removal of Dislodged Dental Implant: A Case Report

Displacement of dental implants into the maxillary sinus is a rare complication. This article presents a case of displaced dental implant into maxillary sinus. Retrieval of the dental implant from left maxillary sinus was performed via endoscopic sinus surgery. This case highlighted a delayed referral of a 53-year-old male by a general dental practitioner for management of a dislodged dental implant into the left maxillary antrum. The implant was dislodged during placement of a healing abutment four months after implant insertion to replace missing 25. Cone beam computerized tomography revealed the displaced implant was located at the ostium of the left nose. A sudden change in sinonasal pressure when the patient took a deep breath during the procedure may have created a negative pressure and suction effect causing the implant to be dislodged and embedded at the ostium.

In view of its position, a referral to an otorhinolaryngologist was made for endoscopic removal of the displaced implant. This case also highlighted the need for interdisciplinary cooperation in the management of such a complication for the best interest of the patients.

Daniel Lim, Rosliza Parumo, Ma Bee Chai, Jothi Shanmuganathan, Transnasal Endoscopy Removal of Dislodged Dental Implant: A Case Report, *Journal of Oral Implantology*. 2017;43(3):228-231.

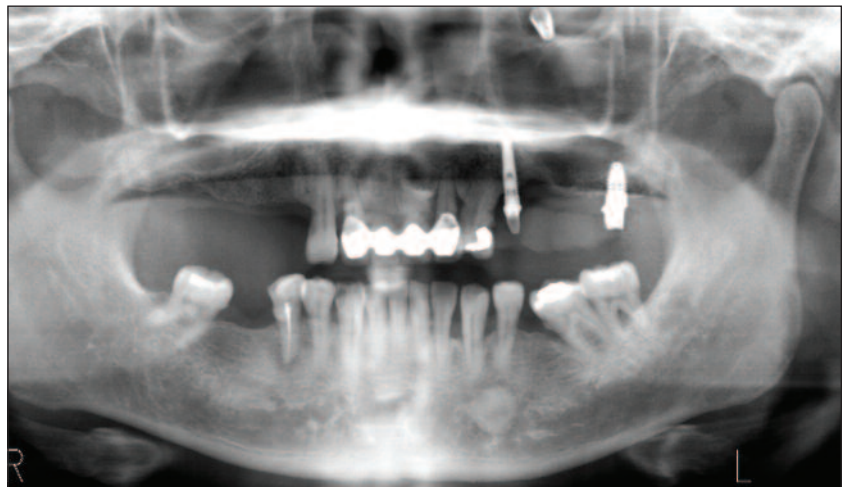
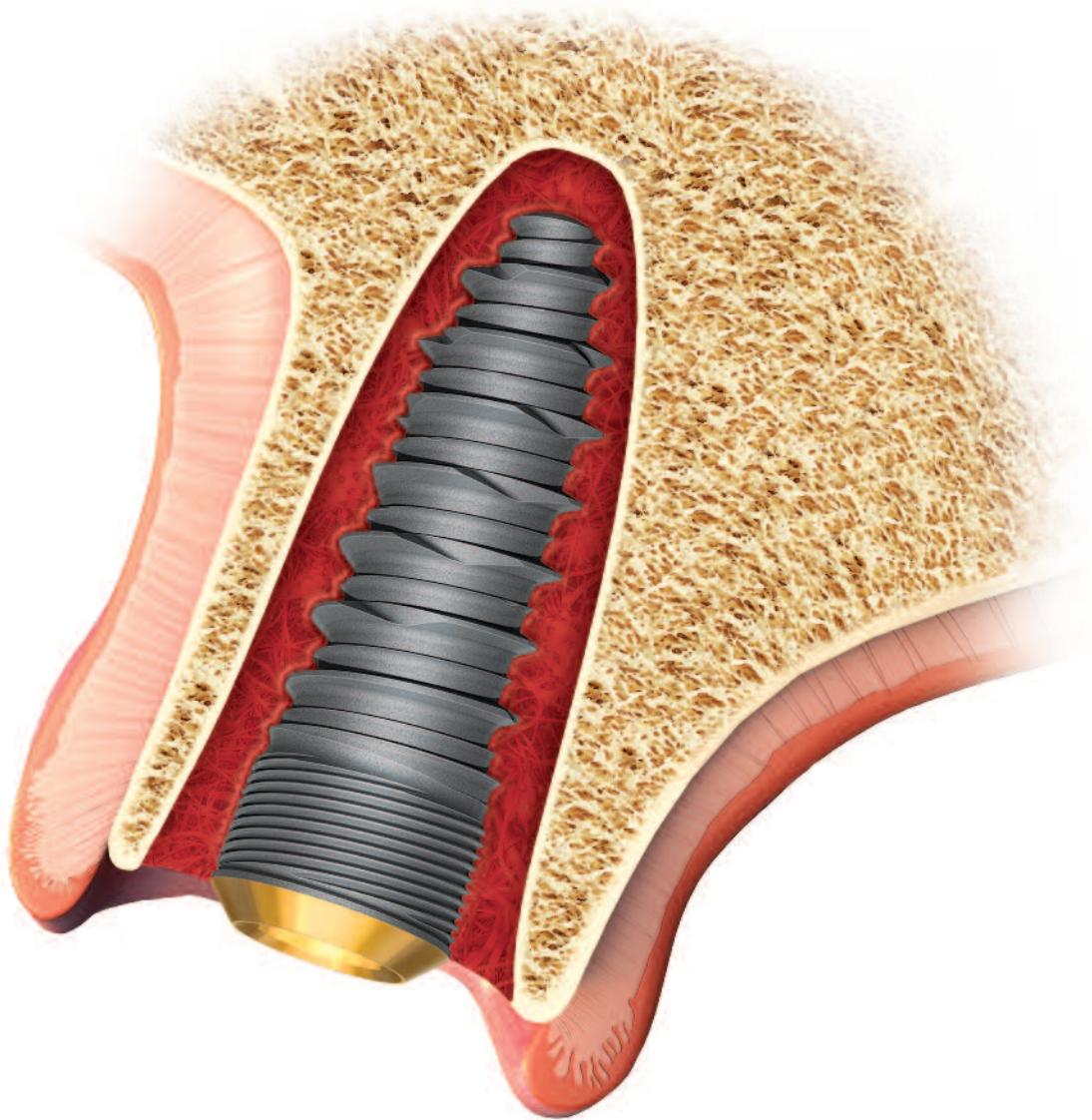


Figure 1: Dental panoramic radiograph showing the displaced implant in the left maxillary sinus.

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Doctor's Name _____		
_____ Student (Current or 2017 Graduate)	\$150	\$150
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* Includes one (1) President's Celebration ticket

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B. HANDS-ON WORKSHOPS

Unless otherwise noted, each workshop is \$199 if registration received by 9/12/17 (\$219 after 9/12/17)

- _____ **W1:** Full-Arch Guided Surgical Denture Conversion to a Fixed Prosthesis Technique (Bart Silverman, DMD)
- _____ **W2:** Full-Arch Rehabilitation Utilizing Tilted Implants from a Surgical and Prosthetic Perspective (Sponsored by Neodent USA; Alexandre Molinari, DDS, MSc, PhD)
- _____ **W3:** Transcrestal Approach Sinus Augmentation with CAS-Kit: Overcoming Common Vertical Ridge Deficiency in Posterior Maxilla (Sponsored by Hiossen; David Chong, DDS)
- _____ **W4:** Hands-on Surgical and Prosthetic Exercises: Implant Training from Singles To Overdentures (Joseph A. Leonetti, DMD, FAAID, Alvaro Gracia, DMD)
- _____ **W5:** Osseodensification: Optimize the Site-Optimize the Outcome (Bernee Dunson, DDS, Salah Huwais, DDS)
- _____ **W6:** Peri-implantitis: Technology is the Key to Treatment (Ed Kusek, DDS)

- _____ **W7:** The Value of Safety and Precision in Prosthodontically Driven Guided Implantology: Simplicity & Predictability (Sponsored by MIS Implants Technologies; Yong-Han Koo, DDS; Miguel D. Vidal, DMD, MS)
- _____ **W8:** Digital Photography and Radiography: Optimal Case Presentation for AAID Credentialing and Beyond (Cheryl A. Pearson, DMD) **NO CHARGE**
- _____ **W9:** Incorporating Biologics, PRF, AFG, and CGF, to Predictably Enhance Crestal and Lateral Window Sinus Grafting Procedures Using Neobiotech's SCA and SLA Sinus Kits (Jason Kim, DDS)
- _____ **W10:** Successful Bone Graft and Sinus lift Surgery: Hands-On Workshop Using Anatomic Models (Sponsored by Neobiotech USA; Dennis Smiler, DDS, MScD)
- _____ **W11:** Hands-on Digital Treatment Planning and Guided Surgery (Sponsored by Nobel Biocare; Kyle Stanley, DDS)
- _____ **W12:** One-Step Alveolar Ridge Preservation Using OsteoGen® Bone Grafting Plugs without a Membrane Plus Advanced Surgical Concepts in Bone Regeneration (Sponsored by IMPLADENT LTD, Robert J. Miller, DDS; Timothy Kosinski, DDS; Maurice Valen)
- _____ **W13:** Full-Arch Implant Solutions from Overdentures to Fixed Ceramics (Sponsored by Glidewell Dental; Jack Hahn, DDS; Siamak Abai, DDS, MS)
- _____ **W14:** Socket Preservation, Ridge Regeneration and Implant Surgery Utilizing Bone Allografts (Matt Young, DDS; Christopher Petrush, DDS)
- _____ **W15:** Hands-On Implant Placement and Bone Grafting on Cadavers (Center for the Future of Surgery - UC San Diego School of Medicine) **FEE: \$1,495 for AAID members, non-members who registered for 2017 AAID Annual Conference; \$1,695 for all others**
- _____ **W16:** Guided "All-On-X" - The Next Generation: A Hands-On Workshop (Natalie Wong, DDS; Daniel R. Ilop, CDT) **FEE: \$398 (\$438 after 9/12/17)**
- _____ **W17:** Soft Tissue Management: A Hands-On Workshop Using Pig Jaws (Nicholas Caplanis, DMD, MS)
- _____ **W18:** Introduction to Piezoelectric Technology in Implant Dentistry: A Hands-on Course (John Russo, DDS, MHS)
- _____ **W19:** One-Day Guided Edentulous Implant Solutions (Sponsored by OCO Biomedical; Ara Nazarian, DDS)

CONTINUED NEXT PAGE

Last name: _____ First Name: _____

B. HANDS-ON WORKSHOPS (CONTINUED)

- _____ **W20:** Introduction to Injectable Pharmacologics: Neurotoxins and Facial Fillers (Bruce Freund, DDS)
- _____ **W21:** Ridge Augmentation Solutions: Hands-on Pig Jaw (Suheil M. Boutros, DDS, MS)
- _____ **W22:** Mini Implants to Fixed Prosthesis: A Spectrum of Solutions for the Edentulous Patient (Paresh B. Patel, DDS)
- _____ **W23:** Clinical Consideration for CAD/CAM Guided Implant Surgery (Sponsored by Neobiotech USA; Sil Park, DMD)

- _____ **W24:** The Use of Autologous Biologics to Enhance Bone Grafting Success in Oral Implantology (Robert J. Miller, DDS, MA)
- _____ **W25:** Implant Placement Using Ridge Expansion (Stuart Orton-Jones, BDS)
- _____ **W26:** Workshop on Intravenous Access (Michael Mashni, DDS)
- _____ **W27:** Seamless Workflow from CBCT to In-House 3D Printed Surgical Stent: Hands-On Simplified Guided Surgery with Neo Navi (Sponsored by Neobiotech USA; Jeffrey H. Brooks, DMD)
- _____ **W28:** Guidelines for the Use of Autologous Platelet Concentrate Technologies in Tissue Regeneration: L-PRF Workshop (Sponsored by Intra-Lock; Nelson Pinto, DDS)

B. Workshops subtotal _____

C. SEMINARS

Unless otherwise noted, each seminar is priced at \$99 (\$119 after 9/12/17)

- _____ **S1:** Stop Being Mediocre: Five Things You Need to Do Today to Improve Your Website and Online Marketing (Sponsored by Advice Media; Chad Erickson) **NO CHARGE**
- _____ **S2:** How to Write a Scientific Paper (James L. Rutkowski, DMD, PhD) **NO CHARGE**
- _____ **S3:** How to Edit or Review a Scientific Paper (James L. Rutkowski, DMD, PhD) **NO CHARGE**
- _____ **S4:** Simplifying Full-Arch (Frank R. LaMar, DDS)
- _____ **S5:** Immediate Loading with Implant Overdentures: Marketing Hype or Clinical Reality? (Michael D. Scherer, DMD, MS)

- _____ **S6:** Virtual Navigation - Putting You in Control of Planning and Performing Precise Implant Surgery (Joel Rosenlicht, DMD)
- _____ **S7:** Demystifying the AAID Oral and Written Exams: Increase Your Chances for Success (David Resnick, DDS) **NO CHARGE**
- _____ **S8:** Ridge Atrophy Treatment Concepts Utilizing Osseodensification and Blood-Derived Growth Factors (Ziv Mazar, DMD)
- _____ **S9:** Implant Complications and Their Management (Len Tolstunov, DDS, DMD)
- _____ **S10:** Avoiding Iatrogenic Complications When Responding to Medical Emergencies (Daniel Abell, DMD, EMT-P)
- _____ **S11:** The Truth about Growth Factors: Separating Myth from Reality, and Drugs that Impact the Practice of Implant Dentistry (James L. Rutkowski, DMD, PhD)

C. Seminars subtotal _____

D. SPECIAL EVENTS

- _____ All Day Sedation Track FEE: \$398 (\$438 after 9/12/17)
- _____ Morning Sedation Track FEE: \$199 (\$219 after 9/12/17)
- _____ Afternoon Sedation Track FEE: \$199 (\$219 after 9/12/17)
- _____ ABOI/ID Certification Process Explained, **NO CHARGE**
- _____ ABOI/ID Mock Oral Examinations (Session 1 - 1:30 pm - 3:30 pm), **NO CHARGE**

- _____ ABOI/ID Mock Oral Examinations (Session 2 - 3:30 pm - 5:30 pm), **NO CHARGE**
- _____ ABOI/ID Lunch, \$100
- _____ President's Celebration, \$195

D. Special Events subtotal _____

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

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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 19, 2017 for a full refund (less the \$50 administrative fee). Between September 20, 2017 and September 26, 2017, a 50% refund (less the \$50 administrative fee) will be given. Due to advance commitments to the hotel, no refunds will be made after September 26, 2017.

Hilton San Diego Bayfront puts you just an elevator ride away from all the action of San Diego as well as AAID's Annual Conference. Call the toll-free reservation line at 800.445.8667 or the hotel directly at 619.564.3333. Or make your reservation online at www.aaid.com. Take advantage of the special group rate of \$279 single or double per night plus tax.

Not an AAID member?

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Visit www.aaid.com/join to become a member of the first organization in implant dentistry.



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WELCOME

The dental implant world is joining the American Academy of Implant Dentistry in San Diego at AAID's 66th Annual Educational Conference, October 11 - 14, 2017.

More than 1,000 implant dentistry professionals are expected to travel from around the world to learn from the top experts in implant dentistry, as well as from each other, over three- and one-half days. A full-day of presentations by clinicians from a dozen different countries will comprise our Leonard Linkow Memorial Global Symposium on Friday, October 13.

Over two-dozen limited attendance seminars and hands-on workshops will supplement 20 hours of Main Podium presentations. An outstanding program for your Team has been planned and will include eight different presenters over two days.

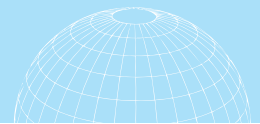
AAID is also known for its broadcast of live surgery with simultaneous commentary from the surgeon, as well the opportunity for you to ask questions during the procedure. This year is no exception.

Practical education for the practicing implant dentist™ is not just a catchy slogan. It is the brand promise of the AAID's educational offerings. You will learn through didactic and hands-on sessions, and just as valuable, through the interaction with peers in the halls and at the social events during the Conference.

Bring home what you learn and put it to use immediately in your practice.

See you in San Diego, October 11 - 14, 2017.

Shankar Iyer, DDS, FAAID, DABOI/ID
President, American Academy of Implant Dentistry



**Be steps away
from the action
at AAID's 2017
Annual Conference**



San Diego's distinctive coastal culture is obvious the moment you arrive at Hilton San Diego Bayfront. This 30-story hotel, with sun and sea-inspired design, offers a cool vibe and great amenities. Our location, adjacent to the dining and shopping, and across the street from Padres' Petco Park, couldn't be more convenient. While you're here, enjoy stunning views, relaxing leisure facilities, and trendy dining venues. And AAID has negotiated **FREE WIFI** in your sleeping room.

A couple of recent reviews from Tripadvisor...

"My recent stay at the San Diego Bayfront Hilton was outstanding. From the check-in through check out. I have never been treated so well. Great location. This hotel is definitely a 'do again!' I recommend it to anyone looking for something to exceed your expectations."

- John from Winnipeg, Canada

"Mere minutes from the airport. On the harbor with spectacular views. Walking distance from the Gaslamp section of town and the ball park. Rail service is also walking distance. The property is high end and well kept. Great value if value is your goal."

- Jim D. from Sarasota, Florida

"We were there for business and stayed a total of five nights and it was awesome! The staff was great, food was great, and location is amazing! Highly recommend! Be sure to visit the Gaslamp district nearby as well!"

- Halley from Charleston, South Carolina

Hilton San Diego Bayfront

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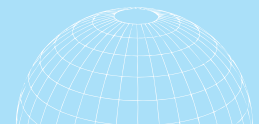
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The Academy has negotiated a rate of \$279 (single or double) plus applicable taxes for attendees at the Conference. Reserve your room by calling 800.HILTONS (445-8667) or the hotel directly at 619.564.3333. Make your reservation online at aaid.com.





WEDNESDAY, OCTOBER 11, 2017

NEW TRENDS | MORNING 8:20 AM – 11:40 AM | PAGES 12-15

Marginal Bone Stability around Dental Implants
Sponsored by Bicon Dental Implants, Gold Sponsor
Jihad Abdallah, BDS, MScD, FAAID, DABOI/ID

Modern Implant Success
Sponsored by Nobel Biocare, Presidential Sponsor
Kyle Stanley, DDS

New Innovations in 3D CBCT Imaging to Surgical Guides for Implant Dentistry
Sponsored by Neobiotech USA, Diamond Sponsor
Jeffrey H. Brooks, DMD

Modern Techniques of Successful Bone Graft and Sinus Lift Surgery
Sponsored by Neobiotech USA, Diamond Sponsor
Dennis Smiler, DDS, MScD, AFAAID

4D Guided Implantology: A Biological Approach to Functional and Esthetic Implant Outcomes

Sponsored by MIS Implants Technologies, Presidential Sponsor
Yong-Han Koo, DDS

One-Step Ridge Preservation using OsteoGen® Bone Grafting Plugs without a Membrane: Scientific Review and Surgical Protocol
Sponsored by Impladent Ltd., Presidential Sponsor
Maurice Valen

Full-Arch Implant Restorations: Monolithic Zirconia or Acrylic Hybrids?

Sponsored by Glidewell Dental, Presidential Sponsor
Paresh Patel, DDS

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

Sponsored by Snoasis Medical, Gold Sponsor
Dan Holtzclaw, DDS, MS

New Concepts in the Combined Treatment of Severely Compromised Implant Cases

Sponsored by Intra-Lock International, Presidential Sponsor
Robert J. Miller, DDS, FAAID, DABOI/ID

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

Sponsored by Zimmer Biomet Dental, Gold Sponsor

MAIN PODIUM | AFTERNOON 1:00 PM – 6:00 PM | PAGES 18-19

The Use of rhBMP-2 for Alveolar Ridge Augmentation
Michael Pikos, DDS, AFAAID, DABOI/ID

Implant Dentistry for Compromised Clinical Cases without Bone Grafting
Georgios Romanos, DDS, PhD

Safe and Easy Sinus Lifting Technique
Jun Shimada, DDS, PhD

Predictable Restoration of Alveolar Bone
O. Hilt Tatum, DDS, FAAID, DABOI/ID

Embryomimetic Regeneration: New Concepts for Osseointegration
Martin Chin, DDS

HANDS-ON WORKSHOPS | AFTERNOON 1:00 PM – 4:00 PM | PAGES 28-29

W1: Full-Arch Guided Surgical Denture Conversion to a Fixed Prosthesis Technique
Bart Silverman, DMD, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 30 PARTICIPANTS

W2: Full-Arch Rehabilitation Utilizing Tilted Implants from a Surgical and Prosthetic Perspective
Sponsored by Neodent USA, Presidential Sponsor
Alexandre Molinari, DDS, MSc, PhD
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 25 PARTICIPANTS

W3: Transcrestal Approach Sinus Augmentation with CAS-Kit: Overcoming Common Vertical Ridge Deficiency in Posterior Maxilla
Sponsored by Hiossen, Inc., Gold Sponsor
David Chong, DDS, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 25 PARTICIPANTS

SEMINARS | AFTERNOON 1:00 PM – 5:30 PM | PAGE 46

S1: Stop Being Mediocre: Five Things You Need to Do Today to Improve Your Website and Online Marketing (1:00 pm – 4:00 pm)
Sponsored by Advice Media, Gold Sponsor
Chad Erickson
FEE: NO CHARGE
LIMITED TO 50 PARTICIPANTS

S2: How to Write a Scientific Paper (1:00 pm – 3:00 pm)
James L. Rutkowski, DMD, PhD, FAAID, DABOI/ID
FEE: NO CHARGE
LIMITED TO 30 PARTICIPANTS

S3: How to Edit or Review a Scientific Paper (3:30 pm – 5:30 pm)
James L. Rutkowski, DMD, PhD, FAAID, DABOI/ID
FEE: NO CHARGE
LIMITED TO 30 PARTICIPANTS



THURSDAY, OCTOBER 12, 2017

MAIN PODIUM | ALL DAY 8:00 AM – 5:30 PM | PAGES 20-21

Recent Advancements in Graftless Solutions, Zygomatic, and Tilted Implants
Paulo Malo, DDS, PhD

Digital Technology: Material Options and Design Considerations for Implant-Supported Restorations
Michael Bergler, CDT, MDT

Soft Tissue Manipulation and Papillae Re-creation: The Keys for Success
Patrick Palacci, DDS

Strategic Vertical Guided-Bone Regeneration in the Esthetic Zone: The Final Millimeters
Joseph Kan, DDS, MS, AFAAID

Trabecular Metal™ Technology from Orthopedics to Dental Implantology
Suheil M. Boutros, DDS, MS, DABOI/ID

Managing Ridge Atrophy Using the Osseodensification Concept
Ziv Mazor, DMD

HANDS-ON WORKSHOPS | MORNING 8:00 AM – NOON | PAGES 30-32

W4: Hands-on Surgical and Prosthetic Exercises: Implant Training from Singles To Overdentures
Joseph A. Leonetti, DMD, FAAID, DABOI/ID
Alvaro Gracia, DMD, FAAID, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 20 PARTICIPANTS

W6: Peri-implantitis: Technology is the Key to Treatment
Ed Kusek, DDS, FAAID, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 20 PARTICIPANTS

W8: Digital Photography and Radiography: Optimal Case Presentation for AAID Credentialing and Beyond (8:00 am – 10:00 am)
Cheryl A. Pearson, DMD, FAAID, DABOI/ID
FEE: NO CHARGE
LIMITED TO 50 PARTICIPANTS

W5: Osseodensification: Optimize the Site-Optimize the Outcome
Bernee Dunson, DDS, FAAID, DABOI/ID
Salah Huwais, DDS, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 30 PARTICIPANTS

W7: The Value of Safety and Precision in Prosthetically Driven Guided Implantology: Simplicity & Predictability
Sponsored by MIS Implants Technologies, Presidential Sponsor
Yong-Han Koo, DDS
Miguel D. Vidal, DMD, MS
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 20 PARTICIPANTS

W9: Incorporating Biologics, PRF, AFG, and CGF, to Predictably Enhance Crestal and Lateral Window Sinus Grafting Procedures Using Neobiotech's SCA and SLA Sinus Kits
Jason Kim, DDS, FAAID, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 30 PARTICIPANTS

SEMINAR | MORNING 8:00 AM – NOON | PAGE 47

S4: Simplifying Full-Arch
Frank R. LaMar, DDS
FEE: \$99 (\$119 AFTER 9/12/17)
LIMITED TO 30 PARTICIPANTS

TEAM PROGRAMS | MORNING 8:00 AM – NOON | PAGE 57

Successful Marketing and Management of the Implant Practice
Irv Lubis, DMD

Incorporating Digital Dentistry into the Team
Adam Foleck, DMD, FAAID, DABOI/ID

LIVE SURGERY | AFTERNOON 1:30 PM – 5:30 PM | PAGE 50

3D Printing
SURGEON: Jaime Lozada, DMD, FAAID, DABOI/ID
MODERATOR: Antoanela Garbacea, DDS, MSD, FAAID, DABOI/ID

HANDS-ON WORKSHOPS | AFTERNOON 1:30 PM – 5:30 PM | PAGES 32-34

W10: Successful Bone Graft and Sinus Lift Surgery: Hands-On Workshop Using Anatomic Models
Sponsored by Neobiotech USA, Diamond Sponsor
Dennis Smiler, DDS, MScD, AFAAID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 20 PARTICIPANTS

W12: One-Step Alveolar Ridge Preservation Using OsteoGen® Bone Grafting Plugs without a Membrane Plus Advanced Surgical Concepts in Bone Regeneration
Sponsored by IMPLADENT LTD., Presidential Sponsor
Robert J. Miller, DDS, FAAID, DABOI/ID
Timothy Kosinski, DDS, FAAID, DABOI/ID
Maurice Valen
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 30 PARTICIPANTS

W13: Full-Arch Implant Solutions from Overdentures to Fixed Ceramics
Sponsored by Glidewell Dental, Presidential Sponsor
Jack Hahn, DDS, FAAID, DABOI/ID
Siamak Abai, DDS, MS
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 25 PARTICIPANTS

W11: Hands-on Digital Treatment Planning and Guided Surgery
Sponsored by Nobel Biocare, Presidential Sponsor
Kyle Stanley, DDS
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 30 PARTICIPANTS

W14: Socket Preservation, Ridge Regeneration and Implant Surgery Utilizing Bone Allografts
Matt Young, DDS, FAAID, DABOI/ID
Christopher Peirush, DDS, AFAAID, DABOI/ID
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 30 PARTICIPANTS



THURSDAY, OCTOBER 12, 2017

SEMINARS | AFTERNOON 1:30 PM – 5:30 PM | PAGES 47-48

S5: Immediate Loading with Implant Overdentures: Marketing Hype or Clinical Reality?
 Michael D. Scherer, DMD, MS
 FEE: \$99 (\$119 AFTER 9/12/17)
 LIMITED TO 30 PARTICIPANTS

S6: Virtual Navigation: Putting You in Control of Planning and Performing Precise Implant Surgery
 Joel Rosenlicht, DMD, FAAID, DABO/ID
 FEE: \$99 (\$119 AFTER 9/12/17)
 LIMITED TO 25 PARTICIPANTS

S7: Demystifying the AAID Oral and Written Exams: Increase Your Chances for Success
 David Resnick, DDS, FAAID, DABO/ID
 FEE: NO CHARGE
 LIMITED TO 50 PARTICIPANTS

TEAM PROGRAMS | AFTERNOON 1:30 PM – 5:30 PM | PAGES 57-58

Implant Maintenance: Principles and Clinical Realities
 Elina Fudiman, RDH, MA

Medical Billing for the Dental and Specialty Practice
 Hootan Shahidi, MPH

FRIDAY, OCTOBER 13, 2017

MAIN PODIUM | ALL DAY 8:00 AM – 5:30 AM | PAGES 22-24

Digital Planning in Implant Dentistry: From Treatment Planning to 3D Printing
 Jaime Lozada, DMD, FAAID, DABO/ID
 Brian J. Goodacre, DDS

Digital Fabrication of Implant Prosthetics for the Edentulous Patient
 Stephen Balshi, MBE

Dynamic Image Navigation for Implant Placement: Accuracy and Implementation
 Joel Rosenlicht, DMD, FAAID, DABO/ID

Implants in the Esthetic Zone: Outcome-Based Philosophy
 Brian LeSage, DDS, FAACD

Risk Factors in Titanium Implantology: Reasons to Consider Zirconia Implants
 Elisabeth Jacobi-Gresser, DDS
 Daniel Olmedo, DMD, PhD

How to Maximize Function and Esthetics with a Tilted Minimally-Invasive Approach
 Alessandro Pozzi, DDS, PhD

LEONARD LINKOW MEMORIAL GLOBAL SYMPOSIUM | ALL DAY 8:00 AM - 5:30 PM | PAGES 52-55

Full-Mouth Rehabilitation with Implant-Supported Prosthesis
 Yasunori Hotta, DDS, PhD
 Japan

Ridge Augmentation with Mineralized Allogenic Block Grafts: A New Gold Standard?
 Paresh Kale, MDS, FAAID
 India

The Rational Approach to Small Diameter Implants
 Andrea Mascolo, DDS, Msc.
 Italy

Transcrestal Approach Sinus Augmentation: Overcoming Common Vertical Ridge Deficiency in Posterior Maxilla
 David Chong, DDS, DABO/ID
 South Korea

Management of Maxillary Labial and Buccal Bone Deficit by the Use of Angled Implants
 Nitish Surathu, BDS, MDS
 New Zealand

Integrating Conventional and Modern Technology to Maximize Efficiency
 Ninette Bandy, DDS, MPS, DMSc, AAFAID
 United Arab Emirates

Advanced Implant Rehabilitation of Severely Atrophic Mandible Versus Root-Form Implantation after Inferior Alveolar Neurovascular Repositioning
 Manuel Chanavaz, MD, DDS, PhD, FAAID
 France

Minimally Invasive Sinus Elevation
 Jihad Abdallah, BDS, MScD, FAAID, DABO/ID
 Lebanon

Current Concepts in Treatment Planning from a North American Perspective
 George Arvanitis, BSC, DDS, FAAID, DABO/ID
 Canada

Socket Shield: The New Era for Preserving Labial Plate of Bone
 Mohamed Wagdy, PhD, AFAAID
 Egypt

Prevailing Trends in Implantology in India
 Mahesh Verma, MDS, MBA, PhD
 India

Loose Screws and Retained Cement: An Ideal Combination for Peri-implantitis
 John Stowell, Dental Oral Surgeon, AFAAID
 England

SEDATION TRACK | ALL DAY 8:00 AM – 5:30 PM | PAGE 50

Procedural Sedation in Dental Practice: Essential Principles Revisited
 Daniel Becker, DDS
 FEE: \$398 (\$438 after 9/12/17) - Full Day
 \$199 (\$219 after 9/12/17) - Morning or Afternoon session only
 LIMITED TO 50 PARTICIPANTS



FRIDAY, OCTOBER 13, 2017

HANDS-ON WORKSHOPS | ALL DAY 8:00 AM – 5:30 PM | PAGES 36-38

W15: Hands-On Implant Placement and Bone Grafting on Cadavers

Sponsored by Zimmer Biomet
 Joseph C. D'Amore, DDS, AFAAID, DABOI/ID
 Bernee Dunson, DDS, FAAID, DABOI/ID
 Ira Goldberg, DDS, FAAID, DABOI/ID
 Kirk Kalogiannis, DMD, AFAAID, DABOI/ID
 Joseph A. Leonetti, DMD, FAAID, DABOI/ID
 Lawrence Nalitt, DDS, AFAAID, DABOI/ID
 Bart Silverman, DMD, DABOI/ID
 Matt Young, DDS, FAAID, DABOI/ID
 FEE: \$1,495 for AAID members, non-members
 who registered for 2017 AAID Annual Conference
 \$1,695 for all others
 LIMITED TO 24 PARTICIPANTS

**W16: Guided "All-On-X" – The Next Generation:
 A Hands-On Workshop**

Natalie Wong, DDS, Cert. Prosth., FAAID, DABOI/ID
 Daniel R. Llop, CDT
 FEE: \$398 (\$438 after 9/12/17)
 LIMITED TO 40 PARTICIPANTS

HANDS-ON WORKSHOP | MORNING 8:00 AM - NOON | PAGES 38-39

**W17: Soft Tissue Management: A Hands-On
 Workshop Using Pig Jaws**

Nicholas Caplanis, DMD, MS, FAAID, DABOI/ID
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 30 PARTICIPANTS

**W18: Introduction to Piezoelectric Technology in
 Implant Dentistry: A Hands-on Course**

John Russo, DDS, MHS
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 30 PARTICIPANTS

**W19: One-Day Guided Edentulous
 Implant Solutions**

Sponsored by OCO Biomedical, Gold Sponsor
 Ara Nazarian, DDS
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 25 PARTICIPANTS

SEMINARS | MORNING 8:00 – NOON | PAGES 48-49

**S8: Ridge Atrophy Treatment Concepts Utilizing
 Osseodensification and Blood-Derived Growth Factors**

Ziv Mazor, DMD
 FEE: \$99 (\$119 AFTER 9/12/17)
 LIMITED TO 30 PARTICIPANTS

S9: Implant Complications and Their Management

Len Tolstunov, DDS, DMD, DABOI/ID
 FEE: \$99 (\$119 AFTER 9/12/17)
 LIMITED TO 30 PARTICIPANTS

TEAM PROGRAMS | MORNING 8:00 AM – NOON | PAGE 58

Hot Topics in Infection Control

Nancy Dewhirst, RDH,BS

Practice Management Strategies

Jyoti P. Srivastava, DDS, MS

HANDS-ON WORKSHOPS | AFTERNOON 1:30 PM – 5:30 PM | PAGES 39-41

**W20: Introduction to Injectable Pharmacologics:
 Neurotoxins and Facial Fillers**

Bruce Freund, DDS
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 20 PARTICIPANTS

**W22: Mini Implants to Fixed Prosthesis:
 A Spectrum of Solutions for the
 Edentulous Patient**

Paresh B. Patel, DDS
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 30 PARTICIPANTS

**W23: Clinical Consideration for CAD/CAM
 Guided Implant Surgery**

Sponsored by Neobiotech USA, Diamond Sponsor
 Sil Park, DMD
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 20 PARTICIPANTS

**W21: Ridge Augmentation Solutions:
 Hands-on Pig Jaw**

Suheil M. Boutros, DDS, MS, DABOI/ID
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 25 PARTICIPANTS

**W24: The Use of Autologous Biologics
 to Enhance Bone Grafting Success
 in Oral Implantology**

Robert J. Miller, DDS, MA, FAAID, DABOI/ID
 FEE: \$199 (\$219 after 9/12/17)
 LIMITED TO 30 PARTICIPANTS

SEMINAR | AFTERNOON 1:30 PM – 5:30 PM | PAGE 49

S10: Avoiding Iatrogenic Complications When Responding to Medical Emergencies

Daniel Abell, DMD, EMT-P, AFAAID
 FEE: \$99 (\$119 after 9/12/17)
 LIMITED TO 30 PARTICIPANTS

TEAM PROGRAMS | AFTERNOON 1:30 PM – 5:30 PM | PAGE 59

Market Share and Pocket Share: Team Role
 Karima Bapoo-Mohamed, DH, RDH, MBA

Pain Management for the Dental Implant Patient
 James L. Rutkowski, DMD, PhD, FAAID, DABOI/ID

SCIENTIFIC PROGRAMS AT A GLANCE

Page numbers refer to pages in the Preliminary Program

SATURDAY, OCTOBER 14, 2017

MAIN PODIUM | MORNING 8:00 AM – NOON | PAGES 24-25

Vertical and Horizontal Ridge Augmentation
Istvan Urban, DMD, MD, PhD

Utilizing Laser Technology to Manage Peri-implant Disease
Samuel Low, DDS, MS, MEd

Soft Tissue Management for Bone Augmentation
Marius Steigmann, DDS, PhD

HANDS-ON WORKSHOPS | MORNING 8:00 AM – NOON | PAGES 42-43

W25: Implant Placement Using Ridge Expansion
Stuart Orton-Jones, BDS
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 36 PARTICIPANTS

W27: Seamless Workflow from CBCT to In-House 3D Printed Surgical Stent: Hands-On Simplified Guided Surgery with Neo Navi
Sponsored by Neobiotech USA, Diamond Sponsor
Jeffrey H. Brooks, DMD
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 20 PARTICIPANTS

W28: Guidelines for the Use of Autologous Platelet Concentrate Technologies in Tissue Regeneration: L-PRF Workshop
Sponsored by Intra-Lock, Presidential Sponsor
Nelson Pinto, DDS
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 25 PARTICIPANTS

W26: Workshop on Intravenous Access
Michael Mashni, DDS
FEE: \$199 (\$219 after 9/12/17)
LIMITED TO 24 PARTICIPANTS

SEMINAR | MORNING 8:00 AM – NOON | PAGE 49

S11: The Truth about Growth Factors: Separating Myth from Reality, and Drugs that Impact the Practice of Implant Dentistry
James L. Rutkowski, DMD, PhD, FAAID, DABO/ID
FEE: \$99 (\$119 after 9/12/17)
LIMITED TO 30 PARTICIPANTS

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A maximum of 20 hours of continuing education (CE) credits are available at the 2017 Annual Educational Conference. CE credits earned can be reported electronically, anytime, anywhere! Using the course code provided at the end of each session, attendees can 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 generic 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!

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

The current term of approval extends
from May 1, 2017 to April 30, 2021
Provider ID# 214696



TUESDAY, OCTOBER 10

8:00 am – 5:00 pm

Board of Trustees Meeting

7:30 am – Noon

Associate Fellow Written Examination
(Separate Fee and Prior Registration
by 9/12/17 required)

4:00 pm – 7:00 pm

Registration

WEDNESDAY, OCTOBER 11

7:00 am – 7:30 pm

Registration

7:00 am – 8:00 am

Continental Breakfast

8:20 am – 11:40 am

NEW TRENDS, TECHNIQUES, TECHNOLOGY
PRESENTATIONS (See pages 12-15)

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 18-19)

1:00 pm – 5:30 pm

SEMINARS & HANDS-ON WORKSHOPS
(See pages 28-29 and 46)
(Separate fee required)

6:00 pm – 6:45 pm

First-Time Attendees/Students Reception

6:00 pm – 7:30 pm

Welcome Reception

THURSDAY, OCTOBER 12

7:00 am – 7:00 pm

Registration

7:00 am – 8:00 am

Continental Breakfast

7:45 am – 5:30 pm

MAIN PODIUM PROGRAMS (See pages 20-21)

8:00 am – Noon

SEMINARS & HANDS-ON WORKSHOPS
(See pages 30-34 and 47-48)
(Separate fee required)

8:00 am – 5:30 pm

DENTAL TEAM TRAINING
(See page 57-58)

8:00 am – 5:30 pm

POSTER DISPLAYS

8:00 am – 10:00 am

The ABOI/ID Certification Process Explained
and How to Complete the Part I and Part II
Applications (See page 64)

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)

1:30 pm – 3:30 pm

ABOI/ID Mock Oral Examination, Session 1
(See page 64)

1:30 pm – 5:30 pm

S7: Demystifying the Oral and Written Exams:
Increase Your Chances for Success
(See page 48)

3:30 pm – 4:30 pm

Networking and Refreshment Opportunity
in Exhibit Hall

3:30 pm – 5:30 pm

ABOI/ID Mock Oral Examination, Session 2
(See page 64)

4:30 pm – 5:30 pm

Live Surgery Broadcast (See page 50)

5:30 pm – 7:00 pm

Implant World Expo Reception
(Open to all registrants)

FRIDAY, OCTOBER 13

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 22-24)

8:00 am – 5:30 pm

W15: HANDS-ON IMPLANT PLACEMENT
AND BONE GRAFTING ON CADAVERS
Center for the Future of Surgery – UC San Diego
School of Medicine
(See pages 36-37)
(Separate fee required)

8:00 am – 5:30 pm

SEDATION TRACK
(See page 50)
(Separate fee required)

8:00 am – 5:30 pm

SEMINARS & HANDS-ON WORKSHOPS
(See pages 38-41 and 48-49)
(Separate fee required)

8:00 am – 5:30 pm

LEONARD LINKOW MEMORIAL
GLOBAL SYMPOSIUM
(See pages 52-55)

8:00 am – 5:30 pm

POSTER DISPLAYS

8:00 am – 5:30 pm

DENTAL TEAM TRAINING (See pages 58-59)

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

Exhibit Hall Lunch (Open to all registrants)

Noon – 1:30 pm

ABOI/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 14

7:00 am – Noon

Registration

7:00 am – 8:00 am

Continental Breakfast

8:00 am – Noon

MAIN PODIUM PROGRAMS (See pages 24-25)

8:00 am – Noon

SEMINARS & HANDS-ON WORKSHOPS
(See pages 42-43 and 49)
(Separate fee required)

8:00 am – Noon

DISPLAY OF WINNING POSTERS

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

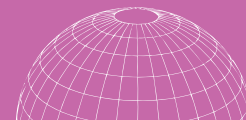
New Fellow and Associate Fellow
Group Photo (By Invitation)

2:00 pm – 4:00 pm

AAID Business Meeting

6:00 pm – 11:00 pm

Reception, President's Celebration
Dinner and Dancing



W15: Hands-On Implant Placement and Bone Grafting on Cadavers

Sponsored in part through a grant from Zimmer Biomet Dental

Friday, October 13
8:00 am - 5:30 pm



AGD Subject 691

LOCATION: Center for the Future of Surgery
UC San Diego School of Medicine
9500 Gilman Drive MC 0740
La Jolla, California 92093
(Transportation will be provided)

FEE: \$1,495 for AAID members, non-members who registered for
2017 AAID Annual Conference
\$1,695 for all others

LIMITED TO 24 PARTICIPANTS

This hands-on 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, sinus lifts, extractions, ridge spreading, and surgically-related anatomic dissection on cadavers.



This full-day course will take place at the Center for the Future of Surgery at UC San Diego School of Medicine. Transportation to and from the Hilton San Diego Bayfront hotel will be provided.

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

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

YOU MAY REGISTER FOR W15 HANDS-ON COURSE ON YOUR 2017 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: M L XL BOTTOM: M L XL

Will you require round trip transportation between Hilton San Diego Bayfront and the Center? 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 2017 ANNUAL CONFERENCE

_____ \$1695 – ALL OTHERS

METHOD OF PAYMENT

Check Enclosed Visa MasterCard American Express Discover

Card No. _____

Card Exp. Date: _____ Security Code _____

Signature: _____



INSTRUCTORS

Joseph C. D'Amore, DDS, AFAAID, DABOI/ID

- Associate Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Author, Journal of Oral Implantology
- Private practice, general, cosmetic, implant, and reconstructive dentistry, Englewood, New Jersey



Joseph A. Leonetti, DMD, FAAID, DABOI/ID

- Fellow of the American Academy of Implant Dentistry
- Diplomate of the American Board of Oral Implantology/Implant Dentistry
- Diplomate of the American Board of Oral and Maxillofacial Surgery



Berne Dunson, DDS, FAAID, DABOI/ID

- Honored Fellow and Treasurer, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Private practice, Atlanta, Georgia



Lawrence Nalitt, DDS, AFAAID, DABOI/ID

- Associate Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Recipient, Paul Johnson Service Award, American Academy of Implant Dentistry
- Private practice, Brooklyn, New York



Ira Goldberg, DDS, FAAID, DABOI/ID

- Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Private practice, Morris County, New Jersey



Bart Silverman, DMD, DABOI/ID

- Diplomate, American Board of Oral Implantology/Implant Dentistry
- Diplomate, American Board of Oral and Maxillofacial Surgery
- Clinical Associate Professor, New York Medical College
- Faculty, Touro Dental School and NYU Post Grad Continuing Education Dental Implant Program
- Private Practice, New City, New York



Kirk Kalogiannis, DMD, AFAAID, DABOI/ID

- Associate Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology/Implant 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



Matt Young, DDS, FAAID, DABOI/ID (Course Director)

- Honored Fellow, American Academy of Implant Dentistry
- Diplomate, American Board of Oral Implantology /Implant Dentistry
- President, Bay Area Implant Synergy and San Francisco, Dental Society
- Private Practice, Downtown San Francisco



REGISTRATION INFORMATION

Registration fee of \$1,495 for AAID members or non-members who registered for the 2017 AAID Annual Conference (\$1,695 for all others), includes:

- All course instruction **PLUS**
- Round trip transportation to the Center for the Future of Surgery - UC San Diego School of Medicine from the Hilton San Diego Bayfront
- 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

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 7.5 continuing education credits.



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 May 1, 2017 to April 30, 2021
Provider ID# 214696

**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.aid.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 12
During the Implant World Expo Reception
5:30 pm - 7:00 pm

Friday, October 13
During the Morning Break
10:00 am - 11:00 am

Saturday, October 14
During the Morning Break
10:00 am - 11:00 am

**Associate Fellow Part 1 (written) Examination**

Tuesday, October 10 **7:30 am - Noon**

Applications due to the AAID Headquarters office by September 12, 2017

Ready to begin the journey to become a credentialed member? Take the first step by sitting for Part 1 (written) of the Associate Fellow examination. Applicants must be licensed dentists who have completed at least 300 hours of postdoctoral or continuing education in implant dentistry within the past twelve (12) years that included at least one course with a participatory format. The 300 hours must be divided between the sciences related to implant dentistry and clinical implantology.

For more information about the exam or to download the application visit www.aid.com/part1.

W8: Digital Photography and Radiography: Optimal Case Presentations for AAID Credentialing and Beyond

Thursday, October 12, 2017 **8:00 am - 10:00 am**

For full program details, see page 32

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.

S7: Demystifying the Oral and Written Exams: Increase Your Chances for Success

Thursday, October 12, 2017 **1:30 pm - 5:30 pm**

For full program details, see page 48

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.



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 12, 2017 **8:00 am – 10:00 am**

This program will provide you with the information needed to complete your applications to become a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID). 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 Mock Oral Examination

Thursday, October 12, 2017 **1:30 pm – 3:30 pm** **Session 1**
Thursday, October 12, 2017 **3:30 pm – 5:30 pm** **Session 2**

This program will demonstrate the ABOI/ID Part II oral examination experience in a small group setting format. Attendees will gain greater insight about what to expect during the ABOI/ID oral examination process. This program is meant to be an interactive experience to improve and prepare candidates for the ABOI/ID Part II oral examination.

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

1. Gain insight into the ABOI/ID oral examination process
2. Develop a strategy on how to defend their cases during the examination
3. Discuss implant topics including basic science, clinical diagnosis, implant prosthetics, and implant surgery
4. Improve presentation skills in preparation for ABOI/ID oral examination
5. Widen their personal perspective by small discussion format with faculty and colleagues

This program will be two hours in length and presented twice during the afternoon.

No CE will be awarded for this program.



ABOI/ID Diplomate Induction Luncheon

Friday, October 13, 2017 **Noon – 1:30 pm**

Cost: \$100 Includes lunch

Join us at the ABOI/ID luncheon to honor the new 2017 ABOI/ID Diplomates. During this event the ABOI/ID President, Dr. Arthur Molzan, 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



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

Defining Specialists in Implant Dentistry

A specialist by definition is someone who is uniquely qualified and skilled in a specialized area who people can refer to for their expertise. In other words it is a separation of tasks within a system. A general route to attain specialization is either through a channel established through residency programs or through fellowships attained through education

ized area of implant dentistry. The Academy has been responsible in creating the routes of credentialing to evaluate professionals at varying levels of competency that can walk someone through the rungs of attaining proficiency.

Our recent court victory in Texas is a testament to our rigorous process of credentialing and the high standards that have been established to maintain the integrity of the testing process. Does this mean that our credentials will restrict our abilities to practice other areas of dentistry? The House of Delegates of the American Dental Association (ADA) passed Resolution 65 last October. It contained a change to Rule 5H of the Code of Ethics that codifies the ability of a dental specialist to practice general dentistry and still advertise their status as a specialist as long as they believe that they have attained and maintain the commensurate skills to do so. Implant dentists should not be treated any differently.

The adherence to the oath "*primum non nocere*" is of course fundamental to any clinical dentistry.

Obtaining the credentials from our Academy is a privilege and not a blanket blessing to execute with alleged proficiency for every single available procedure in implant dentistry. My relationships with the peri-

[see President's Message p. 42](#)

Our recent court victory in Texas is a testament to our rigorous process of credentialing and the high standards that have been established...

and a credentialing process that can be verified and validated through established standards of testing.

The Academy's mission is "to advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for implant dentistry for the benefit of mankind." Our Academy has over 1,100 credentialed members who have shown that they have become proficient in the special-

FIND STRENGTH IN NUMBERS

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*For more information, visit osteogenics.com/TXTscience

1. Fotek PD, Neiva RF, Wang HL. Comparison of dermal matrix and polytetrafluoroethylene membrane for socket bone augmentation: a clinical and histologic study. *J Periodontol* 2009; 80:776-785. 2. Barboza EP, Stutz B, Ferreira VF, Carvalho W. Guided bone regeneration using nonexpanded polytetrafluoroethylene membranes in preparation for dental implant placements - a report of 420 cases. *Implant Dent*. 2010;19:2-7. 3. Hoffman O, Bartee BK, Beaumont C, Kasaj A, Deli G, Zafiroopoulos CG. Alveolar bone preservation in extraction sockets using non-resorbable dPTFE membranes: A retrospective non-randomized study. *J Periodontol* 2008;79:1355-1369.

President's Message

continued from p.40

odontists and oral surgeons are still maintained because I cannot profess to be competent in surgical procedures that I have not had experience and exposure to. Post cancer rehabilitation, highly complex soft tissue management of the esthetic zone and procedures requiring vascular osteo muco-periosteal flaps are some highly skilled techniques that should be left to the specialists who do these on a routine basis. There are several board certified oral surgeons who will admit that they don't do orthognathic surgery — this admission does not take away their specialty status of an oral surgeon. Our American Board of Oral Implantology/Implant Dentistry (ABOI/ID) Diplomates should also be defining their practices as to what areas they wish to focus on and know the limitations of the scope of each practice.

Our first phase of the strategic planning began after our Board of Trustees met in June. We have been fortunate with our leaders who have been working hard to make our plans a reality. Thanks to **Dr. John Da Silva** who was instrumental in making our bylaws relevant to today's environment. **Dr. Richard Mercurio** provided the impetus to American Board of Dental Specialties (ABDS) and I am humbled by the unstinted supported offered by **Dr. David Hochberg, Dr. Natalie Wong, Dr. Bernee Dunson, and Dr. Adam Foleck.**


This year particularly has been eventful with the transitioning of two executive directors and appointment of the permanent CEO of our Academy, Ms. Cheryl Parker. Working with Cheryl has been very pleasant and her administrative abilities are evident in her professionalism in handling all of our matters at the Central Office.

... we have a big task ahead of us to outline the strategy for our Academy for the next three years. Legal is right on top of our list.

Winning the court battles state after state has become second nature to our Academy. Thanks to almost three decades of the wisdom and the astute abilities of our legal counsel, Dr. Frank Recker, we are now in a position to bring state boards to our table to discuss how our credentials are to be recognized. This is just the tip of the iceberg — we have a big task ahead of us to outline the strategy for our Academy for the next three years. Legal is right on top of our list.

The Annual Conference is our flagship event of our Academy. Please don't forget to register and take advantage of the early bird deadline of September 12, 2017 to save \$100 on your registration fee. **Dr. John Minichetti** has been working feverishly to ensure a world class event like none other. We are looking forward to seeing you in San Diego, October 11 – 14, 2017. ●

Shankar Iyer





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Egypt MaxiCourse[®]

Three years ago, **Dr. Kim Gowey** was invited to lecture at Ain Shams University and the Arab Society for Continuous Dental Education (ASCDE) in Cairo, Egypt. Ain Shams University has an enrollment of over 300,000 students, with the dental school having 300 students per class. ASCDE is a continuing dental education institute that provides many different continuing education courses and has two masters degree programs in restorative dentistry and orthodontics, in conjunction with Dundee University School of Dentistry in Scotland. ASCDE is an ADA CERP provider.

Dr. Gowey lectured over three days on tilted implants, narrow diameter implants, and nerve repositioning. At that time, Prof. Khaled Abdel-Ghaffar, the Dean of the dental school at Ain Shams University and Dr. Mahmoud Kohail, Director of ASCDE, expressed their interest in holding a MaxiCourse[®] in Cairo.

At their request, Dr. Gowey in consultation with **Dr. Shankar Iyer**, agreed to direct the program. The Egypt MaxiCourse[®] is based on Dr. Iyer's Asia MaxiCourse[®] curriculum. The Egypt MaxiCourse[®] is held in five modules which are six or more days each, over the period of a year. Dr. Kohail requested this be a surgical and restorative participation course which



allows each participant to place ten implants and restore them, along with the didactic presentations. It is structured to have 100 participation hours and 200 lecture hours along with 70 or more hours of online learning, giving a total of over 370 CE hours.

Prof. Abdel-Ghaffar, the former dean of Ain Shams University School of Dentistry, is a periodontist who did his residency in Houston, Texas, and became an Academic Associate Fellow of the AAID. He was promoted to Vice President of the University and in February 2017 became the Minister for Higher Education for Egypt. This is equivalent to a cabinet level position in the US.

Dr. Abdel-Ghaffar gave the Egypt MaxiCourse[®] a unique feature, in that anyone who completed the course would be allowed to enter the masters degree program in restorative dentistry at Ain Shams.

The Egypt MaxiCourse[®] began its first module in February, 2017 with lectures by Drs. Iyer and Gowey. The 34 participants are from Egypt, Iraq, Yemen, Sweden, United Kingdom, United States, Sudan, Syria, Saudi Arabia, and Jordan. The participants vary from general dentists right out of school to oral surgeons with 20 years of experience. The participation portion of the program is highly desirable feature that allows the participant to get hands-on training with over the shoulder supervision. For more information contact Dr. Mahmoud Kohail at ASCDE, mahmoudkohail@ASCDE.com.

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153 Patients

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Do you qualify to join the fastest growing dental implant network in the US? Membership in the Teeth Tomorrow® Network is only available to a limited number of Advanced Implant Dentists. Exclusive market territories are being filled across the country each week. To find out if a territory is available for your practice, contact our Network Support Team at 845.679.1280 or email info@teethtomorrow.com.

Slate of Officers

The AAID Nominating Committee, chaired by **Dr. Richard Mercurio**, presents the following slate of officers for consideration at the Academy's 2017 Annual Business Meeting on Saturday, October 14 in San Diego, during the 66th Annual Conference.

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

(Automatic succession from President- Elect)

President-Elect — Natalie Wong, DDS, FAAID, DABOI/ID

Vice President — Bernee Dunson, DDS, FAAID, DABOI/ID

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

Secretary — Brian Jackson, DDS, FAAID, DABOI/ID



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



President-Elect — Natalie Wong, DDS, FAAID, DABOI/ID



Vice President — Bernee Dunson, DDS, FAAID, DABOI/ID



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



Secretary — Brian Jackson, DDS, 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 Brian Jackson, DDS, FAAID, DABOI/ID

Dr. Brian J. Jackson is a native of Utica, New York and graduated from

Utica College with a B.S. degree in biology, Cum Laude. He received his Doctor of Dental Surgery degree at SUNY/Buffalo, School of Dental Medicine. Dr. Jackson completed post-graduate training at St. Luke's Memorial Hospital Center's General Practice Residency Program. He completed his formal oral implantology training at New York University, School of Dentistry.

Dr. Jackson is a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID). He is an Honored Fellow of the American Academy of Implant Dentistry (AAID).

Currently, he serves on the New York State Peer Review Committee, and is Past President of the Northeast District of the AAID, and served as Northeast District Trustee on the Board of Trustees of the AAID.

Dr. Jackson is an attending staff dentist for Faxton-St. Luke's Healthcare General Practice Residency Program. He is a member of the American Dental Association (ADA) and on the Editorial Board of the *Journal of Oral Implantology*. ●

SET NEW EXPECTATIONS WITH EXPAREL[®]

(bupivacaine liposome injectable suspension)



Offer your patients long-lasting, non-opioid postsurgical analgesia

- EXPAREL provides significant pain control during the first few days after surgery¹
- EXPAREL significantly decreases opioid consumption^{1,2,*}
- Only EXPAREL uses DepoFoam[®] technology to deliver bupivacaine over time
- EXPAREL has a proven safety and tolerability profile²



*The clinical benefit of the difference in opioid consumption was not demonstrated in the clinical trials.

EXPAREL is available for purchase at EXPAREL.com/OMFS

Please see brief summary of Prescribing Information on reverse side.

For more information, please visit EXPAREL.com or call 1-855-RX-EXPAREL (793-9727).

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

Important Safety Information

- EXPAREL is contraindicated in obstetrical paracervical block anesthesia
- In clinical trials, the most common adverse reactions (incidence $\geq 10\%$) following EXPAREL administration were nausea, constipation, and vomiting
- EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients
- Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations

Warnings and Precautions Specific to EXPAREL

- EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks, or intravascular or intra-articular use

- Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL

Warnings and Precautions for Bupivacaine-Containing Products

- **Central Nervous System (CNS) Reactions:** There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesias. CNS reactions are characterized by excitation and/or depression
- **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias sometimes leading to death
- **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients
- **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use

References: 1. Gorfine SR, Onel E, Patou G, Krivokapic ZV. Bupivacaine extended-release liposome injection for prolonged postsurgical analgesia in patients undergoing hemorrhoidectomy: a multicenter, randomized, double-blind, placebo-controlled trial. *Dis Colon Rectum*. 2011;54(12):1552-1559. 2. Data on file. Parsippany, NJ: Pacira Pharmaceuticals, Inc.

EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary

(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia.

EXPAREL has not been studied for use in patients younger than 18 years of age.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Using EXPAREL followed by other bupivacaine formulations has not been studied in clinical trials. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The ability of EXPAREL to achieve effective anesthesia has not been studied. Therefore, EXPAREL is not indicated for pre-incisional or pre-procedural loco-regional anesthetic techniques that require deep and complete sensory block in the area of administration.

ADVERSE REACTIONS

Clinical Trial Experience

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

DRUG INTERACTIONS

EXPAREL can be administered in the ready to use suspension or diluted to a concentration of up to 0.89 mg/mL (i.e., 1:14 dilution by volume) with normal (0.9%) saline or lactated Ringer's solution. EXPAREL must not be diluted with water or other hypotonic agents as it will result in disruption of the liposomal particles.

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to toxicity.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the

U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its' metabolite, pipercolylxylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL surgical site infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, these drugs should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Care should be taken in dose selection of EXPAREL.

OVERDOSAGE

In the clinical study program, maximum plasma concentration (C_{max}) values of approximately 34,000 ng/mL were reported and likely reflected inadvertent intravascular administration of EXPAREL or systemic absorption of EXPAREL at the surgical site. The plasma bupivacaine measurements did not discern between free and liposomal-bound bupivacaine making the clinical relevance of the reported values uncertain; however, no discernible adverse events or clinical sequelae were observed in these patients.

DOSE AND ADMINISTRATION

EXPAREL is intended for single-dose administration only.

The recommended dose of EXPAREL is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic
- Maximum dose of 266 mg (20 mL)

As general guidance in selecting the proper dosing for the planned surgical site, two examples of dosing are provided. One example of the recommended dose comes from a study in patients undergoing bunionectomy. A total of 8 mL (106 mg) was administered as 7 mL of EXPAREL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

Another example comes from a study of patients undergoing hemorrhoidectomy. A total of 20 mL (266 mg) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Compatibility Considerations

Administering EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL

may follow the administration of lidocaine after a delay of 20 minutes or more.

- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Local infiltration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

CLINICAL STUDIES

The efficacy of EXPAREL was compared to placebo in two multicenter, randomized, double-blinded clinical trials. One trial evaluated the treatments in patients undergoing bunionectomy; the other trial evaluated the treatments in patients undergoing hemorrhoidectomy.

Study 1

A multicenter, randomized, double-blind, placebo-controlled, parallel-group clinical trial evaluated the safety and efficacy of 106 mg (8 mL) EXPAREL in 193 patients undergoing bunionectomy. The mean age was 43 years (range 18 to 72).

Study medication was administered directly into the site at the conclusion of the surgery, prior to closure. There was an infiltration of 7 mL of EXPAREL into the tissues surrounding the osteotomy and 1 mL into the subcutaneous tissue.

Pain intensity was rated by the patients on a 0 to 10 numeric rating scale (NRS) out to 72 hours. Postoperatively, patients were allowed rescue medication (5 mg oxycodone/325 mg acetaminophen orally every 4 to 6 hours as needed) or, if that was insufficient within the first 24 hours, ketorolac (15 to 30 mg IV). The primary outcome measure was the area under the curve (AUC) of the NRS pain intensity scores (cumulative pain scores) collected over the first 24 hour period. There was a significant treatment effect for EXPAREL compared to placebo. EXPAREL demonstrated a significant reduction in pain intensity compared to placebo for up to 24 hours (p<0.001).

Study 2

A multicenter, randomized, double-blind, placebo-controlled, parallel-group clinical trial evaluated the safety and efficacy of 266 mg (20 mL) EXPAREL in 189 patients undergoing hemorrhoidectomy. The mean age was 48 years (range 18 to 86).

Study medication was administered directly into the site (greater than or equal to 3 cm) at the conclusion of the surgery. Dilution of 20 mL of EXPAREL with 10 mL of saline, for a total of 30 mL, was divided into six 5 mL aliquots. A field block was performed by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers.

Pain intensity was rated by the patients on a 0 to 10 NRS at multiple time points up to 72 hours. Postoperatively, patients were allowed rescue medication (morphine sulfate 10 mg intramuscular every 4 hours as needed).

The primary outcome measure was the AUC of the NRS pain intensity scores (cumulative pain scores) collected over the first 72 hour period. There was a significant treatment effect for EXPAREL compared to placebo.

This resulted in a decrease in opioid consumption, the clinical benefit of which was not demonstrated.

Twenty-eight percent of patients treated with EXPAREL required no rescue medication at 72 hours compared to 10% treated with placebo. For those patients who did require rescue medication, the mean amount of morphine sulfate intramuscular injections used over 72 hours was 22 mg for patients treated with EXPAREL and 29 mg for patients treated with placebo.

The median time to rescue analgesic use was for 15 hours for patients treated with EXPAREL and one hour for patients treated with placebo.

Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA

Patent Numbers:
6,132,766 5,891,467
5,766,627 8,182,835

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For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

Rx only

August 2016

RESEARCH GRANT APPLICATION DEADLINE



AMERICAN ACADEMY OF
IMPLANT DENTISTRY FOUNDATION

The AAID Foundation reminds researchers that applications for Non-Student Research Grants are due August 1, 2017. 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.

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 the AAID Membership Department at AAID Headquarters, by phone at 312-335-1550 or info@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 examination to be administered in 2018, Affiliate Associate Fellows may apply for Part 2 if they attend one AAID meeting, conference, or education course within the three years prior to 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.

AAID MEMBERS LEAVE THEIR MARK ON THE FOUNDATION

When it comes to making a long-term impact on implant dentistry, there are many giving options to choose from besides simply writing a check.



For example, the late **Dr. Wesley Halpert**, a past president of the AAID, arranged for his estate to make to \$50,000 gift to the AAID Foundation upon the passing of his wife, Carolyn, whom he predeceased.

Like many members of the Academy, Dr. Halpert believed in the value of the Foundation. In fact, while president, he was instrumental in starting what was then known as the Research Foundation. His vision was that the Foundation would become a significant source of financial support for implant dentistry research. His dream has come to reality as the Foundation annually is among the leaders in support of dental implant research.

The Foundation has now expanded beyond research to include humanitarian projects as well. The “Wish a Smile” program provides free implant dentistry services to those in financial need who are congenitally missing teeth or are disabled veterans.

Dr. Halpert chose one of many methods available to leave his mark on the profession of implant dentistry. There are several others that best meets your family's needs and helps advance the science and practice of implant dentistry.

The Foundation has created a website that provides information to help you decide what works best for you to leave your mark. Visit aaidfoundation.planmylegacy.org for more information.

OBITUARIES



Jack Wimmer of Park Dental Research and former member of the Board of Directors of the AAID Foundation.

UPCOMING KEY AAID DATES

OCTOBER 2017

11-14 66TH ANNUAL IMPLANT DENTISTRY EDUCATION CONFERENCE
Hilton San Diego Bayfront, San Diego, CA

APRIL 2018

20-21 FOCUS ON THE SINUS 2.0
Newport Beach, CA

JUNE 2018

8-9 DECODING DIGITAL DESTISTRY
San Juan, PR

OCTOBER 2018

28-29 67TH ANNUAL IMPLANT DENTISTRY EDUCATION CONFERENCE
Hyatt Regency Dallas, Dallas, TX

Check the AAID online calendar using this QR Code for a complete listing of all key AAID dates.



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 April 12, 2017 and June 28, 2017.

Thank you for referring two colleagues to the Academy:

Justin Moody, DDS, from Crawford, NE

Thank you for referring a colleague to the Academy:

Vamja Alagic, DMD, from St. Petersburg, FL

Wes Blakeslee, DMD, from Manasquan, NJ

Dongoh Choi, DDS, from Buan-gun, South Korea

James McAnally, DDS, from Newton, MA

John Minichetti, DMD, from Englewood, NJ

Derek Renfro, DMD, from Dover, TN
James Thomas, DDS, from Charleston, SC

Michael Wehrle, DDS, from Hurst, TX

Mark Whitefield, DDS, from Hermitage, TN

Thank you **Robert Bagoff, DMD, from West Orange, NJ** for referring one new electronic student member.

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, 2017, and be entered into a drawing for 2018 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.

SUMMARY OF ACTIONS TAKEN BY BOARD OF TRUSTEES

June 10, 2017, Chicago, Illinois

ACCEPTED report of independent auditors for 2016

RETAINED Kessler, Orlean, Silver & Company, PC again to conduct 2017 audit

RE-APPOINTED JP Morgan as 2017 investment manager

DESIGNATED Executive Director and Chief Financial Officer as empowered to sign checks, bank resolutions, and other documents on behalf of AAID

ELECTED 2017 Associate Fellows and Fellows

APPROVED revisions to Associate Fellow Guidelines changing participatory hour requirements from one course to 75 hours effective September 2019

APPROVED revisions to Fellow Guidelines to eliminate the Professional and Leadership Credentials effective May 2017

REMOVED from list of active, credentialed members those who have resigned or have not paid their dues by July 1, 2017

GRANTED Life Membership to Dr. Ronald G. Roe

RATIFIED actions taken by Executive Committee at the May 17, 2017 and June 5, 2017 conference call meetings



Together, let's do more!

A successful dental practice starts with teamwork. A precision team you build from within. And a formidable ally to help achieve exceptional outcomes for your patients and your practice. At Zimmer Biomet Dental, we've been pushing the boundaries of oral health for over 63 years now. We can do the same for you.

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AAID AFFILIATED STUDY CLUBS

If you currently operate an implant study club or have been thinking about forming one, the American Academy of Implant Dentistry has resources to support you.

A helpful 28-page guide is available online under the Education tab on aaid.com. (www.aaid.com/education/Application-Forms-and-Guidelines.html)

In addition, a checklist for submitting Continuing Education credit information as well as an application to become an AAID Affiliated Study Club are also available for download. Affiliated Study Clubs are entitled to use the official AAID Affiliated Study Club logo with their marketing material. The cost to apply is only \$250.

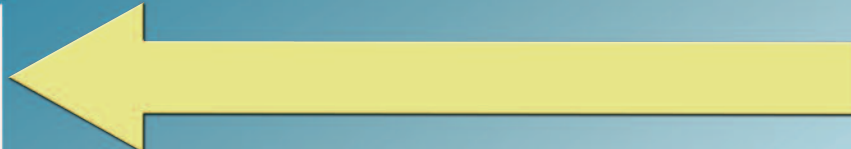
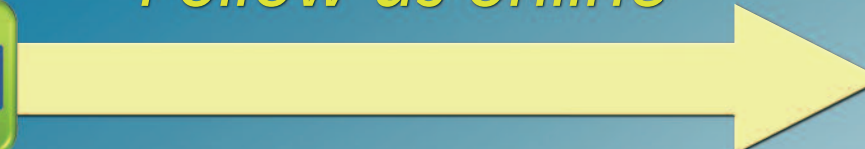
If you want to become a Joint Provider of CE credits under AAID's ADA CERP and AGD PACE accredited provider status, that is available as well.

Questions? Contact AAID's Education Department at education@aaid.com or by phone at 312.335.1550



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A New Patient's Journey Can Start In Many Places.

We go beyond the website to help patients find your practice no matter where they start their search. Learn to master every step of a new patient's journey with a *free downloadable guide* for dentists at **Officite.com/Journey/AAIDNews**.

MOBILE-FRIENDLY WEBSITES

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REPUTATION MANAGEMENT

SEARCH ENGINE OPTIMIZATION

SOCIAL MEDIA MARKETING

GOOGLE ADS

Two-day Conference Addressed Dental Implant Dilemmas and Honored Memory of Dr. Carl Misch

Over 200 doctors met in Chicago the second weekend of June to learn about dental implant dilemmas and how to solve them. Presented by the American Academy of Implant Dentistry's Central and Western Districts, the two-day conference featured 18 different presentations plus five optional hands-on post-conference programs.

The emotional tribute to the memory of Dr. Carl Misch will be remembered by all those in attendance. In person as well as video messages from his many friends from around the world brought tears to the eyes of those in the room. **Dr. Natalie Wong** was the Mistress of Ceremonies for the evening and welcomed notables from both inside and out of the Academy. Several of Dr. Misch's colleagues from the Misch Institute were present as well as his son, Carl Misch, V and his daughter, Paula Mather.

They spoke eloquently and gave personal remembrances of their father including explaining why ice cream was so important to Dr. Misch and became a focal point of their childhood. Ice cream, or rather the inability to be able to afford an ice cream cone

when he was very young, was one of the reasons Carl Misch, as a youngster first declared his desire to be a dentist. As an adult, he created a rule that he couldn't pass an ice cream parlor without stopping. With an ice cream store located on the route from his home to his practice, he and his children would stop virtually each day for ice cream.

Join your colleagues in Newport Beach, California, April 20 – 21, 2018 for the Western and Central Districts conference which will "Focus on the Sinus 2.0."



Dr. David Resnick discussed block graft techniques.



An overflow crowd learned how to solve dental implant dilemmas.



Dr. Natalie Wong (l) introduced Dr. Bill Anderson, Chair of the Central District who presented a plaque to Dr. Misch's son, Carl V, and daughter Paula Mather.



Dr. Hilt Tatum reflected on his time with Dr. Carl Misch while waiting to address the crowd at the dinner in Dr. Misch's memory.

Thanks to Dr. Kaz Zymantas for providing photos from the meeting.



SUCCESSFULLY MARKET YOUR DENTAL IMPLANT SERVICES

Dr. Tarun Agarwal of Raleigh, NC explaining treatment to a hybrid denture patient. Dr. Agarwal participates in our Custom Dental Magazine Direct Mail Program (see inset).

We focus on dental implant marketing, including hybrid dentures, implant-retained dentures and "teeth in one day" services. We have successful Internet and direct mail implant marketing programs that we customize to work for any practice.

FREE MARKETING CONSULTATION FOR AAD MEMBERS

with Dental Marketing Expert Keith Gilleard
President of Gilleard Dental Marketing

Your free consultation includes:

- Learn about your options for successfully marketing dental implants and full-mouth reconstruction cases.
- Evaluation of your current marketing and dental implant marketing. Get any questions answered about marketing.
- Website analysis for any missing marketing elements essential to procuring dental implant patients.



Keith Gilleard is co-owner and founder of Gilleard Dental Marketing, a successful dental marketing agency that focuses on helping dentists procure high-production cases. Gilleard Dental Marketing provides Internet, direct mail and video marketing programs.

"Our ROI from the Gilleard magazine has been 8-1 plus."

"We have a practice in one of the most competitive areas in the entire U.S. There are 300 dentists within five miles of our location, and 11 general dentists just in our office park. Our previous marketing hadn't worked because many dentists here do the same kinds of marketing. Our return on investment from the Gilleard magazine has been 8-1, and this ratio is even higher if you take into account the people referred by the Gilleard patients. We have generated a dozen cases between \$30,000 and \$50,000, and another couple of dozen cases between \$10,000 and \$25,000. And there have been many more people who need less treatment."

— Co-Owner Joe Kerner and Nader Hawa, DMD (featured right)



GILLEARD DENTAL MARKETING

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newmembers

The AAID is pleased to welcome the following new members to the Academy. The following members joined between April 6, 2017 and June 28, 2017. 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

Travis Thompson, DMD
Auburn
Brett Maddux
Birmingham
Michael R. Price, DMD
Birmingham
David Alex Krempa
Mobile

ARIZONA

Jonathan Frost, DDS
Saffor
Samuel Swainhart, DMD
Scottsdale
Gabriel M. Schmidtke, DDS
Tucson

ARKANSAS

Nathaniel D. Hill, DDS
Little Rock

CALIFORNIA

Reza Sadeghi, DDS
Burbank
Christine Tracy G. Castro, DDS
Cardiff by the Sea
Sean Hariri, DDS
Carlsbad
Alla Patish, DMD
Carlsbad
George Ibrahim, DDS
Chino Hills
Abhishek Joshi, DDS
Corona
Jeffrey Rafalski, DDS
El Cajon
Chi T. Do, DDS
El Monte
Vu Bui, DDS
Eureka
Luis A. Velazquez, DDS
Fontana
Hung Vu, DDS
Fountain Valley
Lambert Lee, DDS
Glendale
Sherin Johnson, DDS
La Mesa
Eliza Berris, DDS
Lake Forest
Noozhan Karimi, DDS, MSC
Loma Linda
Jian Liao, DDS, PhD
Loma Linda

Mary Makar, DDS
Los Angeles
Anna Paholiouk, DDS
Los Angeles
Jaime Ramiscal, DMD
Los Angeles
Rita Deragobian, DDS
Montclair
Kevin Shearer, DDS
Mt. Shasta
Ricardo Rivera, DDS
Northridge
Michael Min, DMD
Ontario
Tan Bui, DDS
Orange
Alfredo Velazquez, DDS
Rancho Cucamonga
Christopher Peeke, DDS
Redlands
Christina Cao, DDS
Riverside
Neal Edwards, DDS
Riverside
Harsh Kalyani, DDS
Riverside
Richard Lee, DMD
Riverside
Damon W. Boyd, DDS
Sacramento
Steven J. Brazis, DDS
Sacramento
James Kim, DDS
Salinas
Alexander Reimann, DDS
San Bernardino
Alice Poley Moran
San Clemente
Bhawna Gupta, DDS
San Diego
Hilda Meza-Thompson
San Diego
Hyun Bang, DDS
San Francisco
Doris Lin, DDS
San Jose
Ajay Mehta, DDS
San Jose
Vu Tran, DDS
San Jose
Georgina Quintero-Golshan, DDS
San Marcos
Jeff Eaton, DDS
San Mateo

Chance Bodini, DDS
Santa Ana
Sean Nolan, DDS
Santa Maria
Prakash Advani, DDS
Sunnyvale
Steven K. Okamoto, DDS
Torrance
Steven Hever
Westlake Village
Joeseef Youssef, DDS
Woodland Hills
COLORADO
Bryce Williams
Centennial
David Belmont, DDS
Denver
Blake S. Barney, DDS, MSD
Fort Collins
Chelsea Barr, DMD
Grand Junction
CONNECTICUT
Nicole Brasil Becker, DMD
Farmington
FLORIDA
Alexander Shafiey, DMD
Sarasota
Justin Adam Devack
Tamarac
GEORGIA
Jeffrey Steven Butts, DDS
Atlanta
Alex McRee, DMD
Atlanta
Jeffrey A. Kendrick, DMD
Fayetteville
Joshua Buckner
Peachtree City
HAWAII
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Honolulu
IDAHO
Stan Rasmussen, DDS
Coeur d' Alene
ILLINOIS
Brian Zulawinski
Arlington Heights
Lien Ho, DMD
Burbank
Joseph Fanti
Chicago

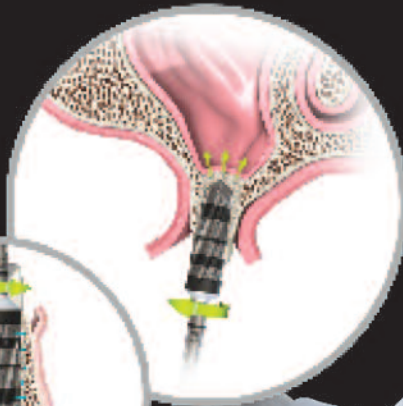
[see New Members p. 58](#)

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Houston, TX

AAP Annual Meeting
September 9, 2017
Boston, MA

AAID Annual Meeting
October 12, 2017
San Diego, CA

New Members

continued from p. 56

Yale Cho, DMD
Palatine

INDIANA

Jeremy Jones, DMD
Fishers

IOWA

Phelan Thomas
West Des Moines

KANSAS

Brad Adams, DDS
Lawrence
Thomas P. Shortell, DDS
Mission

KENTUCKY

Sara S Cummins, DMD
Louisville

MARYLAND

Cary Bly
Annapolis
Moshe Recthand, DDS
Baltimore
Ryan Williams, DDS
Hagerstown
Mehr Tucker, DDS
Rockville
Huixin Wang, DDS
Rockville
Beverly M. Glass, DMD
Salisbury

MASSACHUSETTS

Jie Sun, DMD
Boston

Garrett Wingrove, DMD
Boston

Chris Freyermuth, DMD
Plymouth

MICHIGAN

Sharvil Shah, DMD
Northville

MINNESOTA

Dustin White, DDS
Albertville

MISSISSIPPI

Jason O. Rosetti, DDS
Gulfport

Elizabeth-Lee Cossich,
DDS

Jackson
Derek E. Warren, DMD
Tupelo

MISSOURI

Bradley S. Laird, DDS
Joplin

Richard McKell Young, DMD
Warrensburg

NEBRASKA

Andrew Steadman, DDS
Bellevue

NEVADA

Cyrus Kwong, DDS
Reno

NEW HAMPSHIRE

Muhenad Samaan, DMD
Manchester

NEW JERSEY

Pinali Javeri Menon, DDS
Edison

Chirtra Sarvotam, DDS
Elizabeth

Richard C. Staller, DMD
Princeton

Janice Bell
South Orange

David Magid, DMD
West Caldwell

NEW YORK

Indrajeet Singh, DDS
Astoria

Alexander Sakthivelu, DDS
Brooklyn

Evan L. Zingaro, DDS
East Amherst

Shilpa Trivedi, DDS
Flushing

Kavi Shah, DMD,MS
Glen Oaks

Victor Yin Yu Lee, DDS
New York

NORTH CAROLINA

Preston Ford, DDS
Chapel Hill

Tori Anne Irvine
Charlotte

Brent Meekins, DDS
Raleigh

NORTH DAKOTA

Mark Sheils
Fargo

OHIO

Jiho Yang, DMD
Cleveland

Phillip Wallace, DDS
Willoughby

OKLAHOMA

Mhd Zahir Kouzbari, DDS
Edmond

PENNSYLVANIA

Nathan Estrin, DMD
Erie

David Reilly, DMD
Haverford

Sara J. Gotwalt, DMD
Lititz

Carl Medgaus, DMD
Pittsburgh

SOUTH CAROLINA

James Bradley
Wisner, DMD

Charleston
Bryan K. Springer, DMD
Lexington

TENNESSEE

Stan Montee
Nashville

Lauren A. Carter, DDS
Pulaski

TEXAS

Jiyoung Jung, DDS
Arlington

Tyler Rushing, DMD
Cleveland

Victor Esmeraldo, DDS
Dallas

Jessica Kappel, DDS
El Paso

Karen Littlefield Neil, DDS
Fort Worth

Alexander Smith
Granbury

Xiang Hu, DMD
Gun Barrel City

Raouf Hanna, DDS
Houston

Babak Najafi A., DDS
San Antonio

Cody Strahler
San Antonio

Magi Ann Crofcheck, DDS
Webster

VIRGINIA

Ramona Rivera, DDS
King George

Hood E. Biggers, DDS
Midlothian

WASHINGTON

Nicholas James
Wilson, DDS

Anacortes
Birkin Owart, DDS
Seattle

BOSNIA

Zoran Jovanic
Laktasi, Republika
Srpska

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Mark Bishara, DDS
Bowmanville

HUNGARY

Bajusz Norbert, DMD
Bekescsaba

INDIA

Satyavrat Arya
Faridabad
Gauri Merchant, DDS
Mumbai

RUSSIA

Sergey Vladimirovich
Fadeev
Togliatii

SAUDI ARABIA

Nevan Mohammed
Eldagay
Jeddah

SOUTH KOREA

Kyungmok Sim, DDS
Busan
Donghyeob Woo, DDS,
MS, PhD
Busan

Jongsu Park, DDS
Cheong-ju,
Chungcheongbuk-do

In Seok Kim, DDS
Seoul

Sungwoo Kim, DDS
Gunpo-si

Dong Jin Bhnag
Gyeonggi-do

Sunghoon Lee, DMD
Incheon

Soonki Kim, DDS
Kimpoo City

Chanwoo Kim
Pyeongtaek-si

SeongHun Jeong
Sacheon-Si

Min-Gi Cho
Seoul

Chonghon Choung, DDS
Seoul

Jung Tae Kim, DDS
Seoul

Munju Lee, DMD
Seoul

Yunhee Chin
Suwon-Si,
Gyeonggi-Do

SWITZERLAND

Christoph Bormand, DDS
Kuettigen

UNITED ARAB

EMIRATES
Ziad B. Mostapha, DDS
Abu Dhabi

Editor's Notebook

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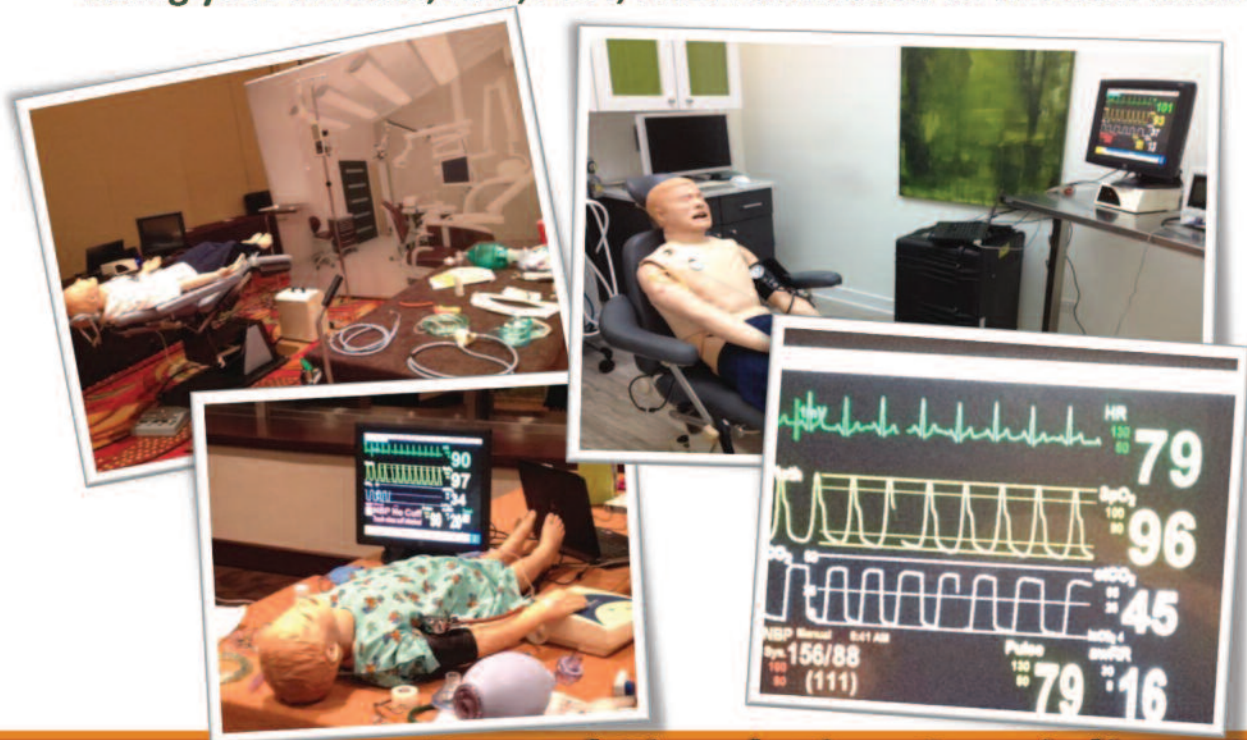
from around the world at your fingertips. AAID's own Clinical Classroom, produced in concert with Dental Campus, includes videos and learning modules that include a strong European influence. Youtube videos on different procedures allows you to question not just what you do but the validity of what is being shown by other dentists. The *Journal of Oral Implantology* and other peer-reviewed journals will often feature case reports on new treatment options.

You owe it to yourself to take advantage of the opportunity to compare notes. You may not have to reinvent the wheel. Someone may have already done it and may be anxious to share their solutions with you. ●



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President – Consultant

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newmembers

AAID welcomes new student members

It's never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. AAID's electronic membership, open only to dental students, has been in place for several years, and we currently have over 1,000 dental student members who are entitled to online access to Academy information and resources. The following is the list of new electronic dental student members who joined between April 6, 2017 and June 28, 2017.

Detroit Mercy University

Aida Rosenthal

New York University

Deepika Ankreddy

Jason Chen

Shun Chen

Paul Chung

Joseph Geiger III

Kathleen Hoffman

Jonathan Hsiao

Brian Jun Hwangpo

Henry Jackson

Dimitriy Klass

Karan Mirchandani

Arsen Murdokhisen

Katherine Passaro

Michael Samandosev

Tuan Thai

Virajitha Velichala

Jason Wiener

Naila Williams

Rutgers University

Daniel Babadzhyanov

Jason Friedman

Chelsea Stahl

University of Minnesota

Bradley Beauchere

Matt Borowicz

Jordan Brummond

Hanka Chadive

Eric Christenson

Sawyer Ferguson

Andrew Kuehn

Stephen Ieeb

Alex Lentz

Kate Marquis

Leah McComas

Emily McIntire

Megan Raiber

Tyler Veneman

University of Texas - Houston

Gabriella Balli

Thai Cuang Ho

Nadia Ismail

Matthew Le

Angie Nguyen

Jade Nix

Sean Pawelek

Adrienne Rhodes

Katherine Richardson

Natalie Vos

Hong Wang

Katie Womack

Accessories
Member pin
Cuff links
Tie tack

Scrubs

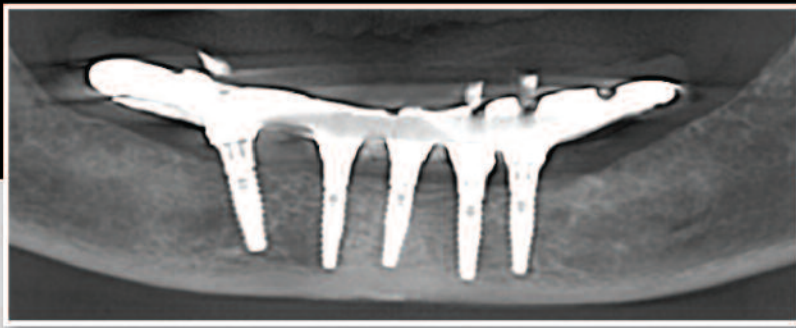
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Email: LBThigpen@gru.edu
Website: www.georgiamaxicourse.com

Chicago Midwest AAID MaxiCourse®

Co-Directors: Natalie Wong, DDS and Adam Foleck, DMD
Contact: Linda Shouldice
Phone: 416-566-9855
Fax: 647-748-3551
Email: info@ti2inc.com
Website: www.torontoimplantstitute.com

Las Vegas MaxiCourse®

370 Grand Ave, Englewood, NJ 07631
Director: John Minichetti, DMD
Contact: Esther Yang
Phone: 201-871-3555
Email: info@englewooddental.com
Website: aaid-vegasmxcourse.org

Loma Linda University/AAID MaxiCourse®

Loma Linda, California
Monthly March through December
Continuing Dental Education
11245 Anderson St.; Suite 120
Loma Linda, CA 92354
www.llu.edu/assets/dentistry/documents/cde/maxicourse2010.pdf

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St. Barnabas Hospital
4422 Third Avenue
Bronx, NY 10457
Co-Directors: John Minichetti, DMD and Joseph C. D'Amore
Contact: Esther Yang
Phone: 201-871-3555
Email: info@englewooddental.com
Website: www.dentalimplantlearning-center.com

Nova Southeastern University College of Medicine MaxiCourse®

Fort Lauderdale, FL
Director: Jack Piermatti, DMD
Contact: Jack Piermatti, DMD
Phone: 609-314-1649
Email: jpiermatti@yahoo.com
Website: www.dental.nova.edu

Oregon/AAID MaxiCourse®

Medoline, Inc.
September – June
1 weekend per month
Contact: Dr. Shane Samy
Phone: 800-603-7617
Email: oralaidmaxicourse@gmail.com
Website: www.oraaidmaxicourse.com

Puerto Rico MaxiCourse®

Ten sessions from September through June
Contact: Miriam Montes, Program Coordinator
Phone: 787-642-2708
Email: prmaxicourse@gmail.com
Website: www.theadii.com

Rutgers University of Dental Medicine MaxiCourse®

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110 Bergen Street, Room B701
P.O. Box 1709
Newark, NJ 07101-1709
Director: Jack Piermatti, DMD
Coordinator: Janice Gibbs-Reed, MA, CMP
Phone: 973-972-6561
Email: gibbs@sdm.rutgers.edu
Website: sdm.rutgers.edu/CDE/MaxiCourse

TexMAX® Dental Implant Education MaxiCourse®

Director: Jay Elliott, DDS
Registrar: Jackie Martinez
Telephone: 281-703-9468
Email: Jackie@texasimplantededucation.com
Website: www.texasimplantededucation.com

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Phone: 905-235-1006
Contact: Chantel Furlong
Email: info@ti-maxicourse.ca
Website: www.ti-maxicourse.ca

Vancouver, British Columbia MaxiCourse®

September – June
Contact: Andrew Gillies
Phone: 604-330-9933
Email: andrew@implantconnection.ca
Website: www.vancouvermaxicourse.com

Washington, D.C. (Mid-Atlantic) MaxiCourse®

Howard University
Washington, DC
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Director: Bernee Dunson, DDS
Contact: Keonka Williams, Course Administrator
Phone: 404-897-1699
Email: docdunson@gmail.com

Outside U.S. and Canada MaxiCourses®

Japan MaxiCourse®

13, Morimaki-cho, Moriyama-ku
Nagoya, Japan 463-0073
Director: Yasunori Hotta, DDS, PhD
Phone: +81-52-794-8188
Email: hotta-dc@ff.ij4u.or.jp
Website: www.hotta-dc.com

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October – August
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Contact: Dr. Shankar Iyer
Email: drsiyer@aol.com
Website: www.aaid-asia.org

Korea MaxiCourse®

Monthly March through December
Contact: Dr. Jaehyun Shim
Email: dental-care@hanmail.net
Website: www.kdi-aaid.com

Egypt MaxiCourse®

15 ezz eldeen Mohamed Hozha
Heliopolis, Cairo, Egypt
Co-Directors: Kim Gowey, DDS; Shankar Iyer, DDS, MDS
Administrative Contact: Dr. Mahmoud Kohail
Email: mahmoudkohail@ascde.com
Telephone: (002)01141403350

China MaxiCourse®

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Putuo District
Shanghai, China
Director: Jaime Lozada, DMD
Contact: Jolie Meng
Phone: +86 21-61364635 or 909-558-4685

MaxiCourse® Malta

Building SCM 01
Ricasoli 1001 Malta
Co-Directors: Dennis Flanagan, DDS, MSc; Shankar Iyer, DDS, MDS
Contact: Andrea Mascolo, Coordinator
Email: info@maxicoursemalta.com
Website: www.maxicoursemalta.com

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March 29 – 30, 2018
Contact: James W. Gibney, DMD, JD
Phone: 352-686-4223
Email: jwgibney@atlantic.net
Website: jameswgibneydmd.com

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Website: www.maxicourseasia.com

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Edward Kusek, DDS
Contact: Kristi Meyer
Phone: 605-371-3443
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Phone: (860) 649-2272
Email: Michelle@jawfixers.com
Website: www.JawFixers.com

Fixed Removable Implant Treatment

Carol Phillips, DDS
Contact: Melissa Martin
Phone: 800-549-5000

Foundations in Implant Dentistry

Dr. Michael Gillis
Session 1: September 21 – 23, 2017
Session 2: January 25 – 27, 2017
Session 3: April 5 – 7, 2018
Halifax, Nova Scotia
Contact: Denise Robicheau
Phone: 902-405-0077
Email: admin@gillisdentalimplants.com

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Dr. Ken Hebel
Hands On Implant Training –
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Phone: 605-371-3443
Website: www.drkusek.com/courses.html

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Michael Tischler, DDS; Scott Ganz, DMD;
Claudia Patch, DMD
Tischler Dental Laboratory
Woodstock, NY
Contact: 845-679-2737
Website: www.prettau-course.com

Linkow Advanced Implant Courses

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Phone: 201-840-7777
Contact: Amelia
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Email: info@adiseminars.com
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Phone: 877. 709.6623
Email:
info@universityimplanteducators.com
Website:
www.universityimplanteducators.com

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Continuing Education

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CANADA

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

Dr. D.M. Vassos

Mentor Program – Hands-on Program over six Saturdays

Location: Edmonton, Alberta, Canada

Contact: Rosanna Frey

Phone: 780-488-1240

Email: rosanna@dmvassos.com

Website: www.dmvassos.com

The BITE Club

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Phone: 604-330-9933

Email: andrew@implantconnection.ca

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Dr. Robert E. Leigh, Director

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

Email: coriemanager@gmail.com

Web Sites: www.rockymountainssmile-center.com

www.leighsmilecenter.com

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Website: www.cdipc.ca

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Location: Vancouver, B.C., Canada

Contact: Kim

Phone: 1-800-668-2280

Email: kimber@piidentistry.com

Website: www.piidentistry.com

Toronto Implant Institute

Toronto Implant Institute

Natalie Y. Wong, DDS, FAAID, DABOI/ID

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Email: linda@ti2inc.com

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Phone: 604-330-9933

Email: andrew@implantconnection.ca

Website: www.cdipc.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

Email: beirutidc@hotmail.com

AAID Affiliated Study Clubs*

ALABAMA

Alabama Implant Study Group

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CALIFORNIA

Bay Area Implant Synergy Study Group

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Website: www.drmatthewyoung.com/

BayAreaImplantSynergyPage.htm

Northern California Dental Implant Continuum

Craig A. Schlie, DDS, AFAAID

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FLORIDA

Central Florida Dental Implant Study Group

Altamonte Springs, FL

Don Preble, DMD

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Fax: 407-831-8604

Mid-Florida Implant Study Group

Palm Harbor, FL

Rajiv Patel, BDS, MDS

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NEW JERSEY

Bergen County Implant Study Club

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Email: info@englewooddental.com

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Lincroft Village Dental Implant Study Group

Treatment planning, bonegrafting, prosthetics

Richard J. Mercurio, DDS

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NEW YORK

CNY Implant Study Group

Brian Jackson, DDS

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New York Study Club

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John Minichetti, DMD

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Email: info@edgardelchaar.com

NORTH CAROLINA

Clemmons North Carolina Study Club

Andrew Kelly, DDS

Clemmons, NC

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* This calendar section is available to any credentialed member of the AAID to post information about implant education courses offered by the member. The member must agree to provide the list of attendees to AAID in exchange for publication of the course in the calendar. Study Club listings are available only to Affiliated AAID Study Clubs. For information about becoming an Affiliated AAID Study Club, email education@aaid.com.

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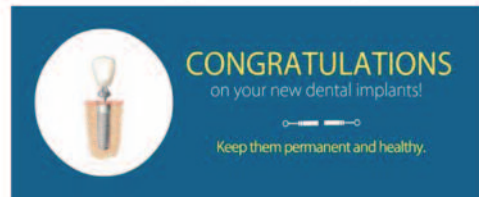
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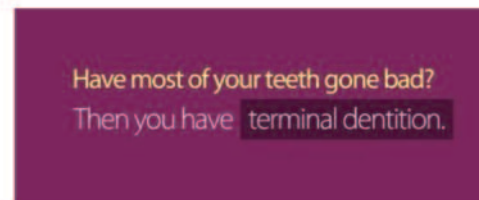
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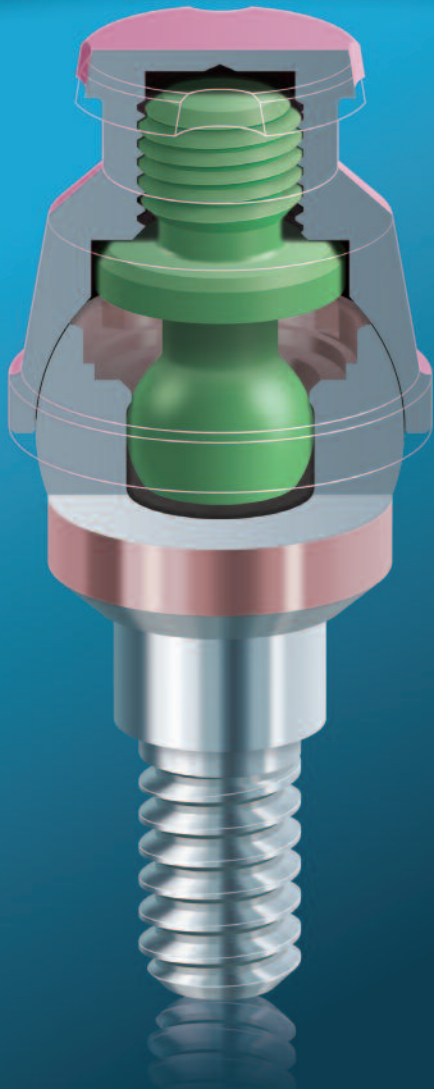
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