

# AAID NEWS



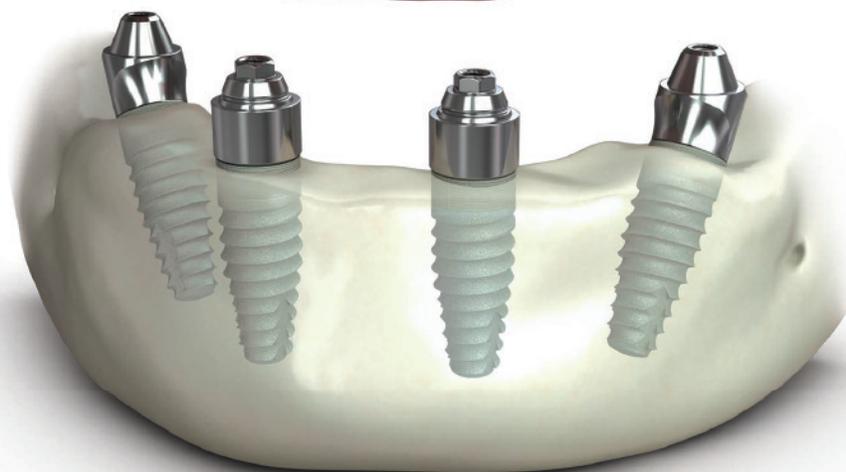
## Breaking Through the Noise

The AAID Consumer Communications Campaign

### INSIDE

- Advertising As a Specialist
- Applying for Disability Income Insurance
- Repealing the McCarran-Ferguson Act

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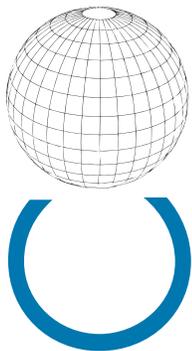


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aaid.com

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

# Look Back to Get Ahead

I have always found if I look backward rather than forward, it's easier to make time for important things. For example, if I want to take two weeks off for some kind of trip, I can find unlimited reasons not to go if I look ahead and think about the trip competing with all of the day-to-day tasks that I really have to do. The plans for the trip may be abandoned due to the ever-present, pressing tasks that seem so indispensable. On the other hand, though, if I project ahead, say six months or a year, and anticipate what I will think about having gone several months earlier, I will usually realize the value of the experience and not regret those other tasks being delayed a bit.

So, when I think about continuing education experiences, I take the same approach. Having devoted the time to take a number of intense and time-consuming educational experiences, I have nearly zero regrets in spite of the time and expense involved. I can see the benefits clearly. Whether you are assessing the feasibility of attending the American Academy of Implant Dentistry 67th Annual Conference coming up in Dallas, September 26 to 29, or a year-long MaxiCourse®, the strategy of looking backward instead of forward may make the decision easier. For example,

if you read a course description and see serious potential value, don't be too reluctant to commit. The experience itself becomes part of you going forward. The colleagues you meet, the new ideas to which you are exposed, and the skills you will be developing are part of what will make you a superior practitioner going forward. As I was counseled long ago,

As I was counseled long ago,  
“What you learn is something that  
no one can take away from you.”

“What you learn is something that no one can take away from you.”

And it's not just for professional decisions, either. At least in my case, the above strategy works for taking vacations, as well. Time spent relaxing or exploring with friends or family can be crowded out by the intimidating number of tasks a dentist always has in his or her must-do list. Barbara Bush, and probably many other wise speakers, once gave a commencement speech suggesting that when your final days have arrived, you probably won't be regretting that you spent too little time at the office. No, you won't be thinking, “Oh, if only I could have done a dozen more root canals (or implants).”

It all revolves around balance. Establish what your wishes are for the decision you think is right for you, and then, if you find yourself talking your way out of legitimate plans, try the retro approach as described above. ●

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

# AAID ANNUAL CONFERENCE 2018

## Optimize the Site - Optimize the Outcome<sup>®</sup>

### Lecture by Dr. Salah Huwais

Thursday, September 27, 2018  
Landmark ABC • 8:00 AM - 9:00 AM  
Osseodensification: Optimize the Site -  
Optimize the Outcome



### Hands-On by Dr. Salah Huwais

Saturday, September 29, 2018  
Cumberland L • 8:00 AM - 12:00 PM  
W13: Create More with Less -  
Any Implant, Any Ridge, in Either Jaw

## Join Us for Extensive Discussions on Osseodensification



Prof. Ziv Mazor  
**Lecture:** Thursday, September 27  
Landmark ABC 1:30 pm - 2:30 pm  
Paradigm Shift in Subcrestal Sinus Augmentation:  
Innovative Approaches

**Hands-On:** Friday, September, 28  
Cumberland J 1:30 pm - 5:30 pm  
W12: State-of-the-Art with Sinus Augmentation



Dr. Howard Gluckman  
**Lecture:** Wednesday, September 26  
Landmark ABC 4:00 pm - 5:00 pm  
Partial Extraction Therapies



Dr. Chuck Schwimer  
**Lecture:** Friday, September 28  
Landmark ABC 9:00 am - 10:00 am  
Site Preservation of Tissue (S.P.O.T) to  
Optimize Implant Treatment



Dr. Carlos da Rosa  
**Lecture:** Thursday, September 27  
Landmark ABC 11:00 am - 12:00 pm  
Immediate Dentoalveolar Restoration (IDR)-  
Technique and Bone Biology: 12 year Follow up

**Hands-On:** Friday, September, 28  
Cumberland L 1:30 pm - 5:30 pm  
W09: Immediate Dentoalveolar Restoration (IDR) 12-year  
Follow-up: The Step-by-Step Technique



Dr. Burnee Dunson  
**Hands-On:** Sunday, September 30  
Cumberland A-C 8:00 am - 5:00 pm  
W17: Hands-on Implant Placement and Bone Grafting  
on Cadavers



Dr. Rodrigo Neiva  
**Lecture:** Wednesday, September 26  
Landmark ABC 12:30pm - 1:30pm  
Dealing with Ridge Deficiencies: Current Options



Dr. Richard Martin  
**Lecture:** Wednesday, September 26  
Landmark ABC 1:30 pm - 2:30 pm  
Digital Simplified Approved



Dr. Samvel Bleyan  
**Lecture:** Thursday, September 27  
Landmark ABC 2:30 pm - 3:30 pm  
Total Site Optimization: Expanding Horizons



Dr. Armando Ponzi  
**Lecture:** Thursday, September 27  
Landmark ABC 9:00 am - 10:00 am  
Role of Socket Shield (SS) and Osseodensification  
on Single Day Visit



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It is used for single implant with narrow bone width or weak bone to expand bone or upgrade bone.



Pilot Drill / Bone Expander

RCW-01  
SAW-02 22mm  
ADAPTER A ADAPTER 1

	01.8 PLD-1.8	02.6 SBE-2.6	03.0 SBE-3.0	03.4 SBE-3.4	03.8 SBE-3.8	04.3 SBE-4.3
MCT	1 White	2 Orange	3 Red	4 Blue	5 Green	
Apical 4mm						
6mm	2.6	3.0	3.4	3.8	4.3	
8mm						
10mm						
Length	17	17	17	17	17	17

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Size	Your Price
0.5cc	<b>\$40.00</b>
1.0cc	<b>\$56.00</b>
2.5cc	<b>\$83.00</b>

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**Stronger-** Neomem® FlexPlus has 3 times the suture pull out strength compared to Bio-Gide and resorption time of 3-4 months.

**Supple-** Lack of memory means that Neomem® FlexPlus drapes and conforms to the defect site.

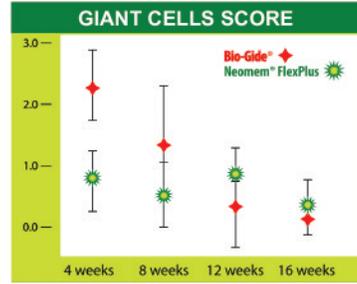
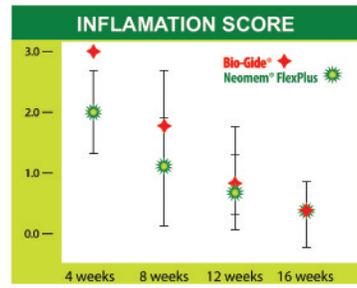
**Better Initial Resorption Rate-** Compared to Bio-Gide®, Neomem® FlexPlus initial in-vivo resorption profile suggests that Neomem® FlexPlus is more stable.

**Less Inflammation-** In-vivo testing also demonstrates that Neomem® FlexPlus produced a lower level of early inflammation than Bio-Gide® and Neomem® FlexPlus shows a lower level of a giant cell response.

- Advantages**
- High suture pull out strength
  - Excellent draping
  - Lower inflammation
  - 3-4 month resorption
  - Easy handling

- Neomem Flex Plus**
- 15 x 20 mm **\$92**
  - 20 x 30 mm **\$115**
  - 30 x 40 mm **\$165**

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## Dr. Choukroun Soft Brushing Kit

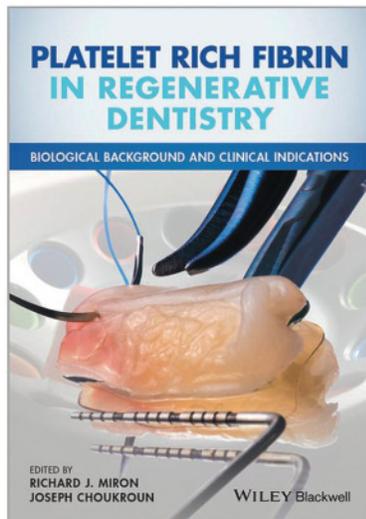
This kit was designed by Dr. Joseph Choukroun to extend the flap without the need for incision. The concept of this product is to disorganize the collagen fibers of the fibrous periosteum. This reduces the stiffness of the flap allowing the flap to release farther. This kit does not cut anything at all. The flap is released as a result of the separation of the periosteum fibers.

**\$550.00**

### Kit Includes 5 Instruments:

- Regular Tip
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*Platelet Rich Fibrin in Regenerative Dentistry* offers comprehensive, evidence-based coverage of the biological basis and clinical applications of PRF in dentistry. Co-edited by a leading researcher in tissue regeneration and the inventor of the PRF technique, it brings together original contributions from expert international researchers and clinicians. **\$110.00**



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**Dental Implant**  
TECHNOLOGIES



David G. Hochberg,  
DDS, FAAID, DABOI/ID  
President, American Academy of  
Implant Dentistry

# Planning for the Future

As the year continues to fly by, it's gratifying to know that the American Academy of Implant Dentistry (AAID) continues to prosper and grow. To keep our fellow AAID members in the loop, I wanted to take a moment to update you on our Board of Trustee meeting held on June 9, 2018, in Washington, D.C., at the historic Mayflower Hotel, which is the longest continuously operating hotel in the area. The Board meets three times per year for an entire day to

this strategic plan to help with implementation of goals. We keep our eyes on our progress and discuss achievements and modifications, as needed, throughout the year. Such planning helps AAID officers know our direction and remain on track so that we can keep the members informed of our progress.

Some highlights of our Strategic Plan over the next three years include:

- **Enhancing our members' experience** by broadening our educational offerings, developing study clubs, creating tools to help members grow their practices, expanding mentorship, providing the tools to network virtually with other members, and increasing opportunities to volunteer on committees.
- **Creating a modern, state-of-the-art, infrastructure** to ensure that we are technologically current and able to have the databases and design necessary to communicate in today's high-tech world.
- **Increasing the visibility of the AAID** as we continue to not only be a pre-eminent resource to those professionals interested in implant dentistry, but also to become the source for the general public to learn about implants and the value of our AAID members' education. We've begun with the introduction of our new patient website. A second step

We keep our eyes on our progress and discuss achievements and modifications, as needed, throughout the year.

give the AAID leadership an opportunity to review progress on ongoing initiatives and discuss new ones.

We began by discussing our new and finalized strategic plan. These plans are typically developed every three years and provide us with the opportunity to evaluate the organization's goals, modify them as needed, and set new goals that will help propel us into the future. The leadership uses



Dr. Clark receives his AAID Lifetime Achievement Award at the Southern District conference.

in this plan entails offering AAID members as a resource for speaking, education, and the like to other professional dental organizations that want to incorporate courses on implant dentistry into their conferences or curricula.

- **Raising our educational platforms** with webinars, digital programs, training dental teams, exploring residency programs, and scholarships.

These initiatives are all designed to help advance the status the AAID in the eyes of the public and the profession. Our time with Mary Byer, a professional facilitator who has worked with the AAID for many years, focused on increasing the efficiency and effectiveness among our Executive Committee, our Board, and our hard-working AAID staff. As the AAID strives to maintain its position as the leader in implant dentistry, your officers, the Board, and staff work together as a team to add value to your membership and the AAID credential.

Prior to the Board meeting in D.C., the Southern District held its conference on June 8 and 9. The theme of the program was “Decoding Digital Dentistry” and focused on CAD-CAM, 3D technology. The procedures and protocols presented help us deliver more accurate and predictable

results for our patients. We appreciate those who presented, our members who attended, and our sponsors who helped make the meeting possible. I would like to thank all involved in putting together this wonderful meeting for the AAID and the Southern District in particular.

The highlight of the weekend was an evening set aside to honor Dr. C Benson Clark, who received a Lifetime Achievement Award for his service to the AAID. He has influenced the lives of countless members throughout the years and has exemplified the AAID spirit and dedication to his patients.

We now set our sights to Dallas, Texas, where, from September 26 to September 29, we will hold our 2018 Annual Meeting, “Implant Dentistry—The Future is Now.” The time is quickly approaching, and we have planned an outstanding event. There are not only educational opportunities for members, but also the Dental Implant Team Network, a two-day, specialized learning track for team members. On Wednesday, we are honored to have Dr. Sanjay Gupta, CNN Chief Medical Correspondent, who will deliver the keynote address. He also will participate in a fundraiser to benefit the AAID Foundation. If you haven’t registered yet, take a moment to visit our website to learn more about our exciting 67th AAID Annual Conference; we look forward to seeing you there!

It continues to be an honor to serve you, the AAID members. ●

AAID  
AMERICAN ACADEMY  
OF IMPLANT DENTISTRY

2018 KEYNOTE SPEAKER

Dr. Sanjay Gupta  
Wednesday, September 26  
5:00 pm – 6:00 pm

Dr. Gupta is an Emmy®  
award winning chief medical  
correspondent for CNN.  
This session is included  
as a part of your meeting  
registration.

## Gilleard Provides Custom Marketing Tips for AAID Members

Dentists are always looking to find effective avenues to market their full-arch services, including the Internet, newspaper ads, radio, television, direct mail, or some other marketing. Here are some suggestions that may help you with marketing full-arch dentistry.



### Don't rely solely on Internet marketing

While Internet marketing is necessary, it is the most competitive. This is the reason that creating a good website is important to find patients. The elements necessary to help receive good response from your Internet marketing may include an offer or consultation; information on the affordability of the procedure; text attracting the patient to your practice; and the use of hot buttons. Another idea is to use phrases about a product or service that have been found through market research surveys. These can be found in headlines, subheadings, captions, copy, and imagery to engage the reader and encourage a response.

### Use marketing that gets in front of your target market

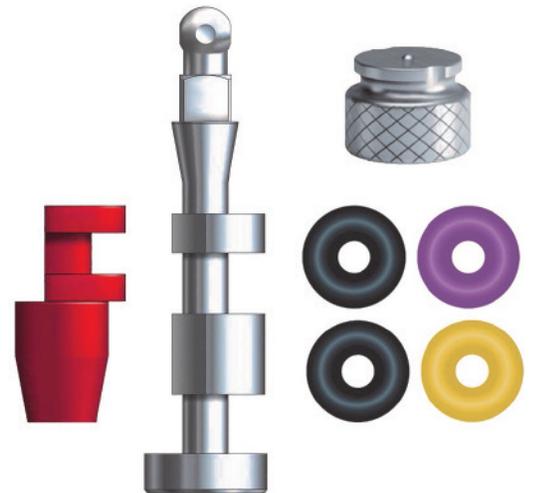
To get the number of full-arch patients you would like, you need to do offline marketing, as well. There are still a lot of potential people who don't realize there are great solutions for their failing or missing teeth—other than dentures. Marketing sent to target markets for full-arch implants is very effective in attracting these cases. A custom direct mail program can appeal and elicit response from potential patients.

[GilleardDentalMarketing.com](http://GilleardDentalMarketing.com)  
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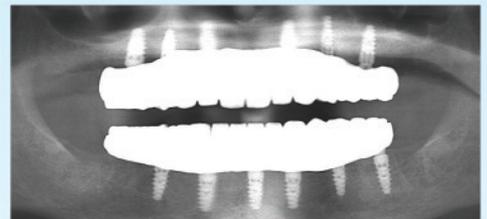
Per arch, complete with  
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Copy-mill from an approved  
denture setup for \$1,695

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The patient on the right, who presented with untreatable dentition, had both arches restored with the BruxZir® Full-Arch Implant Prosthesis following a straightforward treatment protocol. The prosthetic design was verified with the PMMA implant provisional prior to fabrication of the final prosthesis, ensuring an accurate design for the durable solid zirconia implant restoration.



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## Confidence

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†Half of payment is due after first appointment; half is due at final delivery. \*\*Warranty is provided to the prescribing dentist and is nontransferable.

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MKT 9888\_1.0 GL-89433-060418

For more information

[glidewell dental.com](http://glidewell dental.com) ■ 800-887-3580



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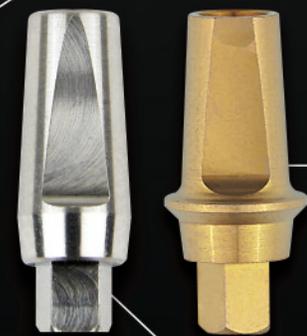
Available in sizes 3.7 through 8.0 mm

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Available in angles 0°, 15° & 30°

Stock Abutments

Available in angles 0° & 15°



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# Breaking Through the The AAID Consumer Communications Campaign

*By Lisa Wolfe and Liz Newman*

Every day, your patients are bombarded by advertising promoting implant dentistry. They're told dental implants will change their lives, they can have a new smile in a day, go back to eating corn on the cob, and that the procedure is easy and pain free. While all of that may be true, what the barrage of consumer information out there today doesn't tell them is how to make an informed decision about this very important medical procedure and the value of choosing an American Academy of Implant Dentistry (AAID)-credentialed dentist.



# Noise



## The need for information

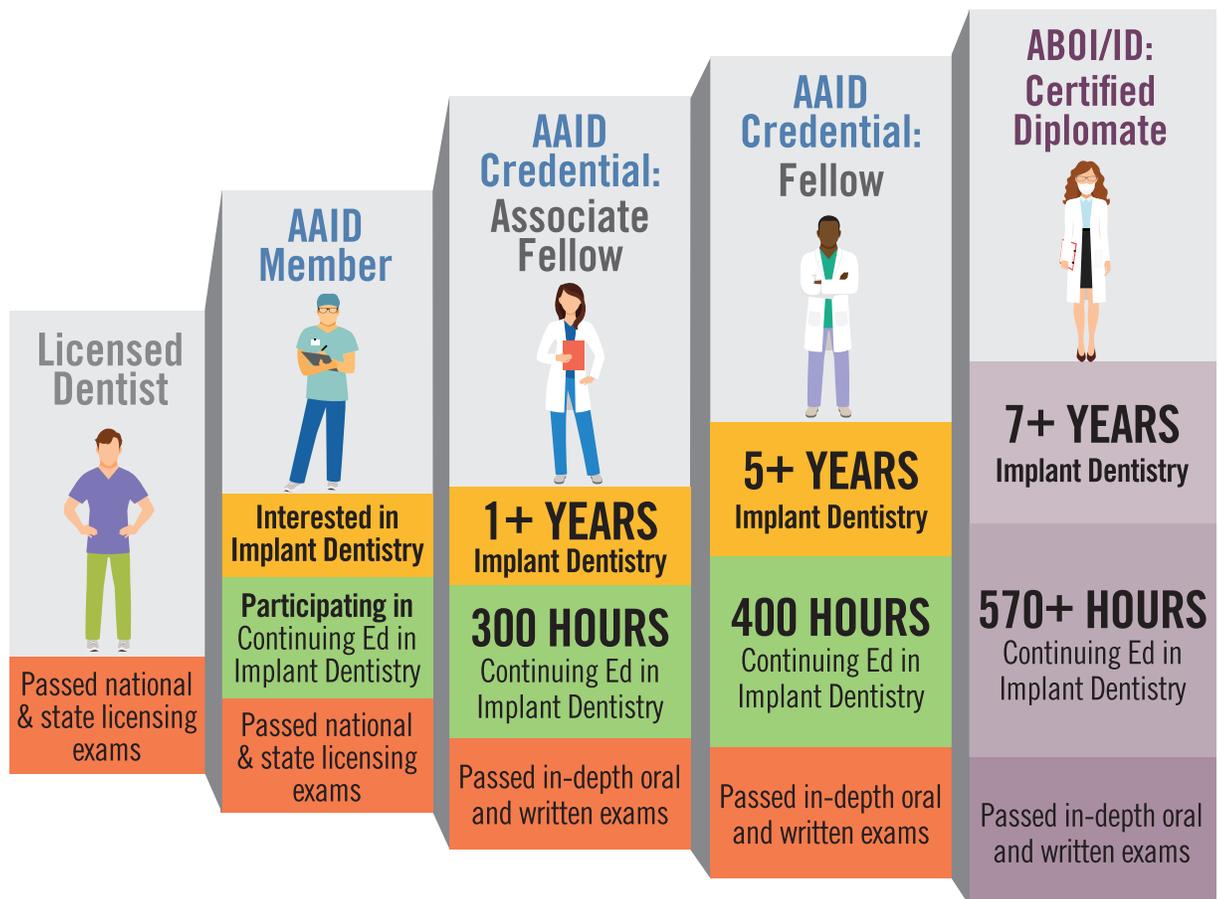
The AAID leadership understood this lack of information for consumers but wasn't sure where to start. AAID President David Hochberg, DDS, FAAID, DABOI/ID, explains, "Many years ago, we thought that the AAID needed to educate the public about what implants are, but today because of corporate dentists' advertising, we no longer have to fill that large informational void." He adds, "It saves us an incredible amount of time and marketing dollars."

The focus, then, shifted: Instead of educating the public about just implants, AAID leadership realized that sharing information about the AAID as an organization is the best way to help patients learn not only about implants, but also about the AAID's role in furthering dentists' education, and ultimately improving patient care. Dr. Hochberg says, "In my personal experience, I thought 'How come no one calls my office looking for a dentist who is AAID-credentialed?' This has happened maybe once or

twice in all of my years in practice." AAID President-Elect Natalie Wong, DDS, Cert Prosthodontics, FRCD(C), FAAID, FACP, DABOI/ID, DABP, adds, "Patients don't know which qualifications their dentists have, and they don't often ask. It's important for us as dentists to not only let our colleagues in the profession know, but to be proactive in letting our patients know what the AAID credentials mean."

Not only do dentists need to be proactive in educating their patients, but AAID leadership and staff also realized that patients should be asking their dentists about their credentials, which is not always the easiest or most comfortable thing to do. AAID Executive Director Cheryl Parker, CAE, explains, "Sometimes patients can feel intimidated to question their dentists' credentials, and dentists may not think to ask whether their patients know what the credentials mean."

Those credentials are extremely important and the process by which AAID members earn them is



equally as important to share with patients. Most patients don't understand exactly what the AAID is, and they also aren't always aware of the fact that just because any dentist can place an implant, there are those who take advanced training and earn credentials that make them particularly qualified for this procedure. Larry Nalitt, DDS, DABOI/ID, chair of the AAID Public Relations Committee, says, "With the ever-increasing demand for dental implants and several legal victories regarding specialty status of credentialed members of the AAID and the American Board of Oral Implantology [ABOI], we felt the time was right to implement a new marketing campaign, with one of the primary goals to raise public awareness of the AAID and the significance of our bona fide credentials, and to distinguish ourselves as the implant experts."

Thus, started the wheels in motion several years ago, with discussions focused on developing a strategy to address the challenge of elevating public recognition of the AAID credential. The AAID needed to provide consumers—your patients and potential patients—with the important and necessary facts to help them when choosing an implant dentist. Dr. Nalitt says, "We wanted to provide patients with a resource to help guide them through the process of researching information about dental implants, what to expect during and after treatment, and ultimately, in the selection of an experienced and AAID-credentialed dentist."

## Planning and strategy: Focus on the patient

Ultimately, this entire campaign is about patients. Dr. Hochberg says, "Every dentist and every implant dentist has one thing on the top of their list of priorities: Patients. And the AAID credential has great value to patients, but they need to be educated to understand the value. A dentist has a piece of paper hanging on his or her wall that doesn't really advance the value of the credential. So, if patients know about the organization and learn about the value of the credential, it will translate into patients in the chairs of our credentialed dentists. Which will make other dentists say, 'I think I want that credential because I'd like new patients and I want them to come to my office or treatment.' It just makes sense."

Following a comprehensive proposal process, AAID leadership ultimately chose NeigerDesign, a Chicago-based marketing and communications agency, to develop and implement a communications campaign to improve the overall public

awareness of AAID and teach the public and dentists about the true value of the AAID credential. Dr. Nalitt explains, "We felt it was important to revamp our marketing strategy and the public relations image of the AAID, as well as promote the AAID credentials to patients. We were very



impressed with NeigerDesign’s vision and their suggestions to achieve our goals.”

To develop the AAID consumer communications plan, the team at NeigerDesign conducted intensive research, which included reviewing all current communications processes and materials, including conducting a web content audit. Then they traveled to the 2017 AAID Annual Conference, where they interviewed more than 25 AAID-credentialed doctors and ABOI/ID diplomates, following up with phone interviews with PR Committee members, AAID leadership, and staff. From this work, they identified two key objectives to set the AAID on the path to achieving its communications goals:

- Increase web visits (especially on the “Find an Implant Dentist” tool) via inbound marketing to help the AAID attract patients, distribute helpful information, and ultimately get patients to the offices of AAID-credentialed members.
- Improve the overall public awareness marketing effort for the AAID, with a consistent brand voice and image, and a more compelling and memorable message to teach the public and dentists about the true value of the AAID credential.

NeigerDesign, AAID leadership, and staff also identified three pillars for the brand strategy with patients in mind:

- **Trust:** Knowing your doctor has an AAID credential and/or ABOI certification provides a level of trust and confidence that your doctor

has achieved a gold standard in dental implant expertise.

- **Skill:** The AAID provides courses and training to take a dentist from basic dental implant knowledge and skill to expertise and leadership.
- **Big Picture:** Implant dentists are “big picture” people. Rather than focusing on a particular tooth implant, they’re focused on a patient’s overall, long-term goals. The extensive education required and rigor of the AAID credential ensures this.

In order to carry out these plans, the AAID and NeigerDesign have worked to create a variety of resources for AAID members and their patients to use to increase awareness of the AAID, the AAID credentials, and how patients can access the AAID as the go-to resource for all things implant dentistry. Dr. Nalitt explains, “As PR Committee chair, I have worked very closely with Carol Neiger and her staff at NeigerDesign to help advance our vision. It’s really been on-the-job training for me and has been a lot of fun learning the intricacies of marketing strategies and implementation.” He didn’t do it alone, though; Dr. Nalitt says, “The PR Committee members, Dr. Vince Vella, Dr. Jasmine Sung, Dr. Craig Aronson, and I have been intimately involved in the development of these resources, including the blogs, videos, infographics, and the look and feel of the consumer website.” Dr. Hochberg adds, “Credit for a great deal of the vision behind this campaign and the momentum for moving it forward

The screenshot shows the AAID website header with navigation links for FAQs, LifeSmiles Blog, American Academy of Implant Dentistry, and social media icons. The main navigation includes 'Dental Implants', 'AAID Credentials', 'Value & Cost', and 'Find an Implant Dentist'. The main content area features a video player with a play button and a text box asking 'Be sure to ask your implant dentist: "Are you AAID credentialed?"'. To the right, a section titled 'AAID Credentialed Dentists: The Dental Implant Experts' explains the benefits of AAID credentials. Below this is an infographic showing the career progression from a Licensed Dentist to an ABOI/ID Certified Diplomate, with stages including AAID Member, AAID Associate Fellow, and AAID Fellow, each with specific requirements like continuing education hours and exam scores.

Consumers can find all the information they need to learn about AAID credentialed dentists.

goes to Dr. Nalitt and AAID Treasurer Dr. Adam Foleck. I want to express my personal thanks on behalf of the entire AAID membership.”

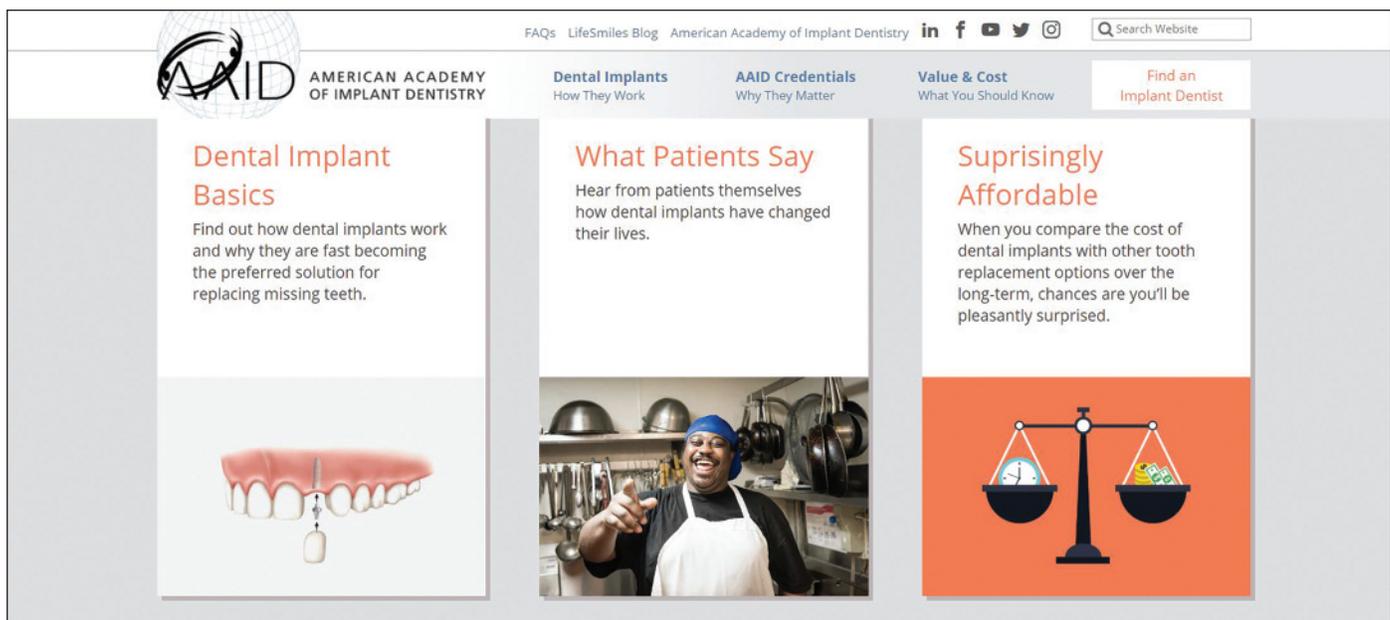
## The consumer website

The first step in this integrated communications plan was the development and launch of the AAID consumer website ([aaid-implant.org](http://aaid-implant.org)) where consumers can get the facts about dental implants, how they work, and how much they cost. The site also features the “Find an Implant Dentist” tool where patients can locate an AAID-credentialed dentist nearby, and the consumer-focused blog, “LifeSmiles,” which features articles on topics of interest to someone considering implants, such as “Teeth in a Day—Myth or Reality? How the Dental Implant Process Works” and “Considering Dental Implants? Here Are 5 Things You Should Know.” Compelling videos on the site explain topics such as “Why Replace Missing Teeth” and “A New Lease on Life: Finding Happiness with Dental Implants” to patients. The expert content in the blog posts is based on interviews with AAID-credentialed dentists from around the country. Social media channels—including the AAID consumer-focused Twitter account @AAID\_LifeSmiles—are being used to drive consumers to the new website. When AAID members’ patients inquire about dental implants, this new consumer site is a terrific resource to help them as they make their decisions about their oral health.

## Dental Implant Awareness Month: September 2018

To support the overall consumer campaign, the AAID will once again this year celebrate Dental Implant Awareness Month, moving it to September to coincide with the AAID Annual Conference, which will be held September 26 to 29, in Dallas, Texas. This is a prime opportunity for AAID members to raise consumer awareness of how to make informed decisions about dental implants in their local communities.

The AAID and NeigerDesign will develop and share on the website a free marketing toolkit for AAID members to use in their practices. Resources will include brochures and posters emphasizing the value of the AAID credential that can be customized and shared digitally or in print. In addition, the toolkit will provide AAID members with ideas and tips for launching their own social media campaigns in September, leveraging content from the AAID consumer website, blog, and social media outlets. These tools provide AAID members with a launching pad for raising awareness in their practices and communities. Dr. Nalitt hopes that “with the development of the new consumer website and marketing outreach to educate and raise public awareness of the AAID, existing members will take advantage of all the wonderful resources available and incorporate them into their practices and ultimately their interaction with patients.”



The consumer-focused blog, “LifeSmiles,” which features articles on topics of interest to someone considering implants.

From a PR perspective, NeigerDesign and the AAID will develop and distribute a national press release to targeted media outlets around the country. AAID Board and PR Committee members will also be asked to be local spokespersons during Dental Implant Awareness Month. NeigerDesign and the AAID will pitch news stories featuring these members and Dental Implant Awareness Month to broadcast and print media outlets in the communities where they live. In addition, stories featuring AAID leadership will be pitched to Dallas media in conjunction with the AAID 67th Annual Conference in September.

## Looking ahead: Measuring success

Key to any successful marketing and communications campaign is measuring success throughout the process. Because the AAID consumer campaign has a firm foundation in technology, there are many tools available to measure its success. NeigerDesign and AAID leaders and staff will look at data such as the search engine ranking of the AAID website, clicks in to the consumer site, AAID-implants.org, and other online analytics. In addition, the number of media impressions and placements—particularly during Dental Implant Awareness Month—will be evaluated, as well as traditional sources of measurement, such as AAID records of phone inquiries and emails from patients, and use of the Find an Implant Dentist tool. This data will be used to both evaluate the success of

the campaign and inform new strategies moving forward, which could focus on AAID membership.

Not only is the AAID consumer campaign designed to both raise awareness of the AAID credential with the public and, even more importantly, to help patients around the world make informed decisions about the approach to and doctor for implants that will best meet their needs, it could serve as a recruitment tool. Dr. Hochberg explains, “The payoff of this campaign is two-fold: Patients will be able to make an educated decision about where to turn for dental implants and, as the demand for the AAID credential grows, more young dentists interested in implant placement and restoration will want our credential.”

Dr. Nalitt echoes this idea: “I would expect that through learning about the AAID through this consumer campaign, any non-AAID members will appreciate the benefits of joining the AAID and ultimately becoming credentialed.”

As Dr. Hochberg said in his inaugural address at last year’s AAID Annual Conference, “The AAID has been around for 67 years and we have launched this consumer campaign to ensure that patients know who we are. Wouldn’t it be music to your ears to hear from your front desk that a new patient is in your book because they want to see an AAID-credentialed dentist?”

Dr. Nalitt concludes, “It is said that an educated consumer is a good consumer. Our new website and marketing goes a long way toward achieving that.”

AAID AMERICAN ACADEMY OF IMPLANT DENTISTRY

FAQs LifeSmiles Blog American Academy of Implant Dentistry in f y t i Search Website

Dental Implants How They Work AAID Credentials Why They Matter Value & Cost What You Should Know Find an Implant Dentist

US Zip Code -OR- Last Name Advanced Search

AAID Associate Fellow

- 1+ years of implant dentistry.
- 300 hours of continuing education in implant dentistry.
- Passed in-depth oral and written exams.

AAID Fellow

- 5+ years of implant dentistry.
- 400 hours of continuing education in implant dentistry.
- Passed in-depth oral and written exams.

ABO/ID Diplomate

- 7+ years of implant dentistry.
- 570+ hours of continuing education in implant dentistry.
- Passed in-depth oral and written exams.

The AAID Consumer website features a “Find an Implant Dentist” tool where patients can locate an AAID-credentialed dentist nearby.

# Becoming an AAID-Credentialed Dentist

With the AAID making a significant investment in building consumer awareness of its credential, it is time to think about what it could mean for you and your practice. Click on the “Find an Implant Dentist” tool on the AAID consumer website and you can search hundreds of colleagues from around the country who are AAID credentialed. Are you on that list? If not, you might want to consider starting the credentialing process. The AAID credential demonstrates to colleagues and patients that you are dedicated to providing the best possible dental implant treatment.

A great way to begin the process of becoming an Associate Fellow Member of the AAID is to complete the AAID MaxiCourses®. MaxiCourses are appropriate for doctors with no dental implant experience at all, as well as doctors who have been placing implants for years and want to enhance their knowledge. They are among the most respected and comprehensive training programs in implant dentistry. Offered in various settings throughout the United States and internationally, the course presenters are renowned university faculty, world-class clinicians, and the country’s top authorities in implant dentistry. The AAID MaxiCourses will provide you with the more than 300 hours of CE necessary to fulfill the education requirement of the Associate Fellow Member process.

As one AAID-credentialed dentist shared, “I was in awe of how much I could learn in the AAID MaxiCourses about the quickly moving field of implantology from world-class faculty. It put me on a different playing field in my practice. The AAID walks you through being a beginner to becoming an expert in implant dentistry.”

**Credentialing**

**examination**

Which credential is right for me? Find out using the Credentialing Wizard >

AAID Study Guide: Start preparing for the Exams

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By Frank Recker, DDS, JD

## Advertising As a Specialist

There is understandably a great deal of confusion about advertising as a “specialist in implant dentistry.” As the case law evolves and dental boards respond to both judicial decisions and guidance from the American Dental Association (ADA), it can be very difficult to stay abreast of where things stand. I will attempt to summarize the current status of state advertising restrictions relative to advertising as a specialist. I should note at the outset that many ADA-recognized specialists—

to prevent—would in fact result without such restrictions. To date, no state has been able to meet this burden. Consumers are largely unaware of what a dental specialist is and providing more information to the public is preferred over state-imposed gag orders. But in my view, any dental advertisement that references either a credential or a title such as “specialist” should also indicate the name of the credential and its source, including a legitimate source (website or official published document) for information about the credential or its predicate requirements.

To its credit, the ADA has taken the position that other entities such as the ABDS should be recognized as specialty-certifying boards, in addition to ADA-recognized boards. Although the ABDS is a relatively new entity, it also was created to represent areas of dentistry that could never meet the ADA criteria for specialty recognition. Indeed, such areas of dentistry could well deserve to have future specialists, such as cosmetic dentistry, geriatric dentistry, laser dentistry, forensic dentistry, special needs dentistry, and family dentistry, to name a few. At a minimum, dentists who have earned credentials based on education, training, experience, and psychometrically based testing should make the public aware of their achievements. The more information a dentist can provide to consumers, the more readily they can make a truly informed choice about a dental practitioner.

see [Legal Bite](#) p. 24

...The ADA has taken the position that other entities such as the ABDS should be recognized as specialty-certifying boards

Want more information about how to educate your patients about your AAID credentials? See this issue’s cover story on page 14.

particularly in periodontics and oral surgery—advertise themselves as specialists in implant dentistry. Such ads are false under either the ADA or American Board of Dental Specialties (ABDS) criteria.

It is important to note that advertising is a form of commercial free speech, protected by the First Amendment. In order for a state to lawfully impose restrictions on such speech, it must demonstrate that harm or potential harm to consumers—which it seeks

## PERFECTLY SOFT

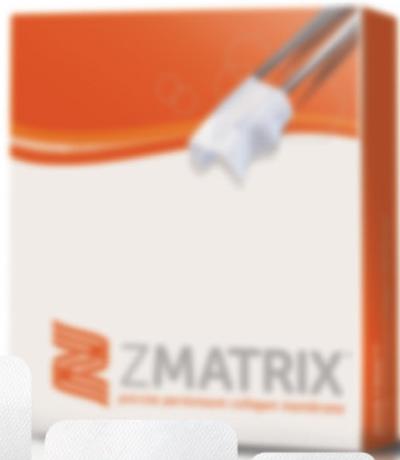
Sometimes you need a membrane pliable enough to contour to its environment but substantial enough to maintain its architecture. Introducing Zmatrix™ - a natural, porcine peritoneum collagen membrane with a **perfectly soft** consistency that drapes without the usual self-adherence experienced with other natural collagen membranes.

- Designed to drape without adhering to itself
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*Zmatrix™ is a natural, native collagen membrane; cross-linking chemicals and agents are unnecessary. Proprietary processing technology allows preservation of collagen as well as extracellular components including laminin, fibronectin, elastin, and glycosaminoglycans.\**

\*Hoganson DM, Owens GE, O'Doherty EM, Bowley CM, Goldman SM, Harilal DO, Neville CM, Kronengold RT, Vacanti JP. Preserved extracellular matrix components and retained biological activity in decellularized porcine mesothelium. Biomaterials. 2010, 27: 6934-6940.



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## Legal Bite

*continued from p. 22*

Read on for important advertising rules throughout the country.

### Florida and California

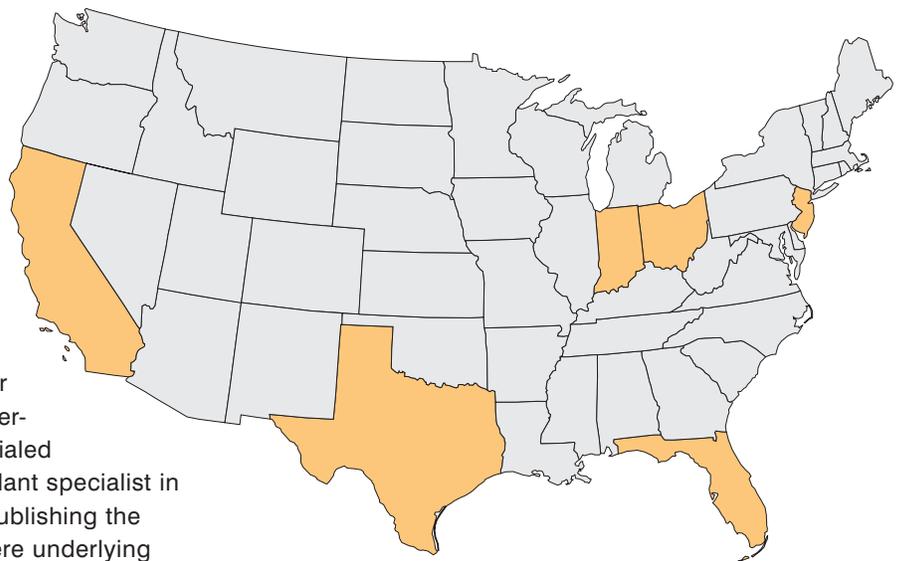
After court victories by the American Academy of Implant Dentistry (AAID) in Florida (2009) and California (2010), those states repealed their statutes that had been declared unconstitutional. Neither Florida or California have replaced their specialty advertising restrictions, so it is safe for a credentialed member of the AAID to advertise as an implant specialist in either state. In doing so, I would suggest publishing the credential earned and the AAID source where underlying prerequisites for that credential can be found (either AAID.com or ABOI.org). It should be noted that some false credentials also are being advertised as specialty credentials in the complete absence of any regulatory framework, but dental boards all have statutes prohibiting “false and misleading” advertising, which could be invoked to regulate such behavior.

### Texas

The 2017 Texas federal court decision, upheld by the 5th Circuit Court of Appeals, determined that the plaintiffs (American Board of Oral Implantology/Implant Dentistry (ABOI/ID) Diplomates) had successfully argued that restricting specialty advertising to only ADA-recognized specialties was unconstitutional. So it is certainly permissible for licensed ABOI/ID Diplomates in Texas to advertise as specialists in that state. Other AAID-credentialed members can advertise their credentials earned but would be wise not to classify themselves as specialists.

### New Jersey

Last year, after a request by the AAID and the ABDS, the New Jersey Board of Dentistry refused to expressly recognize the ABDS dental certifying boards as specialty certifying boards. The ABDS currently recognizes Diplomates of the ABOI/ID, American Board of Orofacial Pain, American Dental Board of Anesthesiology, and American Academy of Oral Medicine as specialists in their respective areas. Although New Jersey refused to expressly recognize or accept the ABDS boards as specialty boards, the



state also announced a moratorium on enforcement of its own specialty advertising regulations. Therefore, it is currently permissible to advertise as a specialist in New Jersey. But again, I would urge that such ads include the name of the specific credential and the website or official source where consumers can obtain further information about the underlying criteria for that credential.

### Ohio

In Ohio, a federal lawsuit is pending in the District Court in Columbus. The Ohio Board announced that during its current rule-making process addressing the rule at issue, it would allow ABDS-recognized Diplomates (Diplomates of the ABOI/ID, American Board of Orofacial Pain, American Dental Board of Anesthesiology, and American Academy of Oral Medicine) to advertise as specialists in their respective areas. Of course, this position could change as a result of the pending litigation.

### Indiana

In Indiana, litigation has been pending for more than a year. The Board similarly announced that it was placing a moratorium on enforcement of its existing specialty advertising restrictions during the litigation. Therefore, it is also currently permissible to advertise as a specialist in implant dentistry in Indiana. The Indiana Board is also in the process of amending its specialty advertising regulations, but the final decisions on any changes have not been made as of this writing. ●

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## Clinical Case Example

Clinical images courtesy of German Murias DDS, ABO/ID

Tooth #15, set to be extracted



The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon



Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb



Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain. No membrane is required



OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement



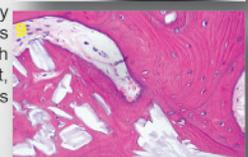
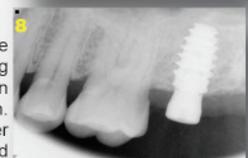
As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque



The collagen promotes keratinized soft tissue coverage while the OsteoGen® resorbs to form solid bone. In this image, a core sample was retrieved



Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation





Contributed by Christian Pearson

# The Dentist's Guide to Applying for Disability Income Insurance

In our work with dentists across the country, we spend a lot of time talking about the importance of disability income insurance. Once a dentist understands how important it is to put this insurance in place, the next question is how to obtain it.

### How do I know whether I qualify for insurance?

Determining whether you are insurable depends on three major factors: your health, age, and income. An evaluation of your personal and business tax returns will allow the insurance company to identify your income to determine the amount of coverage you can obtain. Later, as your income increases, you have the option to increase your coverage.

### What can I expect when applying?

After conducting an interview with you (no need to prepare, this is just a friendly conversation), an insurance agent will take your application for disability income insurance. This application will ask for basic information like your name, phone number, address, as well as questions about your health history. This process generally takes 15 to 30 minutes.

### The medical exam

As scary as this may sound, the medical portion is (mostly) painless. Your application is submitted to the insurance company, and the company then orders a medical exam. Someone from the insurance company contacts you to set up a day and time that works for your schedule. The best part is that you will not need to go anywhere to complete it: The nurse or paramedic will come to

Determining whether you are insurable depends on three major factors: your health, age, and income.

### I know I need disability income insurance. How do I get it?

Buying insurance isn't like a buying a computer, a car, or a house; you can't just go and get it. Instead, you have to apply for it. This means that you must identify one (or more) insurance companies, and with the help of an insurance agent or financial advisor, apply for the specific insurance product that the company sells. Then, after the application process, you go through underwriting, which is just a fancy word for the research and evaluation that insurance companies do to make sure you qualify for insurance coverage.

your home or to your place of work. He or she will draw some blood, measure your height and weight, take your blood pressure, and ask you some medical questions.

### **The offer**

The medical exam is complete. Now can you buy the insurance? Not yet. From this point, the insurance company will review the results from your medical exam and request your medical records from your primary care physician. (If there is any delay in obtaining these records, know that the approval process also may be delayed.) After the insurance company receives and reviews the medical records, the insurance company makes you its "offer." In simplest of terms, the offer is the insurance company's way of telling you how much they can insure you and how much it will cost. If you like the terms of the offer, all you have to do is sign the paperwork, accept the policy, and pay the insurance company for your first month of coverage.

### **How much does the application and underwriting process cost?**

Absolutely nothing. The insurance company pays for the entire underwriting process and you will not be required to pay for your policy until underwriting is 100 percent complete and you accept the insurer's offer.

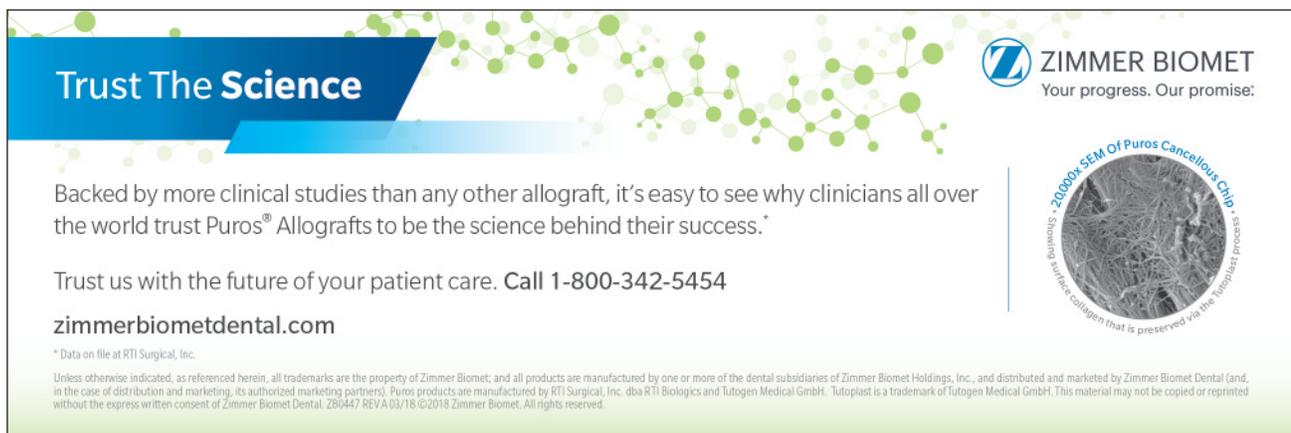
### **What happens if I decide not to purchase the policy?**

You are not required to purchase the policy, nor are you required to pay anything, nor will it affect you in any way. The medical exam that you completed will be good for 6 months, so you can reapply later with that company if you change your mind.

Christian Pearson is the National Director of Dental Partnerships at Treloar & Heisel, Inc.

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## The Challenge of Predictable Vertical Alveolar Ridge Augmentation for Dental Implant Site Development



By Zeeshan Sheikh, BDS, Dip.Dh, MSc, PhD



Michael Glogauer, DDS, Dip.Perio, PhD

**Editor's Note:** Drs. Sheikh and Glogauer won first place for this research submitted in the ePoster competition at the American Academy of Implant Dentistry (AAID) 66th Annual Conference in San Diego, California, in 2017.

Dental implants are the standard of care for replacing missing teeth and their long-term clinical success is dependent upon the quality and volume of bone and degree of osseointegration that can be achieved. Bone height and volume is often diminished in patients due to periodontal disease and/or

trauma and the patho-physiological bone loss that occurs with time after tooth extraction<sup>1</sup>. The lack of sufficient bone height and volume is a major limitation impacting dental implant treatment success<sup>2</sup>. Several surgical techniques and biomaterials have been developed for dental implant site

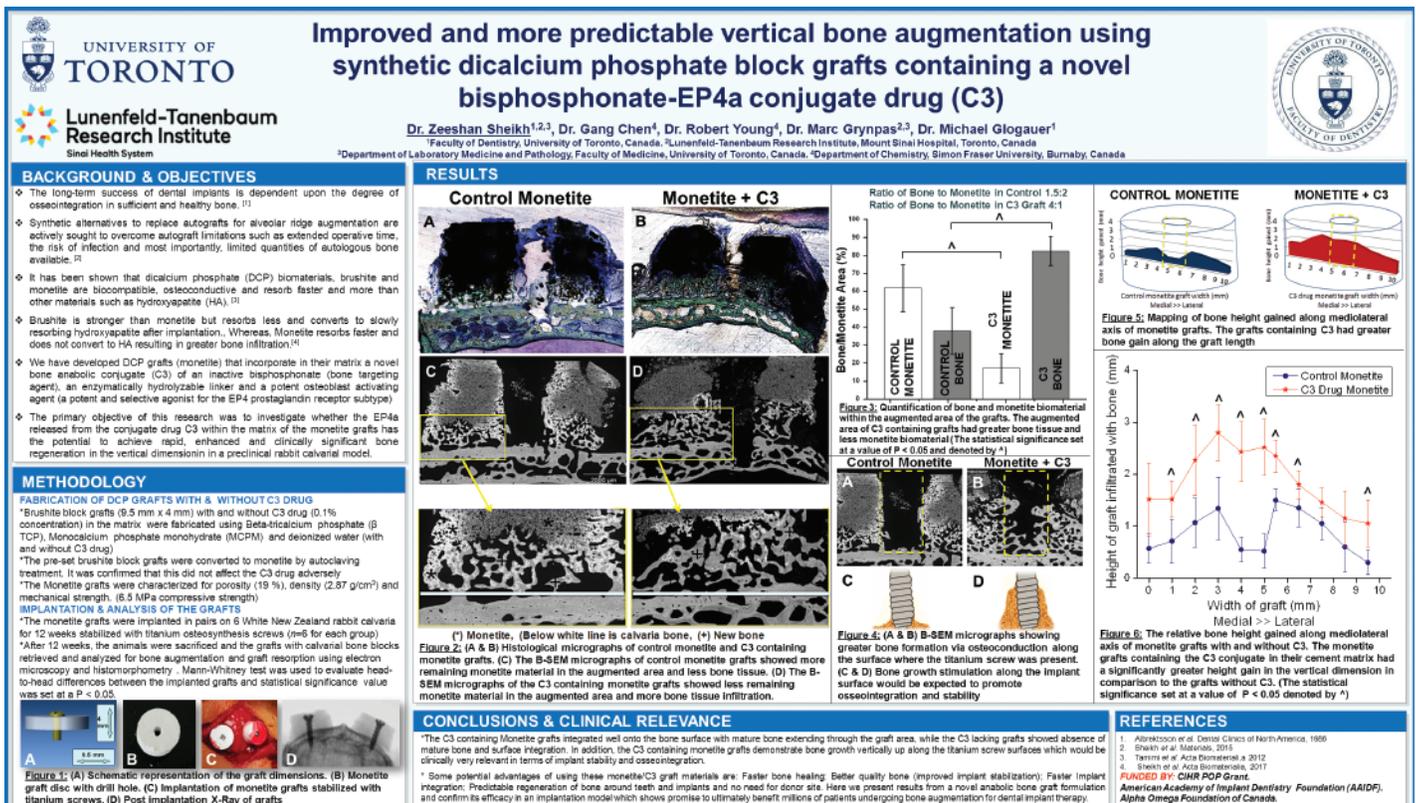


Figure 1: ePoster presented at the AAID 66th Annual Conference

development in the resorbed alveolar jaw<sup>2,3</sup>. Some of the commonly used surgical techniques used are:

1. Osteoperiosteal flap technique (OPF);
2. Distraction osteogenesis (DO);
3. Block grafting;
4. Guided bone regeneration (GBR) using membranes;
5. Subperiosteal tunneling for minimally invasive approach to GBR.

The material options for bone augmentation procedures are divided into natural transplants (autografts, allografts and xenografts) and synthetic biomaterials (alloplasts).<sup>4,5</sup> These grafting materials are used for clinical applications because they are osteogenic, osteoinductive, osteoconductive or possess a combination of these properties.<sup>2,6</sup> Although preclinical and clinical investigations using various surgical techniques in combination with the available bone replacement graft materials have reported promising results, vertical ridge augmentation procedures still continues to be unpredictable and experience a high rate of failure in clinical dental practice.<sup>7</sup> Distraction osteogenesis produces greater bone height than GBR and onlay block grafting, but it has a higher rate of complication associated

with it.<sup>8</sup> Although the results of GBR for vertical ridge augmentation are promising, clinical success is limited due to the procedure being highly technique-sensitive, and often failing due to wound dehiscence.<sup>9</sup> Onlay block grafting to increase the vertical height of the mandible and maxilla usually requires extraction of an autologous bone block from donor site and its fixation with screws onto the recipient site.<sup>10</sup> Autologous onlay grafting is associated with complications such as donor site morbidity and are also vulnerable to rapid resorption in sites that receive mechanical load and soft tissue tension.<sup>7</sup> Difficulty in creation and maintenance of space in the defect area where bone regeneration is intended also proves to be detrimental. Bone loss often generates non self-containing defects covered by soft tissues which ultimately collapse onto a grafting site if not supported.<sup>2</sup> Also, epithelial cells have a higher turnover rate than bone tissue, resulting in the defect space being filled with soft tissue if barrier membranes are not used.<sup>11-13</sup> Hence, in larger defects, barrier membranes are used in combination with graft materials to allow for migration of osteoblasts and ingrowth of blood vessels from adjacent

see [Clinical Bite p. 30](#)

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## Clinical Bite

*continued from p. 29*

osteogenic tissues.<sup>2,14</sup> Tenting screws, titanium-reinforced membranes or titanium meshes are and can also be used in conjunction with graft materials to increase mechanical support.<sup>15,16</sup>

A requirement for bone regeneration is the presence and/or recruitment of osteoblast precursors and growth factors at sites of bone augmentation. Osteoblast precursors can be provided by the graft material (e.g., cancellous autografts) or by the recipient bed.<sup>6</sup> Growth factors can come from the graft, recipient bed and vasculature and it is believed that intra-marrow penetration of the recipient bed favours both cellular and growth factor migration into the sites where bone is required to be regenerated.<sup>17,18</sup> Host osteoprogenitor cells infiltrate the graft materials within seven days and the early phase of bone regeneration at grafted sites is dominated by active bone resorption and formation throughout the graft.<sup>2</sup> The latter phase of incorporation is characterized by osteoconduction and a process known as creeping substitution.<sup>19</sup> Many of the bone graft materials used today are able to contribute to new bone formation through this biological process.<sup>20</sup> The osteoblast precursors differentiate into mature osteoblasts under the influence of osteoinductors and synthesize new bone during the first weeks after. Growth factors involved in bone formation act on fibroblast and osteoblast proliferation, extracellular matrix deposition, mesenchymal cell differentiation and vascular proliferation.<sup>21</sup> Research on bone augmentation and regeneration is currently focused on molecular, cellular, and gene therapeutics.<sup>22</sup> Bone morphogenetic proteins (BMPs) are differentiation factors and have the ability to differentiate osteoprogenitor cells into mineral forming osteoblasts and stimulate vascular proliferation.<sup>23</sup> BMPs have shown promise for intraoral applications such as ridge preservation and sinus augmentation.<sup>24-26</sup> Platelet derived growth factor (PDGF) has also shown potential for use in bone regenerative applications.<sup>27</sup> However, optimal dosage and carriers for PDGF are still to be determined and extensive preclinical and clinical trials are required in future. A new approach to achieve bone augmentation is the addition of platelet rich plasma (PRP) from the patient blood to graft materials.<sup>28</sup> Initial results have shown more and denser bone compared to autografts used alone for ridge augmentation procedures.<sup>6</sup> In addition, the seeding of constructs with mesenchymal stem cells also holds great promise and merits further in-depth investigation.<sup>29,30</sup>

There are many surgical techniques with various combinations of natural and synthetic graft materials that are

currently used in an attempt to successfully achieve ridge augmentation in the vertical dimension. However, there exists no single ideal technique or graft material which consistently provides reproducible results in all case types. There is a need to develop treatment modalities that involve less invasive vertical ridge augmentation procedures that provide reproducible results. The existing biomaterials require the addition of supplemental pharmacotherapeutics that are able to promote improved bone quality in the resulting grafted site thereby leading to a more predictable long-term result for the dental implant placed into that newly developed bone. The development of these new chemical modulators of bone development will facilitate the fine-tuning of the physico-chemical properties of the bone graft materials and should improve the predictability of bone regeneration therapeutics.<sup>12</sup>

*A novel approach for achieving more predictable alveolar ridge augmentation:* Calcium phosphates are similar to bone in composition and hence considered as good bone substitutes graft options.<sup>31,32</sup> Dicalcium phosphate cement based biomaterials (brushite and monetite) have been shown to be osteoconductive and have improved resorption profiles when compared to other calcium phosphates.<sup>33-35</sup> Brushite has been investigated for vertical bone augmentation<sup>36-38</sup>, but they tends to re-precipitate as insoluble HA after implantation which limits resorption and graft replacement by bone tissue ultimately.<sup>39</sup> The anhydrous form of brushite is monetite, and this after implantation does not to transform to insoluble hydroxyapatite and resorbs more than brushite graft materials.<sup>39-42</sup>

Prostaglandin E<sub>2</sub> (PGE<sub>2</sub>) has been previously shown to induce anabolic bone effects in animals and humans<sup>43</sup> through agonism at the EP4 receptor<sup>44</sup> but its clinical usefulness is limited by systemic side effects. Potent EP4-selective agonists (EP4a)<sup>45</sup>, while being more potent than PGE<sub>2</sub>, still possesses the side effects that limit their utility in bone augmentation therapy. Our collaborative group has identified two bone targeting EP4a-bisphosphonate conjugates (C1 and C3) which link the EP4a via a linker group which is in turn bound to a bone targeting bisphosphonate such as alendronate. These conjugates bind strongly to bone tissue to provide sustained release (half-time in vivo of 4-7 days) of active EP4a via action of local esterase enzymes. C1 releases alendronate<sup>46,47</sup> (a proven inhibitor of bone resorption) but the C3 does not owing to its amide-capped alendronic acid<sup>48</sup>, hence allows for localized bone and graft remodelling to take place. Due to the bisphosphonate component, this C3 conjugate can be bound to bone substitutes *in vitro* to form a very stable complex and the loading of conjugate can be varied essentially at will.

**see Clinical Bite p. 32**

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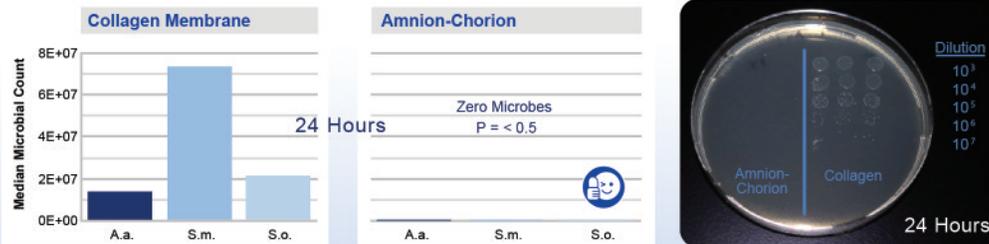
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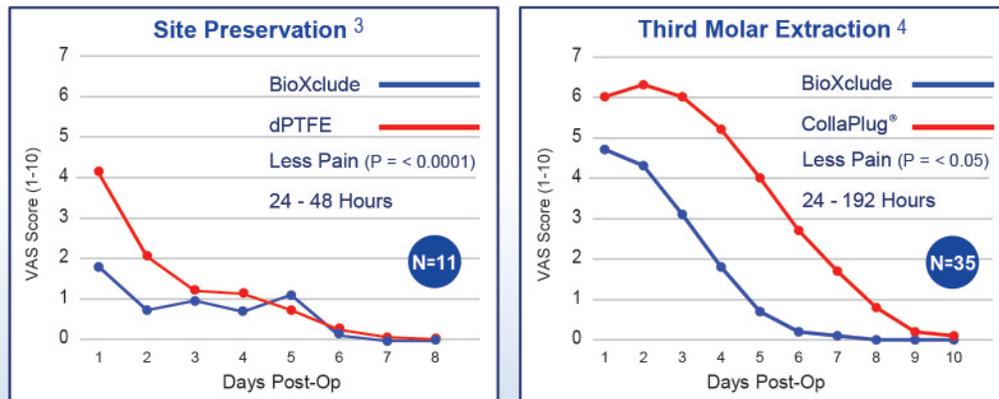


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## Clinical Bite

continued from p. 30

We have confirmed that loadings of from 0.1 to 5% (w/w) can be achieved for binding of C3 to brushite and monetite during the preparation of the cements from its components. The conjugate not only binds successfully to the grafts, it remains unchanged over time and EP4a released without chemical structure degradation. Implantation of monetite grafts preloaded with C3 conjugate can therefore offer a method to localize the anabolic effects of the conjugate and improve alveolar bone augmentation.

Our research study investigated the monetite grafts fabricated with and without C3 conjugate and implanted on rabbit calvarium to evaluate the ability to integrate and grow bone vertically into the graft area. Our hypothesis was that monetite block grafts loaded with the C3 conjugate would result in greater and more predictable de novo bone formation in the vertical dimension when compared with the grafts without the drug. After the study was completed and results analyzed, it was revealed that the monetite graft materials containing the C3 in their matrix resulted in significantly greater and more predictable de novo bone formation when compared with their counterpart grafts without the conjugate. The increase was statistically significant and would be clinically important if reproduced in human subjects. The novel bone anabolic conjugate drug released via the matrix of the bioresorbable monetite grafts was shown the potential to achieve rapid, enhanced and significant bone regeneration in the vertical bone augmentation model. In the long-term, this research is expected to allow development of clinical treatments using conjugate loaded graft materials that provide more predictable bone regeneration results for patients undergoing bone augmentation, and implant placement procedures.

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**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 44, Issue 2 (April 2017).



**LITERATURE REVIEW**

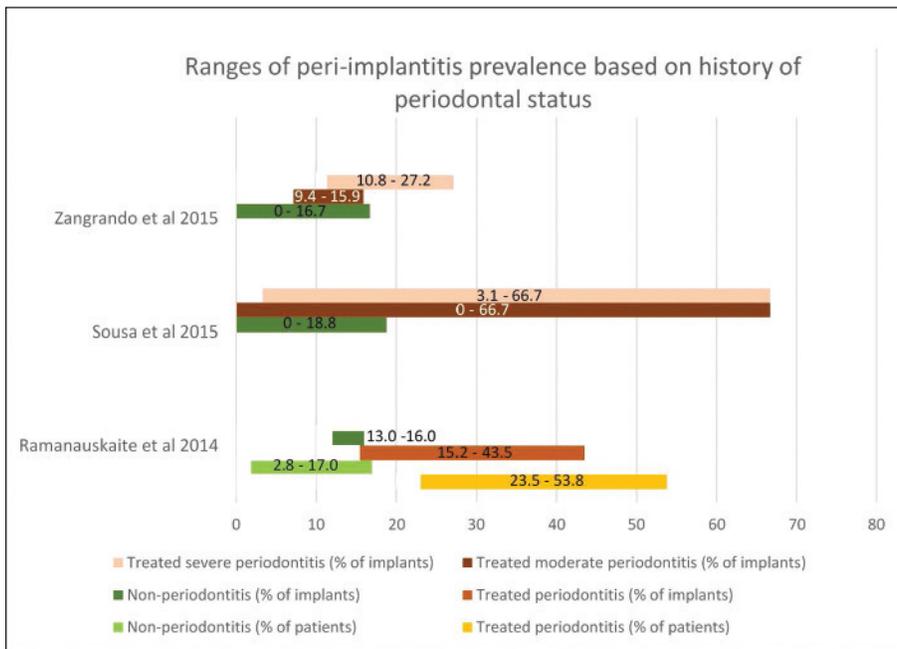
**Peri-implantitis: A Comprehensive Overview of Systematic Reviews**

The objective this article was to perform a comprehensive overview of systematic reviews and meta-analyses pertaining to peri-implantitis in humans, including the prevalence and incidence, the diagnostic findings, microbial findings, effects of systemic diseases, and treatment of peri-implantitis. The authors searched electronic databases for systematic reviews and meta-analyses of peri-implantitis. In view of the limitations the authors note in the article of the included systematic reviews, the outcome of this overview suggested that (1) occurrence of peri-implantitis was higher in patients with periodontitis, in patients who smoke, and after 5 years of implant function; (2) the microbial profile of peri-implantitis was different from periodontitis; (3) risk for peri-implantitis was higher in patients with uncontrolled diabetes and cardiovascular disease; (4) there was no strong evidence to suggest the most effective treatment intervention for peri-implantitis, although most peri-implantitis treatments can produce successful outcomes; and (5) postimplant maintenance may be crucial in patients with a high risk of peri-implantitis.

The conclusions derived from most of the peri-implantitis systematic reviews needed to be interpreted with caution as stated by the individual systematic reviews included above. In general, the included systematic reviews had the following limitations inherent in their selected studies: variation of the study designs, different

implant systems used, and varying duration of follow-up periods, as well as the lack of standardization in reported outcomes at participant and implant levels. Other limitations were from the inability to control co-existing confounding factors in the pre-existing studies, and from restricting the search to English, as studies published in other languages were overlooked. Finally, the definition used for peri-implantitis was different across studies and all variations of peri-implantitis definitions were included in this overview.

Miriam Ting, DMD, BDS, MS, James Craig, DDS, MSc, Burton E. Balkin, DMD, Jon B. Suzuki, DDS, PhD, MBA, Peri-implantitis: A Comprehensive Overview of Systematic Reviews. *Journal of Oral Implantology*. 2018; 44(3):226-247.



## CASE LETTER

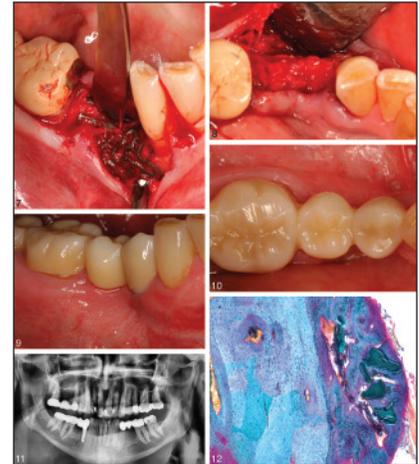
### Customized Titanium Lattice Structure in Three-Dimensional Alveolar Defect: An Initial Case Letter

This Case Letter presents a customized patient-specific lattice structure that was used for horizontal and vertical augmentation in the posterior mandible. It offered a precise fit and high stability after screw fixation as already proven in recent studies for preformed meshes. A customized mesh shortens duration of surgery and offers all benefits of reduced time for intervention and improved surgical management, as well as a decreased exposure time to general anesthesia, decreased blood loss, and shorter wound exposure. With its advantages such as biocompatibility, corrosion resistance, and three-dimensional stability, titanium meshes have proven to be useful in the reconstruction and augmentation of oral and maxillofacial defects. Studies have demonstrated that the inherent rigidity of stiff titanium mesh supports the grafted space and prevents soft tissue collapse. Six months after removal of the mesh, osseous grafts protected by a titanium mesh showed significantly less bone resorption compared with an overlay bone graft alone.

Thus, the titanium lattice structure stabilized the defect area and its augmentation material and helped to rebuild the osseous defect to provide enough bone for implant

placement procedures. The bony level remained stable even after a longer period, which may be due to the formation of “real new” bone. In addition, histologic examination revealed these new, mature bony structures tightly adherent to the residual bone. The presented technique included three-dimensional planning and printing, allowing an easy application and convenient removal, together with a stable formation of local bone with no peri-implant bone loss.

Marcus Seiler, DDS, Peer W. Kaemmerer, MD, DDS, PhD, MA, Michael Peetz, PhD, Amely G. Hartmann, DDS. Customized Titanium Lattice Structure in Three-Dimensional Alveolar Defect: An Initial Case Letter. *Journal of Oral Implantology*. 2018; 44(3): 219-224.

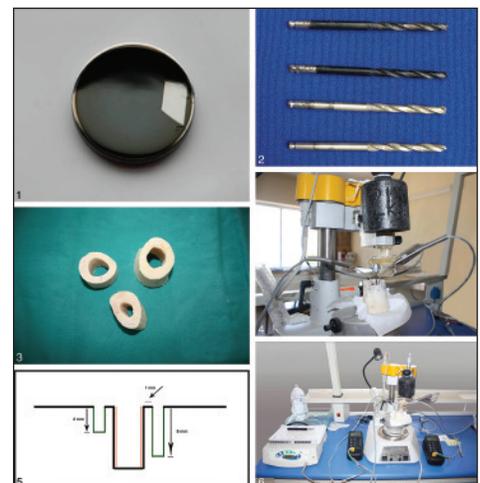


## RESEARCH

### Improved Dental Implant Drill Durability and Performance Using Heat and Wear Resistant Protective Coatings

The dental implant drilling procedure is an essential step for implant surgery, and frictional heat in bone during drilling is a key factor affecting the success of an implant. The aim of this study was to increase the dental implant drill life-time and performance by using heat and wear-resistant protective coatings to decrease the alveolar bone temperature caused by the dental implant drilling procedure. Commercially obtained stainless steel drills were coated with titanium aluminum nitride, diamond-like carbon, titanium boron nitride, and boron nitride coatings via magnetron-sputter deposition. Drilling was performed on bovine femoral cortical bone under the conditions mimicking clinical practice. Tests were performed under water-assisted cooling and under the conditions when no cooling was applied. Coated drill performances and durabilities were compared with those of three commonly used commercial drills with surfaces made from zirconia, black diamond, and stainless steel. Protective coatings with boron nitride, titanium boron nitride, and diamond-like carbon have significantly improved drill performance and durability. In particular, boron nitride-coated drills have performed within safe bone temperature limits for 50 drillings even when no cooling is applied. Titanium aluminum nitride coated drills did not show any improvement over commercially obtained stainless steel drills. Surface modification using heat- and wear-resistant coatings is an easy and highly effective way to improve implant drill performance and durability, which can improve the surgical procedure and the postsurgical healing period. The noteworthy success of different types of coatings is novel and likely to be applicable to various other medical systems.

Nilay Er, DDS, PhD, Alper Alkan, DDS, PhD, Serim Ilday, PhD, Erman Bengu, PhD. Improved Dental Implant Drill Durability and Performance Using Heat and Wear Resistant Protective Coatings. *Journal of Oral Implantology*. 2018; 44(3): 168-175.



# How the Law Affects Dental Insurance

## Repealing the McCarran-Ferguson Act

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

**Note:** Portions of the information presented here originally appeared in the August 2017 AGD Impact article “The McCarran-Ferguson Act: What a Repeal Could Mean for Dentistry” by Jeanie Kennedy. It is referenced here with permission from the Academy of General Dentistry. This is an important issue that affects our profession—sometimes adversely. If you have an opinion about this, a note or call to your U.S. representative or U.S. Senator may be worthwhile.

Many years ago, I found that many local dental meeting attendees were cautioned that any sort of fee or insurance participation discussions were taboo. Speakers explained that any hint of this sort of action could bring accusations of collusion and lead to antitrust action by the government. Accordingly, I have never witnessed those restricted types of topics discussed at any dental event. On the other hand, insurance companies seem to have the opportunity to deal together without the same restraint thereby effectively acquiring an advantage over the dental community, which is diverse and separated, since dentists generally work in individual offices and have little “bargaining power.”

So how is it that insurance companies seem to operate with less regard for accusations of collusion?

A central facet of our government is the built-in system of checks and balances, which tends to counter excessive accumulations of power or influence. Many have heard the saying the saying that “power corrupts, and absolute power corrupts absolutely.” So how is it that insurance companies seem to operate with less regard for accusations of collusion?

For those who don’t know, there is an historical basis in the legislative world that allows it: Believe it or not, insurance companies are favored over practitioners by the McCarran-Ferguson Act, legislation that was passed in 1945.

Some think that the predictable result has been the gradual self-serving accumulation of power by the insurance industry which, of course, maintains formidable political lobbying clout.

But has it served the public well? And if not, is it time to change the rules?

In 2017, legislation (H.R. 372) introduced and passed in the House of Representatives attempted to remove or reduce this imbalance. Introduced by Paul Gosar (R-Ariz.), it was supported by Republicans, Democrats, dentists, physicians, patients, and consumers, but largely opposed by the very powerful insurance industry. Nevertheless, it passed in the House by a vote of 416 to 7. Landslide passage sometimes means little since opposition can be mounted in the Senate.

The McCarran-Ferguson Act protects state supremacy in insurance regulation and gives states the flexibility to allow some types of regulated coordination between insurance companies. Regulators have allowed insurance companies to share actuarial and loss information in order to calculate risk assessments. Some argue that the act provides for unfair methods of competition with respect to the business of health insurance and effectively establishes state cartels.

The partial repeal of McCarran-Ferguson is expected to restore the application of federal antitrust and competition laws to the health insurance industry. It should be noted that H.R. 372 is not seeking to repeal the entire McCarran-Ferguson Act.



The purpose of the “repeal” would be to ensure that the conduct of the health insurance insurers is subject to the same antitrust and unfair trade laws as the conduct of other types of businesses. If H.R. 372 is passed, dental insurers would be subject to federal laws against bid rigging, price fixing, and market allocations.

The carve-out from competition exists even though the insurance market has changed dramatically since 1945. The McCarran-Ferguson Act is credited with creating artificially higher premiums, unfair insurance restrictions, policy exclusions, and a lack of choice. Since the passage of the Affordable Care Act in 2010, health insurance markets have become less competitive and lack transparency, while providing consumers with fewer choices. State and federal regulation of healthcare insurers is extensive. Nonetheless, almost no other sector—not dentists, physicians, hospitals, or pharmacies—is shielded from antitrust rules.

H.R. 372 also makes clear that the Federal Trade Commission would have greater oversight on unfair or deceptive practices in the health insurance industry rather than relying on state

insurance commissioners to investigate consumer complaints. State oversight is presently inconsistent. Only a few states—such as Florida and California—aggressively pursue consumer insurance grievances.

When considering healthcare reform, H.R. 372 is one part of a broader reform effort in the United States. The partial repeal could assist in allowing free-market principles to begin to permeate health insurance, and would be a key step to providing more competition in the state insurance markets.

While the partial repeal of the McCarran-Ferguson Act would not be the solution to all dental insurance difficulties, it could play a role in leveling the playing field and making the sometimes nearly absurd “world” of dental insurance more fair to both dental practitioners and consumers.

As Academy of General Dentistry Dental Practice Council member Myron Bromberg, DDS, explains, “For a long time, third-party payers have held a competitive advantage over other types of business, thanks to the McCarran-Ferguson Act. Repeal of the Act will compel insurance companies to act within the bounds of antitrust laws, just as dentists and other professions have had to do.” ●

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- Identify, treat, and avoid complications
- Picture patient treatment clearer through digital dentistry
- Experience the future of implant dentistry



#### Bring your Dental Team

The Dental Implant Team Network will take place September 27-28. It includes more than 20 presentations including practice growth, treatment planning, and the team's role in case presentations. Friday offers specific break-out sessions for each of your office staff.



#### Distinguished Keynote Experience Sanjay Gupta, MD

Chief Medical Correspondent  
CNN

Wednesday, September 26

5:00 pm – 6:00 pm

Dr. Gupta is an Emmy® award winning chief medical correspondent for CNN. This session is included as a part of your meeting registration.

## REGISTER NOW

**ADA C.E.R.P.**® | Continuing Education Recognition Program

American Academy of Implant Dentistry (AAID) 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. AAID designates this activity for 20 continuing education credits.



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# Washington D.C. (Mid-Atlantic) MaxiCourse



**EARLY BIRD  
REGISTRATION**



The D.C. Maxicourse® prepares the participants to take the written portion of the AAID Associate Fellow Examination and provides the 300+ hours necessary to fulfill the CE requirement of the AAID Associate Fellow process.



For more information please visit our website at [dcmaxicourse.com](http://dcmaxicourse.com) or contact our Administrator, **Mrs. Keonka Williams** 404-897-1699 **DCMaxiCourse.com** [DCMAXI@dunsondentall.com](mailto:DCMAXI@dunsondentall.com)



**Howard University  
School of Dentistry**



Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. June 1, 2014 to May 31, 2022.

**Register Now**

**Dr. Bernee C. Dunson, Director  
AAID, Vice President**

# Loma Linda MaxiCourse<sup>®</sup>

**Editor's Note:** Jaime Lozada, DMD, FAAID, DABOI, provided the following insight about the Loma Linda MaxiCourse<sup>®</sup>.

In 1985 as a recently accepted graduate student of the Implant Dentistry Program at Loma Linda University, I had the opportunity to collaborate with then-program director, Dr. Robert James, in the Loma Linda University (LLU) Implant Dentistry Study Club. It was a continuing dental education program that ran two days per month for 10 months. The format for the study club included lectures by Dr. James, guest speakers, and presentations by the residents in the program. Clinicians also had an opportunity to place implants under supervision.

At that time Dr. James said he had been running this type of study club for 10 years. This study club format ran from 1976 to 2006, and as such, it was one of the oldest continuing dental education implant dentistry study clubs in the country. In 1994, I was named program director of the Advanced Education Program in Implant Dentistry after the Dr. James passed away. At some point during that time, members of the American Academy of Implant Dentistry (AAID) Education Committee asked me to convert the study club into a formal AAID MaxiCourse.

Since 2007, the LLU/AAID MaxiCourse<sup>®</sup> consistently enrolls between 40 and 60 participants each



LOMA LINDA UNIVERSITY  
 School of Dentistry

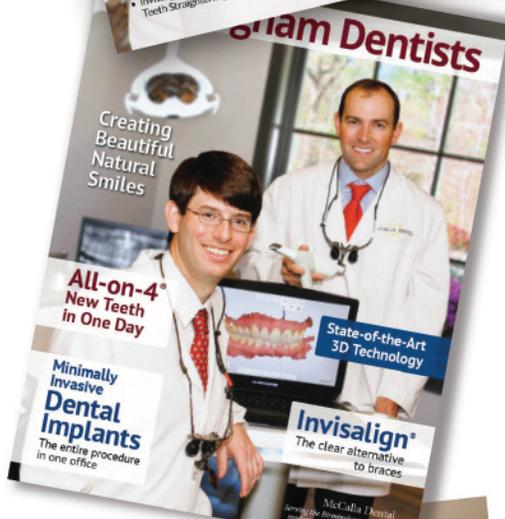


year. This MaxiCourse provides a clinical component for the participants, allowing them to place implants under supervision of the faculty of the Advanced Education Program in Implant Dentistry, one of the first MaxiCourses to offer this training opportunity.

Some of the speakers who also are LLU faculty members are Drs. Joseph Kan, Aladdin Al-Ardah, Nick Caplanis, Mathew Kattadiyil, Charles Goodacre, Istvan Urban, Antoanela Garbacea, Matteo Chiapasco, Pascal Valentini, Brian Goodacre, and Christopher Church. Other invited speakers are Drs. Shankar Iyer, John Rutkowski, Chandur Wadhvani, and Michael Mashni. The LLU/AAID MaxiCourse continues to offer a clinical component, as well as the academic curricula by all of these renowned speakers, with the added benefit of the support of the Advanced Education Program in Implant Dentistry. ●

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## Slate of Officers

The AAID Nominating Committee, chaired by **Dr. Shankar Iyer**, presents the following slate of officers for consideration at the Academy's 2018 Annual Business Meeting on Saturday, September 29, 2018, during the 67th Annual Conference.

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

(Automatic succession from President- Elect)

**President-Elect—Bernee Dunson, DDS, FAAID, DABOI/ID**

**Vice President—Adam Foleck, DMD, FFAID, DABOI/ID**

**Treasurer—Brian Jackson, DDS, FAAID, DABOI/ID**

**Secretary—Shane Samy, DMD, FAAID, DABOI/ID**



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



**President-Elect —  
Bernee Dunson,  
DDS, FAAID,  
DABOI/ID**



**Vice President —  
Adam Foleck,  
DMD, FAAID,  
DABOI/ID**



**Treasurer —  
Brian Jackson,  
DDS, FAAID,  
DABOI/ID**



**Secretary —  
Shane Samy,  
DMD, FAAID,  
DABOI/ID**

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

- "3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chairman of the Nominating Committee or that person's designee at least 30 days in advance of the election at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election.
- "4) A nominee not announced by the Nominating Committee must include the signatures of at least 5 percent of the voting membership on the petition.
- "5) The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and make this information available to the voting members."

### **Meet Shane Samy, DMD, FAAID, DABOI/ID**

**Dr. Shane Samy** has a private practice in Eugene, Oregon. He did his undergraduate education at the University of Utah and earned his doctor of dental

medicine from Oregon Health Sciences University in 1994. Dr. Samy is a Diplomate of the American Board of Oral Implantology/Implant Dentistry (ABOI/ID). He is also an Honored Fellow of the AAID.

Dr. Samy has extensive leadership experience, serving on the AAID Board of Trustees since 2013, the Western District Board since 2009, and as a member of the MaxiCourse® Director's Committee. Previously, he served as president of the Oregon Academy of General Dentistry from 2009 to 2010, president of the Lane County Dental Society from 2007 to 2008, was a member of the American Dental Association Council on Annual Sessions from 2010 to 2014, and was a member of the AAID Education Oversight Committee. He received the Dentist of the Year award from the Oregon Academy of General Dentistry in 2014.

Dr. Samy and his wife, Samaneh, reside in Eugene, Oregon. They have two daughters, who keep them occupied during their time off. Dr. Samy enjoys numerous outdoor activities, including hunting, fishing, snowboarding, and golfing. ●

# ALL-ON-4 & FULL ARCH IMMEDIATE LOADING LIVE PATIENT SURGICAL TRAINING



## ALL-ON-4 AND FULL-ARCH IMMEDIATE LOADING COURSE CURRICULUM

This 6-day comprehensive All-on-4® and Full-Arch Immediate Loading LIVE patient program covers the treatment planning, surgical, prosthetic, and laboratory phases of the full-arch immediate loading procedures for edentulous patients and those with terminal dentition.

### Curriculum Highlights:

- Evidence-based protocols for proper treatment planning of full-arch immediate loading cases, including treatment planning for All-on-4® cases
- Proper implant placement in the All-on-4® configuration
- Taking impressions for the All-on-4® prosthetic solution
- Performing occlusal registrations
- Prosthetic design
- Biomechanics for the All-on-4® protocol
- Fabricating provisional and definitive prosthetic options
- Addressing potential complications and how to solve them
- Hygiene requirements and protocols for long-term success

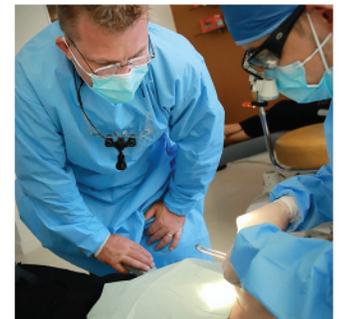
Location: Rosarito Beach, Mexico. Twenty-eight miles south of the border.

Speaker: Dr. Louie Al-Faraje

Clinical Instructors: Dr. Steven Hurst, Dr. Barry Hillam, Dr. Judd Boehme,  
Dr. Chad Slocum, Dr. Richard Howes.

2018 Dates: September 10-15, 2018 | December 3-8, 2018

48 CE



6-DAY  
LIVE PATIENT  
SURGICAL  
EXTERNSHIPS



## AAID BYLAWS UPDATE

At its June 2018 meeting, the AAID Board of Trustees approved circulation to the membership of two proposed Bylaws changes with a vote at the 2018 Business Meeting in Dallas, Texas. The proposed amendments are below with deletions noted with ~~strike through~~ and additions with underline.

### Attendance at Annual Conference Rule Change

In its report to the Board, the Bylaws Committee discussed the merits of the three-year rule, the option to use a district meeting to satisfy the rule, and that this rule is not enforced consistently. The current list of three-year rule violators includes around 400 members who are mostly Associate Fellows. The Committee felt there may be other options that more effectively address the need for ongoing education (e.g., accumulation of points to document lifelong learning). Because the Committee felt that this rule was ineffective, it is recommending deletion of Article XI—Meetings and Sessions, Section 3. Attendance at Annual Meeting. Below is the section

proposed for deletion, (lines 546-556 on attachment 10A).

1. Deletion of Article XI—Meetings and Sessions, Section 3.

Attendance at Annual Meeting:

~~Section 3. — Attendance at Annual Meeting. Except for Student, Life, Retired, Honorary, Affiliate Associate Fellow and General Members, all Academy members are required to attend at least one of every three consecutive regular annual scientific and business meetings. The failure of such member to comply with this attendance requirement shall constitute a violation of the Bylaws, and the member may, by majority vote of the Board of Trustees, either have his/her membership revoked or suspended, unless excused because of extenuating circumstances by the Board of Trustees, provided the Executive Director has provided a written notice ninety (90) days prior to the next Annual Meeting, informing the member of their delinquency. All petitions for exception, due to~~

~~extenuating circumstances, must be submitted in writing to the Executive Director prior to the Board of Trustees meeting following the Annual Meeting that constitutes delinquency.~~

### Updated Language to Address Quorum Definition

The second referral from the Board requested the Committee address guidelines for conflicts of interest, officer qualifications, and how a quorum is defined in the Board section of the Bylaws and to seek assistance from a Parliamentarian. The Bylaws Committee was informed of the problems that arose at the February meeting related to a vote involving AAID MaxiCourses®. Because the Board section states “present,” some Board members needed to leave the room to allow the number of non-conflicted Board members to be the majority in the room. The wording in the Committee section states “present and voting,” thus allowing a majority to be determined based on those voting rather than those present. To address the problem, the Committee is recommending changing the Board section to mirror the Committee’s “present and voting” verbiage. The section would now read (addition underlined and in red, lines 330-331 on attachment 10A):

2. Addition of “... and voting” to ARTICLE VI—Board of Trustees, Section 3. Meetings, G) Manner of Acting.

G) **Manner of Acting.** Except as otherwise expressly provided by statute, the Articles of Incorporation, or by these Bylaws, action of a majority of the members present and voting at a meeting of the Board of Trustees at which a quorum is present shall be the action of the Board of Trustees.

[see AAID Bylaws p. 45](#)

## APPLY FOR AN AAID FOUNDATION RESEARCH GRANT

There is still time to apply for an AAID Foundation Research Grant! For more information go to [aaid.com/aaidfgrants](http://aaid.com/aaidfgrants). The deadline is August 1, 2018. Last year, the Foundation supported the following research projects:

- “Dual-Ink 3D Printing of Pre-Vascularized Scaffolds for Vertical Bone Augmentation,” by Dr. Luiz Bertassoni of Oregon Health & Science University
- “New Anti-Bacterial Mesoporous Bioactive Glass Coating on Titanium Implants: In Vitro Study,” by Dr. Christie Lung Ying Kei of the University of Hong Kong
- “Comparison of Dimensional Changes in Peri-implant Buccal Bone and Soft Tissue in Grafted and Native Bone: A Prospective Clinical Study in Humans,” by Dr. Yumi Ogata of Tufts University
- “BONEDAMAT: Bioactive Printed Substitute for Bone Regeneration: Preclinical Study,” by Dr. Ludovica Parisi of Università degli Studi di Parm.

Congratulations to the class of 2018! Check out our Fall edition of *AAID News* to see a list of all our 2018 Dental Student Award winners! ●

## CLINICAL CLASSROOM OFFERS ONLINE LEARNING AT YOUR FINGERTIPS

The AAID Clinical Classroom provides AAID members with implant-specific education through a platform of online lectures, case planning studies, and surgical videos. And all of the content is peer-reviewed by a global panel of renowned experts. Modules are cumulative, are added quarterly, and can be viewed multiple times. The material is reviewed and selected by AAID members and is available to all members at no charge. From initial case planning to final treatment, you'll leave equipped with the valuable knowledge of generating long-term results for your patients. Additionally, the Forum section gives you the opportunity to communicate, ask questions, and explore new treatment options with your fellow colleagues all over the world.

Currently the following five modules are available:

- **Module 1: Treatment Planning**—Professor Zadeh discusses the planning and distribution of implants in both partially and fully edentulous patients.
- **Module 2: Soft Tissue Management**—Dr. Zuhr shows the handling of soft tissues after implant placement including techniques for submucosally healed implants, both for esthetic and non-esthetic sites.
- **Module 3: Hard Tissue Management**—Professor Dahlin dives into principles of minor bone regeneration procedures.
- **Module 4: Implant Placement**—Professors Schneider and Benic explain the planning and preparation of surgical procedures as an essential part of treatment with dental implants.
- **Module 5: Complications**—Dr. Sailer shows you how to make evidence-based decisions in your practice.

The Clinical Classroom's immersive learning environment is yet another exceptional and practical benefit for AAID members. This program is coproduced with Dental Campus. Log in to the AAID website ([aaid.com](http://aaid.com)) to take advantage of this free educational platform today!

## AAID Bylaws

*continued from p. 44*

Per the Bylaws, Article XIII Amendments, Section 1. Amendments, these Bylaws may be amended at any Annual Membership Meeting of the Academy, by a two-thirds vote of the attending eligible voting members, in good standing, and D) Copies of the proposed amendments shall be transmitted to the voting members by the Executive Director at least 30 days prior to the meeting.



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AD-0005 Rev 01

## AAID CHANGES REQUIREMENTS FOR ASSOCIATE FELLOW PART 1 (WRITTEN) ON SEPTEMBER 1, 2019

The number of continuing education hours to qualify remains the same: 300 hours within the past 12 years. To apply for the Associate Fellow examinations held after September 1, 2019, the AAID has specified that at least 75 of the 300 hours must have a participatory format.

### General Guidelines

Applicants must be licensed dentists who have completed at least 300 hours of postdoctoral or continuing education

in implant dentistry and related sciences within the past 12 years that include at least 75 hours with a participatory format. The 300 hours must be divided among the sciences related to implant dentistry and clinical implantology.

### Determining Participatory Hours

The continuing education certificate will indicate the format, whether it is a lecture, participation, online, self-study, etc. For example, a participation/hands-on course will have the following description:

A presentation intended to teach a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials and/or devices, or practice clinical skills or techniques under the live or electronically-mediated supervision of a qualified instructor. When live patient treatment is involved, live instructor direct supervision is required. The participation activities must represent a minimum of 30 percent of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

Need to get your examination in before the requirement change? See the schedule of upcoming examinations at [aaid.com/examschedule](http://aaid.com/examschedule).

Need more information about what courses qualify as “the sciences” related to implant dentistry? Visit the AAID website at [aaid.com/writtenexam](http://aaid.com/writtenexam).

## AAID MEMBERSHIP AMBASSADORS

AAID Membership Ambassadors know how membership in the Academy helps dentists establish or expand their expertise in implant dentistry. We would like to thank the Membership Ambassadors who have referred colleagues as new members.

Alaa Yassin Seattle, WA	Marco Holgado Cherry Hill, NJ
Janice J. Wang Walnut Creek, CA	Ralph J. Zonies Cherry Hill, NJ
Michael Wehrle Hurst, TX	Monty Buck Rowlett, TX
Gordon J. Christensen Provo, UT	Jack Piermatti Voorhees, NJ
Lyle Pidzarko Burnaby, Canada	

## ASSOCIATE FELLOW EXAMINATION SCHEDULE For a full schedule and applications, visit [aaid.com/credentialing](http://aaid.com/credentialing).

Examination Date	Location	Application Deadline	Exam Type
Saturday, October 20	Houston, TX	September 20, 2018	Part 1 (Print)
Sunday, November 4	Waterloo, ON Canada	October 04, 2018	Part 1 (Print)
Saturday, November 10	Augusta, GA	October 10, 2018	Part 1 (Print)
December 3 to 7	Pearson Vue Testing Centers	August 24, 2018	Part 1 (Computer-Based)
Thursday, December 6	Loma Linda, CA	November 6, 2018	Part 1 (Print)
Sunday, December 9	Washington, DC	November 9, 2018	Part 1 (Print)
February 26 to March 9, 2019**	Pearson Vue Testing Centers	November 1, 2018	Part 1 (Computer-Based)
April 11 to 14, 2019	Chicago, Illinois	February 1, 2019	Part 2 (Oral/case)
August 13 to 17, 2019**	Pearson Vue Testing Centers	May 8, 2019	Part 1 (Computer-Based)
December 3 to 7, 2019**	Pearson Vue Testing Centers	September 1, 2019	Part 1 (Computer-Based)

\*\* The dates are tentative.

## AAID ANNOUNCES DATES FOR 2019 ASSOCIATE FELLOW PART 2 (ORAL/CASE)

The Part 2 examination is held once each year. The dates for 2019 examination will be April 11 to 14 in Chicago, or April 12 and 13 in Dubai, UAE.

### Chicago

Candidates must travel to Chicago for the in-person examinations. Each candidate is assigned an examination appointment of approximately two-and-a-half hours. Each candidate is responsible for his/her own travel arrangements.

Applications for the 2019 Chicago examination are due in the AAID Headquarters office by February 1, 2019. A \$250 application processing fee is payable at the time of application. Cases reports for the examination are due March 1, 2019.

### Dubai: Web Conference

If traveling to Dubai is more convenient, the 2019 examination will offer a web conference option. The candidates will be asked to travel to a web conference facility in Dubai with the examiners in Chicago. The candidates are responsible for their travel arrangements. Examinations will be held in the evening and early morning to correspond with the Chicago examination times.

Applications and fees are due to the AAID Headquarters office by December 1, 2018. Due to additional facilities and equipment, those who choose the web conference examination are subject to an additional \$1,700 facilities fee (total application and facilities fee of \$1,950.) Case reports for the examination are due February 1, 2019.

### Case Reports

Associate Fellow candidates must submit and present three case reports on three different patients for Part 2 (oral/case). For ALL cases submitted:

- The candidate must have provided surgical and/or restorative treatment for each of the submitted cases.
- The cases presented for the examination must include implants that are at least 3mm in diameter.
- Each case must be on a different patient.
- Each case must be complete with the final prosthesis of the candidate's choice.
- The case must be in function for at least one year by the beginning of the examination period. For the 2019 examinations, the final prosthesis was delivered to the patient before April 30, 2018.

### Required Case Types

Case 1: Single tooth

Case 2: Edentulous segment of two or more adjacent teeth with a minimum of two implants

Case 3: Candidate's choice of:

- An edentulous arch: The presence of non-clinically relevant impacted teeth is acceptable, e.g., horizontally or bony impacted third molars. If root-form or plate-form implants are used, the case must include a minimum of four implants
- Immediate placement of one or more implants in the maxillary anterior segment, i.e., cuspid to cuspid
- A horizontal onlay graft of at least 1 cm in ridge length that results in a net increase of ridge width of at least 3mm facial to lingual (minimum 1 implant)
- A vertical onlay graft, which is at least 1 cm in ridge length, that increases the vertical height of the ridge at least 2 mm superior to inferior (minimum 1 implant)
- Lateral wall sinus augmentation which results in an increase of at least 5 mm height (minimum 1 implant)

Case report templates, photo and radiograph requirements, and sample cases can be found online at [aaid.com/casereports](http://aaid.com/casereports).

## SAVE THE DATE FOR THE 2019 AAID DISTRICT MEETINGS

The AAID has four District organizations, which allow members to network in venues that are convenient to their homes and offices. Mark your calendars for the following:

### Northeast District

Montreal, Canada  
May 17 to 18, 2019

### Central District

Chicago, Illinois  
June 7 to 9, 2019

## Join Us in Dallas!

AAID 67th Annual Conference set for September 26 to 29

Dental professionals from around the world will be moseying on down to Dallas, Texas, in September to learn the most innovative and important techniques and topics in implant dentistry from world-renowned speakers and leaders in the field. The schedule is packed with more than three full days of workshops, seminars,

exhibits, and networking and social events, along with cutting-edge research presented in the Table Clinics and ePosters. We also have a full track of education for each member of your dental team, along with a great program of sponsored workshops and seminars.

If you haven't registered yet, make



sure to visit the AAID website ([aaid.com/aaid2018](http://aaid.com/aaid2018)) and reserve your spot before rates go up on September 6, 2018. See the full schedule of education, exhibits, and social events, and book your hotel room today!



### Education

From main podium presentations to sponsored workshops, the AAID 67th Annual Conference offers plenty of opportunities to learn from the best. Here are a few of the courses we've got in store this year:

#### Main Podium

- Dealing with Ridge Deficiencies: Current Options
- New Digital Full-Arch Implant Supported Dentistry Using Proven Prosthetic Principles
- Skilled Surgical Aspects for Bone Grafting Procedures
- Role of Socket Shield (SS) and Osseodensification on Single-Day Visit
- Paradigm Shift in Subcrestal Sinus Augmentation: Innovative Approaches
- Total Site Optimization: Expanding Horizons
- Osseodensification: Optimize the Site, Optimize the Outcome
- Site Preservation of Tissue (SPOT) to Optimize Implant Treatment
- Implant-Supported Provisional Restorations for Soft Tissue Shaping: Facilitating Esthetic and Functional Restorative Success
- Peri-Implantitis Management: How Should We Prevent It? How Should We Treat It?

- Strategies to Manage Implant Complications: Short- and Long-Term Considerations
- Guided Prosthetics: The Next Generation of "All-on-X"

#### Live Surgery Broadcast

- Surgical Immediate Implant Placement with an Immediate Provisional Restoration: The Result of the Digital Workflow

#### Workshops and Seminars

- Diagnosis and Decisions in Treatment Planning
- Implant Solutions for the Edentulous Patient
- The Synergistic Effect of L-PRF and Advanced Clinical Procedures: Enhancing Your Clinical Outcomes in Implant Surgery
- Guided Prosthetics: Simplified Conversions for Full-Arch Immediate Loading
- Anterior Implant Esthetics: Refining Your Workflow to Get Exceptional Results
- Sterile and Aseptic Technique for the General Dentist's Implant Practice: Two Choices Depending on the Size and Extent of the Case
- Advanced Ridge Augmentation and Bone Graft

[see Annual Conference p. 50](#)

**ADA C.E.R.P.**® | Continuing Education Recognition Program

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- » Impervious to liquids
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## Annual Conference

*continued from p. 48*

- Planning and Execution of Guided Surgery
- Surgical Techniques Including Suturing
- Immediate Dentoalveolar Restoration (IDR)—Twelve-Year Follow-Up: The Step-by-Step Technique
- IV Access, Tips, and Tricks
- Experience the Brilliance of a Revolutionary Implant and Tooth Delivery System
- State-of-the-Art with Sinus Augmentation

### Sponsored Workshops and Seminars

- An Innovative Approach to Full-Arch Rehabilitation: Guided, Surgical, and Prosthetic Hands-On
- Comprehensive Review on the Guided Implant Surgery Using the Latest Technology: Two Hands-On Courses
- Creating the Ultimate Internet Presence for Your Dental Practice
- Predictable Transcrestal Sinus Floor Elevation Using Hydraulic Lift
- It's Not You, It's the Screw
- How to Integrate Deepithelialized Amnion-Chorion Allograft into Your Dental Implant Practice to Improve Productivity and Increase Patient Satisfaction
- One-Step Alveolar Ridge Preservation Without the Need for a Membrane Plus Advanced Surgical Concepts in Bone Regeneration
- Guided Surgery and Emergency Implant: Two Hands-On Courses
- Management of Ridge Deformity: Maximizing Long-Term Esthetic Outcomes with a Triangular Neck Design Implant and Ossifying Scaffold
- A Human Living Tissue Graft to Enhance Osseointegration and Tissue Regeneration
- Lateral Sinus Lift Bone Grafting for Dental Implants

### Post-Conference Cadaver Course

- Hands-On Implant Placement and Bone Grafting on Cadavers

### Dental Implant Team Network

- This year we will have two full days of courses for your dental team. Thursday will feature the following courses for the whole team:
- Providing the Best Experience for Implant Patients: It's Show Time!
- Review of Emergency Medical Skills: Dental Team Role
- Create New Value Now: Team Role
- Treatment Planning for Implant Dentistry
- Case Acceptance: The Positive Approach

Then, on Friday, we have the following courses for each specific dental team role:

#### Administrative Track

- The Team's Role in Case Presentations
- Why Medical Insurance Billing Should Be a Key Part of Today's Dental Practice Model
- Treatment Planning for the Successful Dentist
- Blueprint to Increase Practice Growth
- Blueprint to Increase Implant Practice
- Overcoming Financial Objections

#### Dental Assistant Track

- Implant Procedure and Latest Options
- Surgical Implant Motor Setup and Troubleshooting
- Aseptic Technique
- Aseptic Technique and Surgical Setup
- Post-Operative Care and Techniques

#### Dental Hygienist Track

- Ensuring Implant Longevity
- Lumps and Bumps in the Mouth
- Prevention of Peri-implant Diseases: A Hygienist's Perspective

[see Annual Conference p. 52](#)

# NAVIGATING THE OVERDENTURE STUD ATTACHMENT MAZE



## Indications for stud attachments:

- Improving quality of life with only two implants in lower arch, functional capacity increased from 10% to 60%
- Allows independent servicing of attachments
- Provides retention and improved prostheses stability



## Locator

- Lowest profile, 2.73mm x 5.5mm
- 8 different retention levels
- Self-aligning function 40°
- Nylon male stays in contact with abutment, housing pivots around nylon male, to reduce abutment wear



## O-Rings

- 6mm x 4.5mm tall
- 2 retention levels
- Minimal angulation correction, 10°
- The most resilient attachment system, protects weaker abutments



## Clix

- Small size, 4 x 4mm
- 3 different retention levels
- Angle correction up to 30°
- Great for patients with hygiene issues
- Female makes patient pleasing audible Clix when engaged for security and confidence.
- Ideal for anterior maxillae



## Locator R-Tx

- Low profile, 3.1mm x 5.6mm
- 4 different retention levels
- Self-aligning function 60°
- Nylon male stays in contact with abutment, housing pivots around nylon male, to reduce abutment wear



## Magnets

- 2.4mm x 3.9mm
- One retention level per size
- No path of insertion; corrects up to 48° of divergence
- Ideal for patients with limited dexterity

*Images courtesy of PREAT Corporation Technical Team*



PREAT manufacturers and technically supports the largest selection of attachments and implant parts in North America. Whether you use Straumann, Nobel, Astra, Zimmer, etc. PREAT manufactures thousands of compatible implant components. Let the PREAT Technical Team assist you in making your next overdenture a success!

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## Annual Conference

*continued from p. 50*

### Keynote Speaker: Dr. Sanjay Gupta, Chief Medical Correspondent, CNN



Named a “pop culture icon” by USA Today, Dr. Sanjay Gupta is perhaps the most media-savvy physician working today. Dr. Gupta is a journalist, writer, podcaster, and web contributor—all of which places him in a unique position to examine why certain health-related stories make the headlines and others don’t. In this presentation, entitled “Medicine in Media,” he takes a hard look at the media’s role in conveying sometimes frightening information, such as the H1N1 global pandemic and the post-9/11 incidents involving anthrax.

### Social Events and Networking Opportunities

Take a break from formal learning to continue discussions with colleagues and suppliers during the twice-daily refreshment breaks. Examine what is available to implant dentists at the Implant World Expo in the Exhibit Hall.

### Continental Breakfasts

Start each day of the meeting with a continental breakfast. Share a cup of coffee with your peers before heading into the educational sessions.

### Welcome Reception

Reconnect with old friends and make a few new ones in a relaxed atmosphere at the Welcome Reception. Mingle while enjoying light appetizers and two complimentary drinks.

### First-Time Attendee and Student Meet-Up

Start growing your professional network with others attending the AAID Annual Conference for the first time

at this unique networking event. AAID leadership will be present to welcome you.

### District Caucus Lunches

Meet with colleagues who practice in the same geographical area while discussing AAID business. District Caucuses are open to both credentialed and general AAID members. This is an excellent way to become involved in the workings of the AAID while developing new contacts in the profession.

### Implant World Expo Reception

Network with colleagues and exhibitors and develop relationships with the suppliers who help make your practice successful!

### Women in Dentistry Reception

Meet colleagues who share similar experiences during an event of fellowship and fun.

### President’s Reception and Celebration

Join AAID President, Dr. David Hochberg, and Mrs. Eleanor Hochberg, for a Western-themed celebration to close the AAID 67th Annual Conference. After a hosted bar and hors d’oeuvres at the reception, honor the accomplishments of newly credentialed members and award recipients followed by an exceptional dinner. Live music will be provided by one of Dallas’ premier bands playing both country and Top 40 hits—the fiddler is guaranteed to get you moving! Feel free to add a touch of Western flair to your party attire.

### AAID Foundation Silent Auction

One of the many highlights of the 67th Annual Conference is the excitement and fun that surround the AAID Foundation Silent Auction. This fundraising event benefits the Foundation’s ongoing programs. The Silent Auction will provide an opportunity for



participating industries and AAID members to come together in a joint effort to generate funding for the Foundation, while at the same time enjoy some wonderful auction items. This year's auction will offer a new, fully mobile system, which will allow all 67th Annual Conference registrants to access the Foundation auction items prior to the meeting. Any interested bidders can then sign up for mobile bidding and bid on items as soon as the conference begins. Stay tuned for more details regarding how to donate items and sign up for the auction! If you have any questions in the meantime, please contact AAID Headquarters at 312.335.1550 or email [foundation@aaid.com](mailto:foundation@aaid.com).

## Hotel Information

### Hyatt Regency Dallas

300 Reunion Boulevard  
Dallas, TX 75207  
214.651.1234

The AAID has negotiated a discounted group rate of \$219, single or double, plus applicable taxes, for attendees of the 67th Annual Conference. Rooms are limited. The deadline for this rate is Wednesday, September 5 or sooner, if the block is filled. Reserve your room online at [aaid.com/2018](http://aaid.com/2018).

## What to Do in Dallas

Bring your friends and family and make time to visit these Dallas points of interest:

- Reunion Tower
- The Sixth Floor Museum at Dealey Plaza and John F. Kennedy Memorial
- Historic West End Entertainment District
- Dallas Zoo
- Dallas Museum of Art
- Perot Museum of Nature & Science
- AT&T Performing Arts Center
- Klyde Warren Park
- Dallas World Aquarium
- Bishop Arts District
- Trinity Groves Restaurants & Shops



Photo credit: Kevin Brown/State Fair of Texas



Photo credit: Kevin Brown/State Fair of Texas



- Globe Life Park (MLB Texas Rangers)
- Texas Motor Speedway (NASCAR)
- Six Flags®
- Dallas Arboretum

## State Fair of Texas

This year's State Fair of Texas kicks off September 28, which conveniently coincides with the AAID 67th Annual Conference! The theme of the fair this year is "Celebrating Texas Innovation," and highlights some of the cool things to come from Texas, including America's first self-contained modern shopping center, stadium nachos, handheld calculators, and corn dogs. Conveniently located less than 6 miles from the Hyatt Regency Dallas, the State Fair of Texas is a great way to extend your stay in Dallas and enjoy a unique, fun, family-friendly event. ●



# Wish a Smile

The Wish a Smile concept began because a group of dentists wanted to provide a life-changing procedure to those who most deserved the assistance and those who were least likely to receive it—for example, those in a low socio-economic situation and veterans who have devoted their lives to protecting the country. The task was, and still is, a big undertaking because of the necessity to find a lab that is willing to donate its services as well as the need to find implant dentists willing to provide the services.



Recently Dr. Michael Potts, FAAID, ABOI/ID helped Shana, a recipient of this program. She is the daughter of a long-time assistant. Shana was born with a cleft palate and had a number of surgeries to help repair the birth defect. Dr. Potts watched her grow from a

young girl. While most of the cleft palate was fixed, she retained a primary tooth. He knew that it would affect her life as she got older. Because Shana didn't make a lot of money, she was a great candidate for the program. Dr. Potts asked if Shana would like to participate and she said, "Yes."

Since the surgery, Shana is so happy that she had the procedure. She was always a quieter, back-stage type of person. Now, she has come into her own and is more sure of herself.

"I love placing implants and love helping other people. This Wish a Smile program gives me an avenue to help. By having my costs covered, I can then donate my time. It's a wonderful thing to give, especially since the person who receives the care also realizes the value in the smile that they share with others," says Dr. Potts.

Dr. Potts encourages others to get involved in the Wish a Smile program because "the patient is appreciative of what you do, and you can improve someone's smile too. As implant dentists we are talented and should share this ability with someone who needs it."

For more information on the program, email [foundation@aaid.com](mailto:foundation@aaid.com).



## Wish A Smile is looking for participant patient and dentists.

The AAID Foundation is looking for volunteers through its Wish a Smile Program. If you are interested in volunteering, please contact [foundation@aaid.com](mailto:foundation@aaid.com) for information. Or, if you have a patient who qualifies for this service, email the information to see if a match exists between the patient and the program.

This month, the Foundation is highlighting two patient profiles who are in need of and requesting services. If you are able to provide care, email [foundation@aaid.com](mailto:foundation@aaid.com) with "Wish a Smile" in the subject line or call 312.225-1550 for details.

### Case No. 1

Female patient (Mary) is an 18-year-old high school senior living with her parents and little brother in Cape Coral. She excels in school and will start college next fall as a pre-medical student. She was accepted at two state schools and will come home for dental appointments as needed. Mary's family lives on limited income because her father is only able to work sporadically due to Rheumatoid Arthritis. Her parents assist their property management company as their main source of income. Mary was born without teeth numbers 7 and 11 and reports that missing those teeth makes her timid and she doesn't like to smile. She and her family appear genuinely grateful for any help they might receive through the Wish A Smile program.

### Case No. 2

Female patient (Sallie) is a 29-year-old single mother living in Rockford, IL. She currently is staying with a friend who is helping during her housing transition. She works part time at Rosewood Care Center as a CNA and is going to school to become a surgical tech. She has a 10-year-old son and a five-year-old daughter. She is hopeful that she will be able to work full time once school is completed. Sallie is embarrassed to show her smile because of missing teeth. She is worried that it will affect her chances to make a good impression on future employers. Sallie's mother lives nearby and is able to help with childcare and transportation so that she can make dental appointments. She currently sees a dentist at Dental Dreams for regular cleanings. Sallie is very excited that she is being considered for help through the AAID Wish a Smile program.

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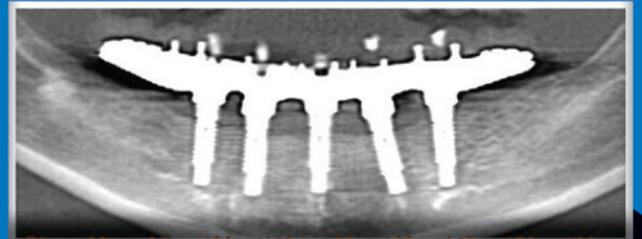
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Dr. Adam Kimowitz, Hybridge Certified Provider

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## District Attendees Gain Knowledge and Much More

“Decoding Digital Dentistry” was presented by the AAID Southern and Northeast Districts on June 8 and 9, 2018, at the Mayflower Hotel in Washington, D.C. The conference presenters offered innovative and practical information about digital dentistry. Finally, the roast honoring Dr. C. Benson

Clark highlighted his service to the profession—thank you for everything that you have done to advance implant dentistry. Below are just a few snapshots from the two-day event.

The AAID thanks all of the presenters and exhibitors who attended.



Leo Malin



James Gibney



Justin Moody



C. Edgar Davila



David Hochberg



David Killian

at "Decoding Digital Dentistry"



Andrew Kelly



Arantza Rodríguez



## ABOI/ID Highlights 2018 Diplomates

The American Board of Oral Implantology/Implant Dentistry (ABOI/ID) Board of Directors and staff would like to congratulate the following doctors who have joined 500 other dentists in the United States, Canada, and internationally in becoming Diplomates of the ABOI/ID.

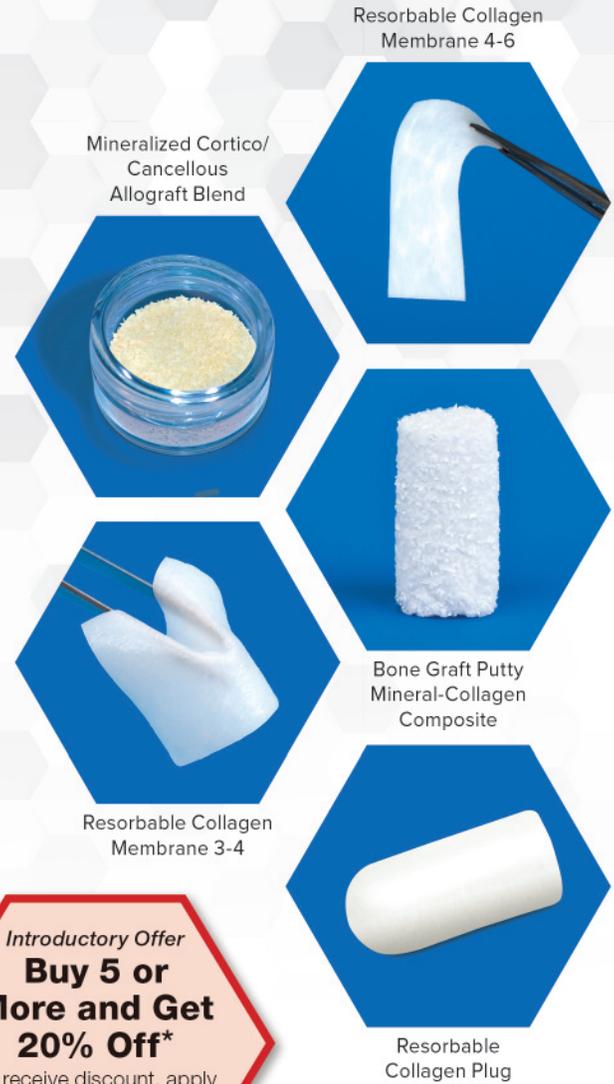
Mohamad Taisir Albik, DDS, Elk Grove, CA	Gregg C. Hendrickson, DDS, Henderson, NV
Fadi Alhrashi, DDS, Herndon, VA	J. Eric Hopkins, DDS, Shawnee, OK
Jeffrey G. Allred, DDS, San Marcos, CA	Gregory Kammeyer, DDS, MS, Sun City West, AZ
Alaa W AlQutub, BDS, M.Sc, Malden, MA	Russell Kiser II, DDS, MS, Mansfield, OH
German Arzate, DDS, Cancun, Mexico	Alina Krivitsky, DDS, Los Angeles, CA
John M. Barksdale, DDS, Baton Rouge, LA	John J. Perna, DDS, Oak Park, IL
Bhavesh B. Bhakta, DDS, Austin, TX	Craig A. Schlie, DDS, Redding, CA
Steven E. Brock, DDS, Knoxville, TN	Trevor R. Shew, DMD, Vancouver, BC, Canada
Andrea M. Company, DDS, Canton, OH	Mario A. Silvestri, DDS, Vestal, NY
Robert V. Costello, DDS, Monroe, LA	Samantha Aysegul Siranli, DMD, PhD, Washington, D.C.
Omar E. ElBanhawy, DDS, MS, West Bloomfield, MI	Robert J. Stanley, DDS, Cary, NC
Katherine Ferguson, DMD, Weston, FL	Sarat Chandra Ummethala, DDS, MBA, Loma Linda, CA
Russell D. Fitton III, DDS, Barrington, IL	Gurinder S. Wadhwa, DDS, MA, Albany, NY
Eric M. George, DMD, Newport, RI	Peter Zahedi, DMD, San Rafael, CA
Amir S. Guorgui, DMD, Woodbridge, Ontario, Canada	Mahmood M. Zaitr, DDS, BDS, Clifton, NJ
Raouf Hanna, DDS, MS, Houston, TX	

### **ABOI/ID Diplomate Induction Luncheon at the AAID Annual Meeting**

The ABOI/ID will be celebrating the accomplishments of the 2018 Diplomates at the Diplomate Induction Luncheon on Friday, September 28, 2018, from 12 to 1:30 p.m. in Dallas, Texas, at the AAID 67th Annual Conference. Space is limited, so to ensure entry for all individuals in your party, please make sure to purchase tickets early. The cost for the ABOI/ID Induction Luncheon is \$100 per ticket. Please contact the AAID for more information at (312-335-1550 or [aaid.com](http://aaid.com))

**Purchase your tickets early—space is limited!**

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Bone Graft Putty Mineral-Collagen Composite 0.5 cc	\$99	\$79.20
Bone Graft Putty Mineral-Collagen Composite 1.0 cc	\$149	\$119.20
Bone Graft Putty Mineral-Collagen Composite 2.0 cc	\$219	\$175.20

		5 or more
Resorbable Collagen Plug (1 cm x 2 cm), 10 per box	\$89	\$71.20
Resorbable Collagen Membrane 3-4 (15 mm x 20 mm)	\$109	\$87.20
Resorbable Collagen Membrane 3-4 (20 mm x 30 mm)	\$129	\$103.20
Resorbable Collagen Membrane 3-4 (30 mm x 40 mm)	\$189	\$151.20
Resorbable Collagen Membrane 4-6 (15 mm x 20 mm)	\$99	\$79.20
Resorbable Collagen Membrane 4-6 (20 mm x 30 mm)	\$119	\$95.20
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# newmembers

The AAID is pleased to welcome the following new members, who joined between March 14, 2018, and June 26, 2018. If you joined the AAID recently and your name does not appear here, it will be listed in the next issue. The list is organized by state and then alphabetically by city. The international member list is organized by country, province (if available), and city. Contact your new colleagues and welcome them to the AAID.

## **ARIZONA**

Igor Kaplansky, Gilbert

## **CALIFORNIA**

Mahfuzur Rahman, Carlsbad  
Victoria Faynshtayn, Fremont  
Dane Nelson, Glendale  
Jessica Lee Stroud, Glendora  
Viviane Haber, Huntington Beach  
Catherine Haviland, Palm Springs  
Nina Mehranfar, Sacramento  
Jeremy Alfred, San Francisco  
Theodore Kerry Chamberlain, South Lake Tahoe  
Amogh Naik, Walnut Creek

## **COLORADO**

Dane G. Mishler, Aurora

## **FLORIDA**

Abhinav Kalra, Altamonte Springs  
Brooke Totty Jordan, Clearwater  
Adam Richard Van Leeuwen, Lake Mary  
Steven Grant Rabedeaux, Royal Palm Beach  
Treneice Mangram, South Miami

## **GEORGIA**

Eric J. Palte, Atlanta  
Douglas Green, Grovetown

## **IOWA**

Jacob Greaves, Ankeny  
Mitulkumar Patel, BDS, Ankeny  
Sunil Kumar Arunagiri, Newton  
Daniel M. Ditch, Solon

## **IDAHO**

Vilija M. Zandi, Post Falls

## **ILLINOIS**

Layla Arab Yassin, Benton  
Jonathan Sanderson, Champaign  
Todd Gentling, Chicago  
Sun H. Kim, Chicago  
Adam J. Lankford, Chicago  
Khader S. Habash, Chicago Heights  
David Anthony Noles, Clinton  
Vladimir Melnikov, La Grange  
Kristina Varga, Lincolnwood  
Alyssa Nielubowicz, Peoria

## **INDIANA**

Amanda Figueroa-Acevedo, Avon  
Michael Joseph Reider, Crawfordsville

Austin Reid Imerman, Elkhart  
Walter E. Odisho, Greensburg  
Peter Girgis, Indianapolis  
Brooks A. Green, Lyons

## **KANSAS**

David Wilson, Leawood

## **KENTUCKY**

George Sonbol, Lexington  
Nathan A. Leinen, Owensboro

## **LOUISIANA**

Paul C. Avery, Dallas

## **MASSACHUSETTS**

John McCarthy, Boston  
George Khazoum, Shirley

## **MARYLAND**

Kristine J. Medin, Baltimore  
Olga Selezneva, Bowie  
Clark L. Hunstad, Silver Spring

## **MICHIGAN**

Naveed Aman, Greenville  
Julia Rachele Loecker, Jackson  
Safanah Dabbagh, Royal Oak  
Luke Bauserman, Troy

## **MINNESOTA**

Christopher J. Koehner, Blaine  
Rebecca Rightmer, Duluth  
Mira Diora, Pelican Rapids

## **MISSOURI**

Tara Meachum, Blue Springs  
Jorge R. Blanco, Brentwood  
Jeffrey Buxton, Saint Louis

## **MISSISSIPPI**

Hyun Myung Ha, Cleveland

## **NORTH CAROLINA**

Mikhail Berdichevsky, Chapel Hill

## **NEW HAMPSHIRE**

Michael Louis Jumes, Windham

## **NEW JERSEY**

Wyn Steckbauer, Cherry Hill  
Kellie Kawasaki, Monroe Township  
John F. Como, Woodland Park

## **NEW YORK**

Mark Alan Hobbie, Brooklyn  
Veena Anathasayanam, Camillus  
Jason Matthew Jennings, Gasport  
Eric J. Ruiz, New Rochelle

## **OHIO**

Krunal C. Patel, Marietta

## **OKLAHOMA**

Samuel D. Kang, Broken Arrow

## **OREGON**

Mark Breese, Portland

## **PENNSYLVANIA**

Brandon William Millard, Allentown  
Mark Martinsen, Erie  
Kevin Hintz, Pittsburgh

## **PUERTO RICO**

JeongJoo Chung, Guaynabo  
John L Potter, San Juan  
Mohammad K. Zaman, BDS, San Juan

## **SOUTH DAKOTA**

Jeffrey William Garcia, Parker

## **TENNESSEE**

David W. Tapani, Clarksville

## **TEXAS**

Tigran Gyokchyan, Dallas  
Rebecca Van Miller, Dallas  
Joanna Y. Wang, League City  
Jonathan Zuniga, Magnolia  
Matthew Annese, Plano  
Winston Feng, Rowlett

## **UTAH**

Arjun Patel, Murray  
Vaibhavi S. Patel, North Ogden  
Duncan Puffer, Salt Lake City  
Khalid Sajjad, Salt Lake City

## **VIRGINIA**

Ashwani Sharma, Danville

## **WASHINGTON**

Jane Myung, Seattle  
Daniel A. Zevallos, Seattle

## **WISCONSIN**

Tanzania Davis, Cudahy  
Ramon A. Duran, De Pere  
Quynh-Trang Pham, Madison  
Czarina Al N. Baloy, Oconomowoc  
Kory Kirkegaard, Oshkosh

## **CANADA**

Ali Behmard, Aurora  
Michael Hansmann, Brampton  
Ahmed Samir Ahmed Helmy, Brampton  
Mahmoud Fawzy Abd El Wanes Rizk, Brampton  
Mohammad Ehsan Hakimi, Buckhorn  
Qian Su, Calgary  
Kavinder Jodhka, Dryden

# New Student Members

Elena Panovski, Edmonton  
Alina Raskin, Etobicoke  
Bing Li, Gibsons  
Yasir Riyadh Yousuf, Halifax  
Guomin Liang, Laval  
Austin Andrews, London  
Qianqian Luo, London  
Juxiang Hu, Mississauga  
Mohamed El Sayed El-hossieny, Nepean  
Akihiro Sugano, North Bay  
Binke Chen, North Saanich  
Aifang Yang, North York  
Brayann Oscar Aleman, Oakville  
Sagar Rajesh Lodhia, Orillia  
Yaser Osama Mutadha, Orillia  
Hayder Ihsan Abdullah Al Khuzai, Oshawa  
Gabriel Patriara, Saskatoon  
Bassel Elsagher, Surrey  
Baojie Shao, West Vancouver  
Abdulla Alameeri, Woodbridge  
Mohammed Hussain Alwadai, Woodbridge  
Nadder Hani Shehata Ayad, Yarmouth

## CHINA

Mohamed Ali, Baise City  
Viktoriya Yashchuk, Beijing  
Mike Newbert, Binhai New Area  
San Bhatha, Dongguan City  
Xinmei Zhang, Dongguan City  
Seokgun Choi, Ganzhou  
Yuelong Wu, Guangzhou City  
Lihui Chen, Guangzhou City  
Myong Chul Kim, Guizhou City  
Nadheer Al-Salami, Hangzhou City  
Xingwen Zhang, Hangzhou City  
Siyeong Song, Jiujiang  
Michel Lomeau, Kunming City  
Ling Huang, Luoyang City  
Xiaomei Liu, Luoyang City  
Zhichun Zheng, Luoyang City  
Lingli Wang, Mishan City  
Ryan Gallagher, Ningbo  
Marina Sonkin, Ningbo  
Liang Xiao, Ningbo  
Xia Jin, Shanghai  
Yongseon Lee, Shanghai  
Xue Song Li, Shanghai

Xin Liao, Shanghai  
Manpreet Mangat, Shanghai  
Roxana Popa, Shanghai  
Qing Song, Shanghai  
Martin Szczytkowski, Shanghai  
Peggy Wong, Shanghai  
Tao Xia, Shanghai  
Xiaodong Zhao, Shanghai  
Shweta Bansal, BDS, Suzhou  
Li Li, Suzhou  
ZiXiong Wu, Suzhou  
Qiang Lian, Tianjin  
Samer Mudher, Weihai  
Ryan Lum-Tai, Wuxi City  
Liming Chen, Zhangjiagang City  
Na Wang, Zhangjiagang City

## EGYPT

Ilnam Kang, Erbil  
Hasan Ahmed, Heliopolis  
Huaquan Cai, Heliopolis  
Hongjin Chen, Heliopolis  
Hsinhua Chen, Heliopolis  
Harpreet Gill, Heliopolis  
Johannes Jacobs, Heliopolis  
Hongyu Jia, Heliopolis  
Issam Murr, Heliopolis  
Jatinderbir Singh, Heliopolis  
Jian Sun, Heliopolis  
Hui Tu, Heliopolis  
Kaengwon Yoon, Heliopolis  
Jianbo Zhai, Heliopolis  
Jie Zhao, Heliopolis

## GERMANY

Mohammed Gamal El Metwally Abdel Moaty, Hoxter

## INDIA

Wael Ahmed Mohamed Mahmoud, New Delhi

## JAPAN

Ahmed Khairi Hamdi, Tokyo

## KOREA

Michael Lang, Daejeon

## KUWAIT

Matthew David Balenko, Aladailiya

## SOUTH KOREA

Michael Ross, Goyang  
Yujia Gu, Jeonju  
Wei Luo, Namgu  
Elias Sherif Shakal, Seodaemun-gu  
Mohamed El sayed hossan Mahmoud Abougendy, Seoul  
Beom Namkoong, Seoul  
Yao Yang, Seoul

## CANADA

### ALBERTA

Marcus Lo, DMD, Red Deer

### ONTARIO

Amandeep Kaur, Toronto

### UNITED STATES

#### ALABAMA

Christopher Bannon, Birmingham  
David Wayne Davis, Birmingham

#### ARIZONA

Justin Firth, Glendale  
Justin K. Stanford, Glendale  
Christy Tran, Glendale  
Bradley Truong, Glendale  
Sarah Ellsworth, Phoenix  
Alexander Sahyouni, Tempe

#### CALIFORNIA

Rishaad Taraporewalla, Alta Loma  
Andrea Numbers, Chino  
Trisha T. Trang Vo, Fountain Valley  
Jerdie Ale, Loma Linda  
Jane Cho, Loma Linda  
Daniel Salazar, Loma Linda  
Brandon Talmood, Loma Linda  
Nicolette Mahboubian, Orangevale  
Aaron Coyoca, Riverside  
Renz Antonio, San Francisco  
Peggy Chen, San Francisco  
Taewon Jung, San Francisco  
Taylor Roemelt, San Francisco

#### COLORADO

Colleen Leong, Denver

#### CONNECTICUT

Evan Woodford, New Britain

#### FLORIDA

Caitlin Wild, Davie  
Eric Rabinowitz, Gainesville  
Carson Smith, Winter Springs

#### GEORGIA

Lincoln Fantaski, Augusta

#### INDIANA

Elliot Humiston, Indianapolis

#### KENTUCKY

Aneesha Reddy, Lexington

Landon Bowland, Louisville  
Keegan Chandler, Louisville  
Jossen Gastelum, Louisville  
Nicholas Mouchaham, DMD, Louisville

#### LOUISIANA

Gerard Scannell, Jefferson  
Evan Tatford, New Orleans

#### MASSACHUSETTS

Albert Kim, Boston  
Christian Ford, MS, Brookline

#### MINNESOTA

Suemee Lee, Columbia Heights

#### MISSOURI

Halie Moitoza, Branson  
Sarah Flowers, Kansas City  
Michael Gulley, Kansas City  
Brienne Schmiegelow, Kansas City  
Claire Nguyen, Kirksville

#### NEVADA

Ryan Gov, Las Vegas

#### NEW JERSEY

Anushka Prabhu, Belle Meade  
Nicolle Donato, Edison  
Johnny Junhong Kim, New Jersey  
Kelly Smith, Tuckerton

#### NEW YORK

Lucy Hovanisyan, Brooklyn  
Rachel Kim, Buffalo  
Rebecca Dunninger, Lindenhurst  
Brianna Hines, Maspeth  
Lauren Heisinger, Massapequa  
Jack Lupfer, Medford  
Anthony Powers, Mount Sinai  
Aman Chugh, New York  
Michael Joseph Klausner, New York  
Sobia Rafiuddin, New York  
Stevie Lustofin, Northport  
Victoria Yang, Tarrytown

#### NORTH CAROLINA

Tariq Jah, Carrboro  
Jackson Boone, Chapel Hill  
Jonathan Aakiba Montoya, Chapel Hill

Imran Rauf, Chapel Hill  
Jaehee Yoo, Chapel Hill  
Caroline Bates, Lexington

#### OHIO

Danica Mallari, Cleveland  
Hilary Allen, Columbus  
Adel Hasan, Columbus  
Payton Laws, Columbus

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Casey Thein, Burns  
Paul Lamoreau, Hillsboro  
Ryan McCormick, North Plains  
Bradley J. Thomson, Portland  
Kyahn Daraee, West Linn

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Steven Mastropole, Philadelphia  
Lauren Miller, Philadelphia  
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Dominic Raggi, Washington

#### SOUTH CAROLINA

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Kyle Johnson, Plano

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Tate Trujillo, Salt Lake City  
Marina Pitcher, South Jordan

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Clara Felker, Mercer Island  
Anna Beers, Vancouver  
David Chi, Woodinville  
Sarah Lee, Yakima

#### WEST VIRGINIA

Maya S. Mathai, Fairmont

#### WISCONSIN

Bryce Dunathan, Milwaukee

# CONTINUING EDUCATION BITE



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### Augusta University MaxiCourse®

Augusta, GA  
Co-Director(s): Michael E. Pruett, DMD,  
and Douglas Clepper, DMD  
March – November  
Contact Name: Erica Schlachter  
Email: eschlachter@augusta.edu  
Phone: 800-221-6437 or 706-721-3967  
Website: www.georgiamaxicourse.com

### Chicago Midwest AAID MaxiCourse®

Chicago, IL  
Co-Directors: Natalie Wong, DDS, and  
Adam Foleck, DMD  
January – August  
Contact: Linda Shouldice  
Phone: 416-566-9855  
Email: linda@ti2inc.com  
Website: www.chicagomaxicourse.com

### Las Vegas MaxiCourse®

Englewood, NJ  
Director: John Minichetti, DMD  
Co-Director: Shanker Iyer, DDS, MDS  
September – June  
Contact: Esther Yang  
Email: esther.inglewooddental@gmail.com  
Phone: 201-871-3555  
Website: www.aid-maxicourse.org

### Loma Linda University/AAID MaxiCourse®

Loma Linda, CA  
Director: Jaime L. Lozada, DMD  
Co-Director: Mathew T. Kattadiyil, DDS,  
MDS, MS  
March – December  
Contact: Annabelle Galvan  
Email: lgalvan@llu.edu.com  
Phone: 909-558-4685  
Website: www.llumaxicourse.com

### New York MaxiCourse® in Implant Dentistry

Bronx, NY  
Co-Directors: John Minichetti, DMD, and  
Joseph C. D'Amore, DDS  
September – June  
Contact: Esther Yang  
Email: esther.inglewooddental@gmail.com  
Phone: 201-871-3555  
Website: www.aid-maxicourse.org

### Nova Southeastern University Implant MaxiCourse®

Fort Lauderdale, FL  
Director: Jack Piermatti, DMD  
October – June  
Contact: Linnette Dobbs-Fuller  
Email: flinnett@nova.edu  
Phone: 609-314-1649  
Website: www.dental.nova.edu/ce/courses/  
2017-2018/maxi-implant-course.html

### Oregon-AAID Implant MaxiCourse®

Eugene, OR  
Director: Shane Samy, DMD  
September – June  
Contact: Jamie Christianson  
Email: jamie.maxicourse@gmail.com  
Phone: 800-603-7617  
Website: www.oraaidmaxicourse.com/

### Puerto Rico MaxiCourse®

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Director: Hilt Tatum, DDS  
Co-Director: Jose Pedroza, DMD, MSC  
September – June  
Contact: Miriam Montes  
Email: maxicourse@gmail.com  
Phone: 787-642-2708  
Website: www.theadii.com

### Rutgers University of Dental Medicine MaxiCourse®

Newark, NJ  
Director: Jack Piermatti, DMD  
September – June  
Contact: Janice Gibbs-Reed, MA, CMP  
Email: gibbs@sdm.rutgers.edu  
Phone: 973-972-6561  
Website: sdm.rutgers.edu/CDE/Maxi-Course

### TexMAX® Dental Implant Education MaxiCourse®

League City, TX  
Director: Jay Elliott, DDS  
November – October  
Contact: Jackie Martinez  
Email: Jackie@texasimplantededucation.com  
Phone: 281-703-9468  
Website: www.texasimplantededucation.com

### Ti-MAX Institute Maxicourse®

Waterloo, ON  
Director: Rod Stewart, DDS  
Co-Director: George Arvanitis, DDS  
November – November  
Contact: Chantel Furlong  
Phone: 905-235-1006  
Email: info@timaxinstitute.com  
Website: www.timaxinstitute.com

### AAID Vancouver MaxiCourse®

Vancouver, BC  
Director: William Liang, BSc, DMD  
September – June  
Contact: Andrew Gillies  
Email: andrew@implant.ca  
Phone: 604-330-9933  
Website: www.vancouvermaxicourse.com

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

Washington, D.C.  
Director: Bernee Dunson, DDS  
March – December  
Contact: Keonka Williams  
Email: dcmxi@dunsondental.com  
Phone: 404-897-1699  
Website: www.dcmximaxicourse.com

## Outside U.S. and Canada MaxiCourses®

### Japan MaxiCourse®

Nagoya, Japan  
Director: Yasunori Hotta, DDS, PhD  
April – November  
Email: hotta-dc@ff.ij4u.or.jp  
Phone: +81-52-794-8188  
Website: www.hotta-dc.com

### MaxiCourse® Asia

Abu Dhabi, United Arab Emirates,  
Bangalore, India  
Contact: Shankar Iyer, DDS, MSD  
March – January (Abu Dhabi)  
February – January (Bangalore)  
Contact: Dr. Syed Khalid  
Email: drsyedkhalid@hotmail.com  
Website: www.maxicourseasia.com

### Egypt MaxiCourse®

Cairo, Egypt  
Co-Directors: Kim Gowey, DDS;  
Shankar Iyer, DDS, MDS

### China MaxiCourse®

Shanghai, China  
Director: Jaime Lozada, DMD  
Co-Director: Joey Chen, DDS, MS  
July – March  
Contact: Joey Chen  
Email: anshindental@gmail.com  
Phone: +86 21-61364635 or 909-558-4685  
Website: www.college.dental360.cn/  
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Kalkara, Malta  
Co-Directors: Dennis Flanagan, DDS,  
MSc; Shankar Iyer, DDS, MDS  
Contact: Dennis Flanagan  
Email: dffdds@comcast.net

## Courses presented by AAID credentialed members\*

### U.S. LOCATIONS

#### 24 Hour Teeth

Spring Hill, FL

October 4-5, 2018; March 28-29, 2019

Contact: James W. Gibney, DMD, JD

Phone: 352-686-4223

Email: jwgibney@atlantic.net

Website: jameswgibneydmd.com

#### Live Surgical Mini-Residency & Live Surgery Weekend

John C. Minichetti, DMD

Contact: Esther Yang

Phone: 201-871-3555

Email: info@englewooddental.com

Website: www.dentallearningimplantcenter.com/ce-courses

#### California Implant Institute

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San Diego, CA

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Dr. Louie Al-Faraje, Academic Chairman

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Phone: 858-496-0574

Email: info@implanteducation.net

Website: www.implanteducation.net

#### Foundations in Implant Dentistry

Dr. Michael Gillis

Session 1: October 25-27, 2018

Halifax, Nova Scotia

Contact: Denise Robicheau

Phone: 902-405-0077

Email: admin@gillisdentalimplants.com

#### Midwest Implant Institute

Drs. Duke & Robert Heller

Advanced Courses:

(305) Implant Prosthetics

(601) Bone Grafting & Sinus Elevation

(602) Digging Out of Problems

Contact: 614-505-6647

Email: samantha@mii1980.com

Website:

www.midwestimplantinstitute.com

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Phone: 908-527-8880

Website www.smileusacourses.com

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Michael A. Pikos, DDS

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Sinus Grafting

Advanced Bone Grafting

Guided Full-Arch Immediate Implant

Reconstruction

Contact: Alison Thiede

Phone: 727-781-0491

Email: learn@PikosInstitute.com

Website: www.pikosinstitute.com/

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#### University Implant Educators

Director: Francis Jones, DDS, MBA,

AFAAID

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Contact: Grace Terranova

Phone: 877-709-6623

Email: info@universityimplant

educators.com

Website: www.universityimplant

educators.com/implantology-courses-

schedule

### 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

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Email: rosanna@dmvassos.com

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Coordinator

Phone: 604-330-9933

Email: andrew@implantconnection.ca

Website: www.thebiteclub.ca

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Dr. Robert E. Leigh, Director

Custom Tailored and 4-Day Mini

Residency Courses

Location: Leigh Smile Center, Alberta,

Canada

Contact: Corie Zeise

Phone: 780-340-6700 (Toll Free)

Email: coriemanager@gmail.com

Websites: www.leighsmilecenter.com;

www.westernImplantraining.org

#### Implant Connect: Prosthetic Course

William Liang, DMD, Director

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Website: www.cditc.ca

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Dentistry

Ongoing dates

Location: Vancouver, B.C., Canada

Contact: Kim

Phone: 800-668-2280

Email: kimber@piidentistry.com

Website: www.piidentistry.com

#### Toronto Implant Institute

Dr. Natalie Y. Wong, Director

Advanced Hands-On Courses

Contact: Linda Shouldice

Phone: 416-566-9855

Email: linda@ti2inc.com

Website: www.torontoimplantinstitute.com

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Contact: Andrew Gillies, Education

Coordinator

Phone: 604-330-9933

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Website: www.cditc.ca

## AAID Active Study Clubs\*

### US

#### AAID Bergen County Dental Implant Study Group

Location: Englewood, NJ

Director: John Minichetti, DMD

Contact: Lisa McCabe

Phone: (201) 926-0619

Email: lisapmccabe@gmail.com

Website: https://bit.ly/2rwf9hc

#### AAID Lake Superior Implant Study Club

Location: Ada, MN

Director: David Resnick, DDS

Phone: (218) 784-7119

Email: ddz@arvig.net

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## Continuing Education

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### Acadiana Southern Society

Location: Lafayette, LA  
Director: Danny Domingue, DDS  
Phone: (337) 243-0114  
Website:  
[www.acadianasouthernsociety.com/  
upcoming-meetings.html](http://www.acadianasouthernsociety.com/upcoming-meetings.html)

### Alabama Implant Study Club

Location: Brentwood, TN  
Director: Sonia Smithson, DDS  
Contact: Norma Jean Applebaum  
Phone: (615) 337-0008  
Email: [docnj4aisg@aol.com](mailto:docnj4aisg@aol.com)  
Website: [www.alabamaimplant.org](http://www.alabamaimplant.org)

### Bay Area Implant Synergy Study Group

Location: San Francisco, CA  
Director: Matthew Young, DDS  
Phone: (415) 393-8611  
Email: [young.mattds@gmail.com](mailto:young.mattds@gmail.com)  
Website: <http://youngdentalsf.com>

### Calderon Institute Study Club

Location: Queens, NY /Oceanside, NY  
Director: Mike E. Calderón, DDS  
Contact: Andrianna Acosta  
Phone: (631) 328-5050  
Email: [calderoninstitute@gmail.com](mailto:calderoninstitute@gmail.com)  
Website: [www.calderoninstitute.com](http://www.calderoninstitute.com)

### DHII Study Club of Georgia

Location: Atlanta, GA  
Director: David Han, DDS, MS  
Contact: Frank Butler  
Phone: (770) 624-3000  
Email: [drfrankbutler@bellsouth.net](mailto:drfrankbutler@bellsouth.net)  
Website: [www.dhii.org/our-fees](http://www.dhii.org/our-fees)

### Hawaii Dental Implant Study Club

Location: Honolulu, HI  
Director: Michael Nishime, DDS  
Contact: Kendra Wong  
Phone: (808) 732-0291  
Email: [mnishimedds@gmail.com](mailto:mnishimedds@gmail.com)  
Website: [www.honoluludentaloffice.com](http://www.honoluludentaloffice.com)

### Hughes Dental Implant Institute and Study Club

Location: Sterling, VA  
Director: Richard E. Hughes, DDS  
Contact: Victoria Artola  
Phone: (703) 444-1152  
Email: [dentalimplant201@gmail.com](mailto:dentalimplant201@gmail.com)  
Website: <http://www.erhughesdds.com/>

### Implant Study Club of North Carolina

Location: Clemmons, NC  
Director: Andrew Kelly, DDS  
Contact: Shirley Kelly  
Phone: (336) 414-3910  
Email: [shirley@dentalofficesolutions.com](mailto:shirley@dentalofficesolutions.com)  
Website: [www.dentalofficesolutions.com](http://www.dentalofficesolutions.com)

### Mid-Florida Implant Study Group

Location: Orlando, FL  
Director: Rajiv Patel, BDS, MDS  
Contact: Director  
Phone: (386) 738-2006  
Email: [drpatel@delandimplants.com](mailto:drpatel@delandimplants.com)  
Website: <http://www.delandimplants.com/>

### Monmouth Dental Implants Study Group

Location: Lincroft, NJ  
Director: Richard Mercurio, DDS  
Contact: Marth Gatton  
Phone: (732) 504-6913  
Email: [marty@lincroftvillagedental.com](mailto:marty@lincroftvillagedental.com)  
Website: [www.Lincroftvillagedental.com](http://www.Lincroftvillagedental.com)

### SMILE USA® Center for Educational Excellence Study Club

Location: Elizabeth, NJ  
Director: Shankar Iyer, DDS, MDS  
Contact: Terri Baker  
Phone: (908) 527-8880  
Email: [dentalimplant201@gmail.com](mailto:dentalimplant201@gmail.com)  
Website: <http://malosmileusaelizabeth.com>

## CANADA

### Vancouver Implant Continuum

Location: Surrey, BC, Canada  
Director: Williams Liang, DMD  
Contact: Andrew Gillies  
Phone: (604) 330-9933  
Email: [andrew@implant.ca](mailto:andrew@implant.ca)  
Website: [www.implant.ca](http://www.implant.ca)

## INTERNATIONAL

### AICHI IMPLANT CENTER

Location: Nagoya, Aichi-Ken, Japan  
Director: Yasunori Hotta, DDS, PhD  
Email: [hotta-dc@ff.ij4u.or.jp](mailto:hotta-dc@ff.ij4u.or.jp)  
Website: [www.hotta-dc.com/](http://www.hotta-dc.com/)

### Beirut AAID Study Club

Location: Beirut, Lebanon  
Director: Joe Jihad Abdallah, BDS, MScD  
Email: [beirutidc@hotmail.com](mailto:beirutidc@hotmail.com)  
Website: <http://www.beirutidc.com>

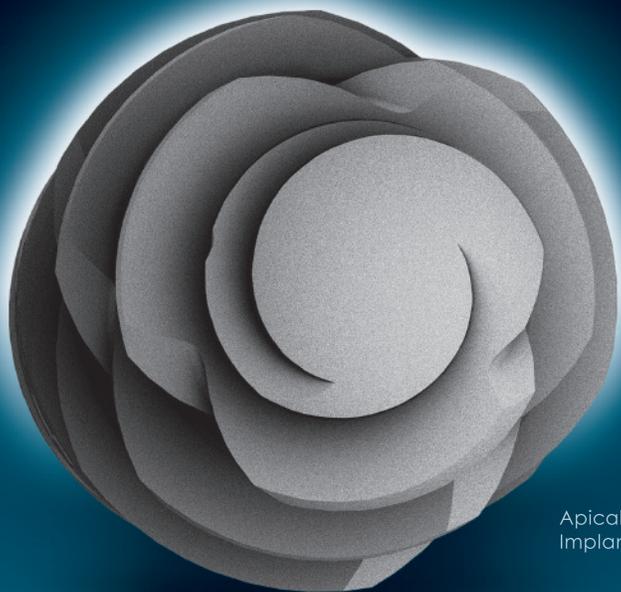
### Cyprus implant Study Club

Location: Nicosia, Cyprus  
Director: Nicolas Papadopoulos, DDS  
Email: [Info@nicosiadentalcenter.com](mailto:Info@nicosiadentalcenter.com)  
Website:  
[http://www.nicosiadentalcenter.com/  
index.php](http://www.nicosiadentalcenter.com/index.php)

### Korean Dental Implant Institute

Location: Seoul, Korea  
Director: Jaehyun Shim, DDS  
Contact: Kyungim Yeom  
Email: [ykimichelle@gmail.com](mailto:ykimichelle@gmail.com)  
Website: [www.kdi-aaid.com](http://www.kdi-aaid.com)

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



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<https://doi.org/10.1155/2018/9031435>

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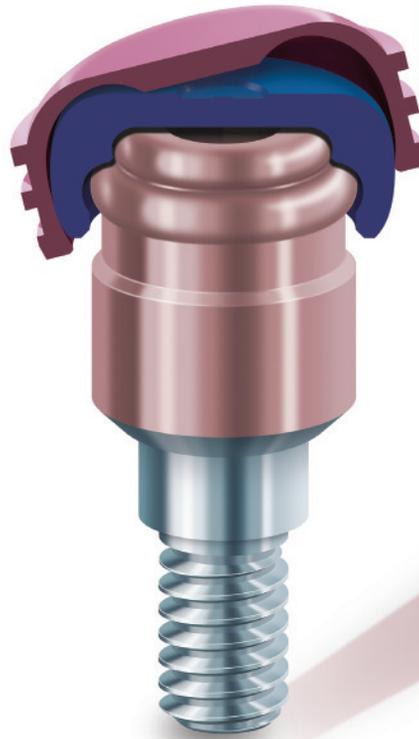
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