

# AAID NEWS



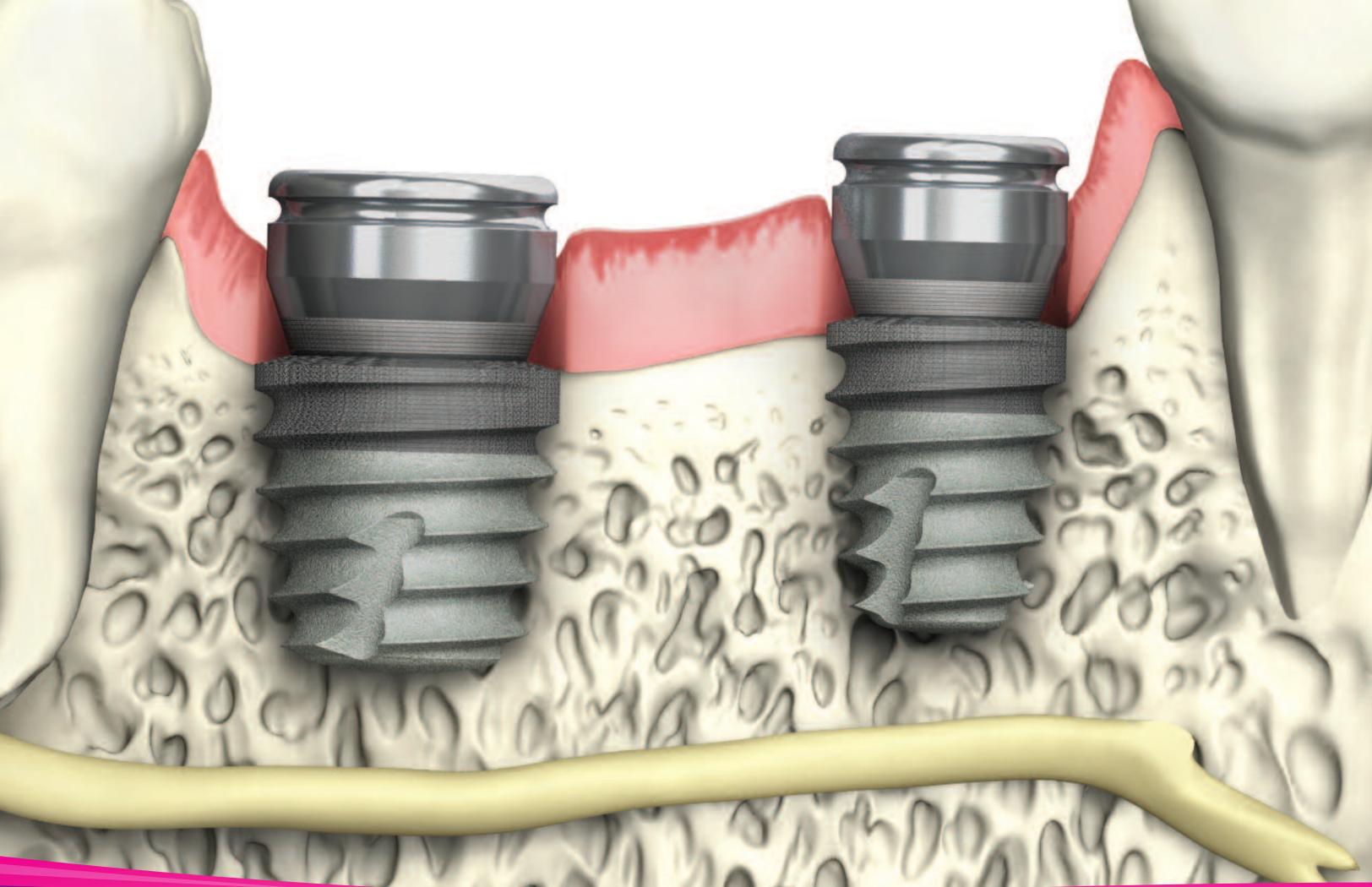
# 30 YEARS OF Training AND Trust

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## INSIDE

- Twelve Dental Disciples
- Update of MRONJ
- Nominations Sought



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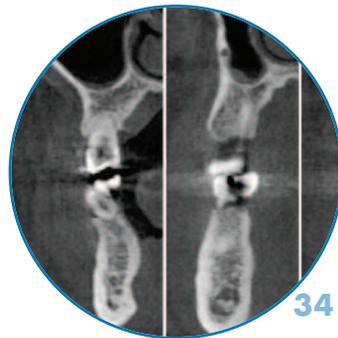
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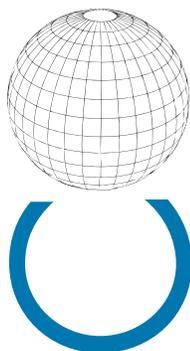


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By James E. Ference,  
DMD, MBA, AFAAID, DABOI/ID  
Editor, AAID News

# Recognizing the Considerable Values in our Profession

Warren Buffet has said one of the most important lessons he was taught was to appreciate that “price is what you pay but value is what you get.” Knowing the difference is important and indeed, great values abound in all areas of our lives.

For instance, we can rent the space we need on a commercial aircraft that costs up to \$400 million for a few hundred dollars and get across the country or even to the other side of the globe for not much more.

Our profession also offers us great values as well.

I was recently re-reading material from a book authored by the late Dr. Carl Misch. Like many of the texts in our profession, the price was somewhere around \$300. It is positively packed with important information that took a lifetime of experience and effort to acquire. If you can learn, master, and utilize that kind of material, I believe it will change your life. Financially speaking, the present value of the stream of income possible with the improvements in your professional skills from that \$300 book is probably at least several hundred thousand dollars and possibly much more!

Years ago, I told Carl he should have saved us all a lot of time and just dipped every book in highlighter because nearly every sentence is important and worth the time it takes to learn. Many other authors are similarly talented and hence the opportunities are numerous and immense. After all, the knowledge you acquire will largely determine your value in the dental marketplace.

And so it is with this month's topic, the Maxicourse®.

If one identifies a well taught program with dedicated, experienced and skilled teachers, and if one becomes a devoted student, the value that can be acquired is, as they say, priceless. If you become proficient at the broad range of skills necessary to practice implantology, you will greatly enhance your skills in many related areas of our profession. If you further develop a mentor relationship, then you may well multiply the value many times over.

Learning the art and science of bone growth and manipulation, becoming competent at soft tissue grafting, mastering prosthodontic techniques, acquiring the needed surgical skills and understanding considerations that are involved in esthetics has carry-over benefits in nearly every phase of dentistry.

When a patient enters your practice with a problem that diminishes his enjoyment of life, you will be capable of helping by exercising the professional judgement that only comes from a multidisciplinary view of the broad spectrum of options that exist. A narrow set of skills frequently just doesn't allow for that insight. There is, I believe, no area of dentistry whose mastery more fully develops one's capability than implantology.

Every form of appropriate education will pay you dividends in not only income, but professional satisfaction for the rest of your life. If you're looking for value, spend less time with the *Wall Street Journal* and more time maximizing your professional talents. ●

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).

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

# Time Flies, But Planning Is Moving Full Steam Ahead

It is hard to believe that over six months have flown by and I am half way through my term. As always, the AAID is a busy place and your entire Executive Committee has been hard at work on your behalf since the October Annual Conference in San Diego. In November, I represented the AAID at the Annual Academy of General Dentistry's (AGD) Business Meeting in Chicago. I met with President Dr. Manuel Cordero and initiated the

about the AAID becoming their source for implant dentistry education and many other strategies. By working collaboratively, both the AAID and the AGD will increase their membership's exposure to each other's organization, raising awareness, which has the potential to increase membership.

I would also like to thank Cheryl Parker, our executive director, who scheduled time for us to meet with the AGD, the American Academy of Cosmetic Dentistry, and the American Dental Hygienists' Association. These meetings provided the leadership from both organizations the opportunity to discuss educational opportunities for their respective members in implant dentistry. I'm hopeful that everyone takes great pride in our hard work and effort over some 67 years to educate the profession and the desire to partner with us!

Additionally, the AAID began moving forward with another exciting initiative — the development of a newly branded patient website to raise public awareness about who we are and reasons why patients should seek out an AAID credentialed dentist. Both Drs. Larry Nalitt and Adam Foleck have worked hand-in-hand with the Public Relations Committee to bring this project to fruition. The site was launched at the beginning of April and I encourage you to take a look and familiarize yourself

I'm hopeful that everyone takes great pride in our hard work and effort over some 67 years to educate the profession and the desire to partner with us!

groundwork for collaborative activities that would be mutually beneficial for both organizations. We are fortunate that Max Moses is the executive director — he understands our history and what we can offer to the AGD's 40,000 members. In February, at the Chicago Dental Society's Midwinter Meeting, we spoke



Dr. David Hochberg, AAIID President, and Tammy Filipiak, ADHA President, met February 2018 at the Chicago Dental Society Midwinter Meeting.

with it. While we educate our members, we too want to educate the public. Creating the demand for a dentist trained in implants who can provide expert, optimal care will also serve to have patients seek you out.

In February the Strategic Plan, “Big Topic,” and the Board of Trustee meetings took place at the Diplomat Hotel, in Hollywood, Florida. Mary Byer, a strategy consultant, spent a half-day on our “big topic”—a review of where we are in attaining specialty status and the impact that this achievement would have on our Academy, its membership, and the public. We’ve been fighting this battle in the courts for approximately 25 years. This planning discussion was very informative. The strategic planning session followed; our AAIID leadership was actively engaged in creating a three-year plan, designed to guide our actions and drive the Academy in a goal-oriented fashion. This will help create continuity amongst the officers as the leadership changes and as trustees complete their terms.

We finished the three-day marathon with our Board meeting, which is held three times a year. All agenda items



Dr. David Hochberg, AAIID President, met with Dr. Maria Smith AGD Immediate Past President and Dr. Neil Gajjar, AGD President Elect, in February 2018 at the Chicago Dental Society Midwinter Meeting.

were acted on and the Academy appreciates all the personal time our trustees contribute to helping the AAIID be a better organization to serve the needs of all our members.

Not to be left out of my summary of the past half-year was a trip to Dallas, Texas, the site of our next Annual Conference, September 26-29. I truly believe that our entire membership will experience an outstanding meeting. The schedule includes expert speakers and an outstanding main podium. Also, a two-day Dental Implant Team Network program will take place, offering CE for your entire staff.

The AAIID has raised the bar this year by including our very first Keynote Speaker, Dr. Sanjay Gupta, CNN’s Chief Medical Correspondent. He is a practicing neurosurgeon who plays an integral role in CNN’s reporting on health and medical news for all of CNN’s shows domestically and internationally. You don’t want to miss this opportunity to hear Dr. Gupta’s address. He also will participate in a program with the AAIID Foundation that will take place immediately following his presentation. Check [aaid.org/aaid2018](http://aaid.org/aaid2018) for more information.

As the year progresses we continue to move the AAIID forward. With the assistance of our new executive director, our experienced AAIID staff, and those new to our AAIID Chicago headquarters, our legal support, and all the officers and trustees, the AAIID’s future looks bright.

I look forward to seeing you at our **Southern District meeting in DC** in June and at the **67th Annual Conference in Dallas** in September.

It is an honor to continue to serve the members of the AAIID.



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MCT	White	Orange	Red	Blue	Green	
Apical 4mm						
6mm	2.6	3.0	3.4	3.8	4.3	
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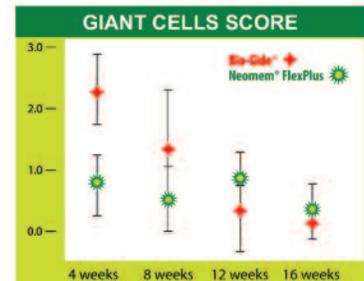
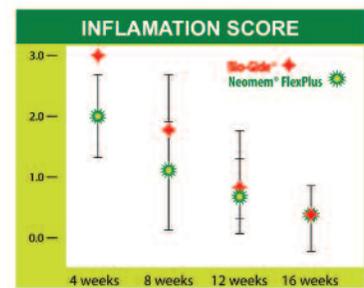
**Less Inflammation-** In-vivo testing also demonstrates that Neomem® FlexPlus produced a lower level of early inflammation than Bio-Gide® and Neomem® FlexPlus shows a lower level of a giant cell response.

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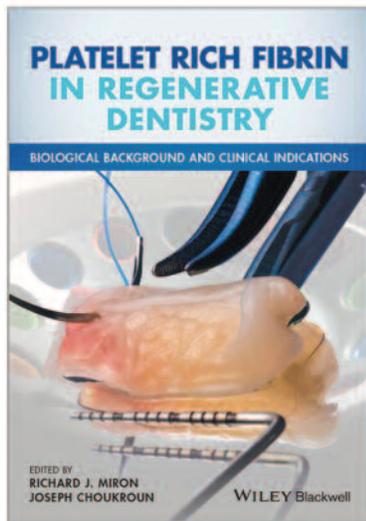
This kit was designed by Dr. Joseph Choukroun to extend the flap without the need for incision. The concept of this product is to disorganize the collagen fibers of the fibrous periosteum. This reduces the stiffness of the flap allowing the flap to release farther. This kit does not cut anything at all.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

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- Philip J. Gordon, DDS,  
Host of "Dental Implant Practices" podcast

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Gilleard Dental Marketing's Scheduler Training Program, which launched in January of 2018, was designed to ensure receptionists can

schedule any type of new patient call and are able to handle queries such as prices, insurance questions and general treatment information with ease. Beyond provided scripts and flip charts, the core ability Gilleard teaches schedulers is how to understand the caller's needs and translate the call into a new patient scheduled. The result of this program is a reduced average marketing cost per new implant patient with a substantially increased monthly collection for the practice.

The key to Gilleard's success is their personalization of each sched-

uler's training.

Using a combination of call tracking and individualized program writing, Gilleard's team isolates the main areas for improvement within each scheduler enrolled in their program to customize one-on-one sessions and ensure successful results. This invaluable program affordably can increase the success of any practice's marketing.

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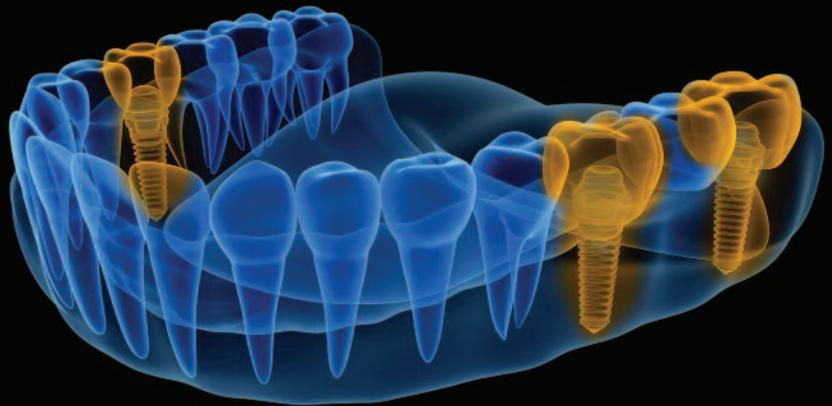


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# 30 YEARS OF Training AND Trust

 **AAID MaxiCourse**<sup>®</sup>  
PRACTICAL IMPLANT EDUCATION

For 30 years the AAID's MaxiCourse® has focused on improving all aspects of implant dentistry.

Over the course of 30 years, the American Academy of Implant Dentistry's (AAID) MaxiCourse® program has helped more than 4,000 multidisciplinary dentists, periodontists, prosthodontists, endodontists and oral surgeons become more proficient and up to date in all aspects of implant dentistry. Not only have these men and women completed more than 300 of the continuing education (CE) hours required to become an Associate Fellow, they have used their enhanced training and skillsets to improve the treatment and outcomes of many thousands of patients around the world.

To guarantee success, the program would have to be all-inclusive, thus 'MaxiCourse®.'

The program was the brainchild of the late Dr. Terry Reynolds who, in the Summer 2013 issue of *AAID News*, recalled, "The MaxiCourse® started as a result of my experiences in giving continuing education courses on implant dentistry and finding that my programs, as well as others, were lacking in information connecting the relevant sciences to the art of implant placement and restoration."

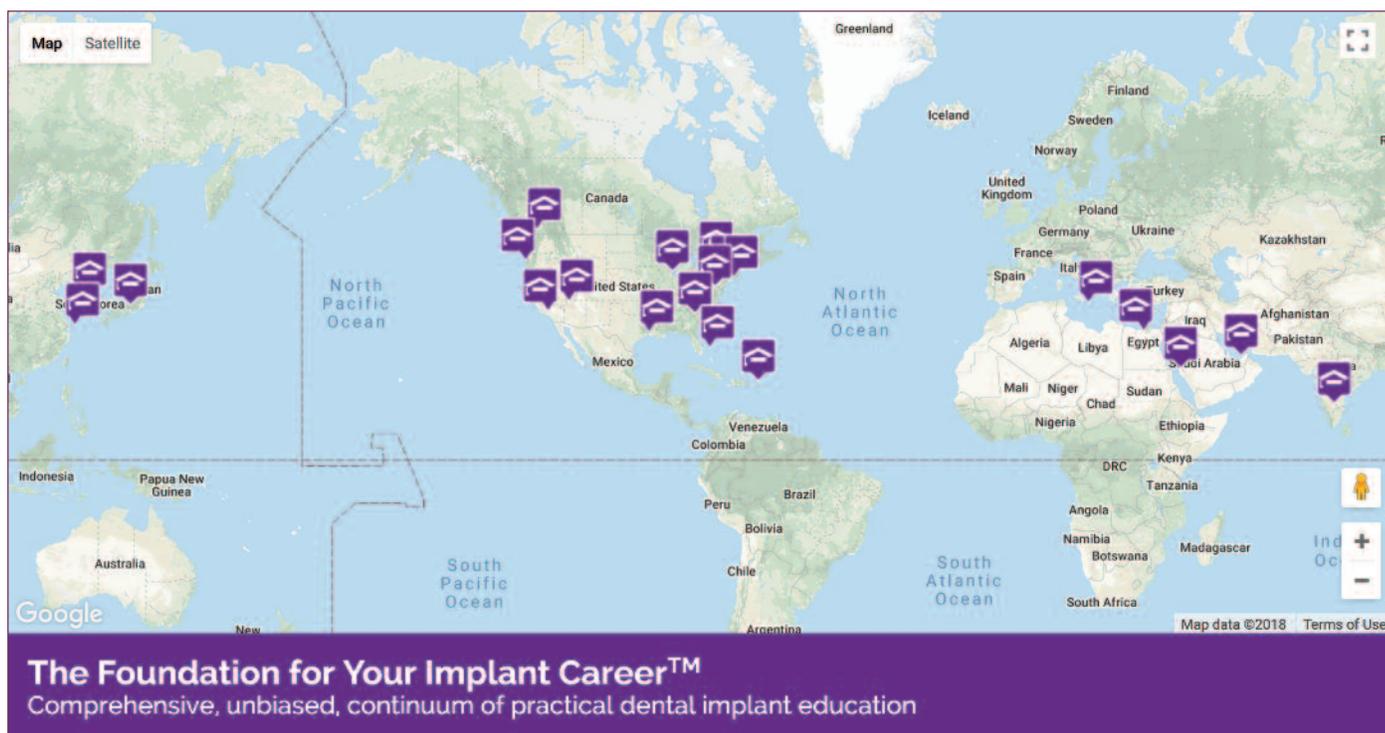
A member of the AAID's specialty application committee in 1987, Dr. Reynolds was charged with developing a comprehensive teaching program. "I knew that such a program would take a massive effort," he said. "To guarantee success, the program would have to be all-inclusive, thus 'MaxiCourse®.' It would also have to be university affiliated to add stature and AAID affiliated to help give the Academy stature as we were beginning to compete for specialty status."

Dr. Reynolds assembled a program that included didactic and participative courses taught by physicians and scientists specializing in anatomy, bone physiology, internal medicine and pharmacology. In

addition to these specialties relevant to implant dentistry, he also engaged dental labs, implant manufacturers and implant dentists to develop presentations on the implant modalities most commonly used at the time, covering everything related to diagnosis, treatment planning, surgical placement, grafting and restoration.

From the early days when the MaxiCourse® consisted primarily of lectures, with one-on-one consultations with various experts and specialists available to participants, the makeup of the course has grown, too. Today's MaxiCourse® programs usually include not only lectures by keynote AAID credentialed speakers, but hands-on laboratory work, cadaver studies and, oftentimes, treatment on actual patients. With over 21 locations worldwide, the AAID MaxiCourse® program has become the pinnacle of dental implant continuum educational programs.

Dr. John Minichetti, past president of the AAID, Director of the Las Vegas and New York AAID MaxiCourses®, knows first hand the importance of continuing education in order to become properly trained in treating implant patients. "Many of our participants tell us they chose the AAID MaxiCourse® because they want to have a comprehensive background in order to treat their patients better" says Dr. Minichetti. "Many of our



students have already taken a number of weekend courses and many even place implants already, but they need a more balanced approach with a scientific background in order to properly diagnose, create a treatment plan, perform surgery and reconstruct patients.”

As advances in treatment, processes and procedures have occurred, a test construction committee that meets annually incorporates updated and relevant content based on participant feedback. Issues specific to any one of the MaxiCourses® are reviewed with that director. When exams are presented for credentialing and developing trends are noticed, the curriculum is reviewed and revisions based on those trends are incorporated. The curriculum as a whole is reviewed every four or five years and, if the curriculum changes based on that review, the updated curriculum is distributed among all of the course directors.

When asked what industry development has had the largest impact on the MaxiCourse®, the answer heard over and over again is probably an obvious one: technology.

Technology’s effect on all aspects of healthcare is well-known, frequently covered and constantly evolving. On a more profound level, though, digital technology’s impact on implant dentistry started with CAD/CAM technology and the introduction of cone beam CT scans. Those lead directly to the ability to plan surgeries virtually and place implants in more controlled environments, which helped produce better outcomes in terms of implant longevity, patient comfort and satisfaction.

“[Technology] is a paradigm shift in the profession, and participants need to be exposed to this. It is the wave of the future.”



Dr. Minichetti is the Director of the AAID/Las Vegas MaxiCourse®.

## Dr. Terry Reynolds — AAID pioneer, MaxiCourse® founder, professional and personal inspiration

**Dr. Terry Reynolds, 1942 - 2016** — not only developed the MaxiCourse®, he served as the first African-American president of the Academy and as a mentor to many young dentists beginning their careers.

One was **Dr. Bernee Dunson** of Atlanta, Georgia who, as founder and director of the Washington DC and mid-Atlantic MaxiCourse®, did so in honor of Dr. Reynolds. While in dental school Dr. Dunson was an assistant in Dr. Reynolds’ practice. “He was a quiet giant,” Dr. Dunson said. “I was a mentee looking for a mentor, and he was about giving to our profession. He was someone I respected as a gentleman and an educator, and in his

honor, I said to the Academy, ‘Let me direct this program.’”

Another sign of the high esteem in which Dr. Reynolds is held by the AAID was the establishment of the Terry Reynolds Trailblazer Award in 2016. Recipients demonstrate conspicuous leadership and innovation in the field of implant dentistry, inclusion, outreach and selflessness in fostering training, knowledge and compassion in the betterment of patient care worldwide. ●



Online communications and resources also helped to increase knowledge among participants and facilitators, extending the ability to learn about the importance of the MaxiCourse®.

“Digital technologies have allowed for the simplification of surgeries,” said Dr. John da Silva, past president of the AAID and past presidents representative to the Board of Trustees. “As these processes have become more mainstream, the MaxiCourse® has responded by addressing new and emerging technologies. The evolution of the course has been in step with these developments.”

Dr. Bernee Dunson, director of the newest MaxiCourse®, the Washington D.C. and mid-Atlantic MaxiCourse® at Howard University in Washington D.C., emphasizes the importance of digital technology in the course, and in the profession. “A significant part of the program will be digital, meaning platforming digital workflow, 3D imaging for diagnosis, design and treatment,” he said. “It’s a paradigm shift in the profession, and participants need to be exposed to this. It is the wave of the future.”

“The concept of MaxiCourse® has enhanced the expertise of AAID members. It has led to more confident and successful patient treatment and by doing so, it has helped to establish the credentials of the Academy as authoritative.” It also helped the AAID



Front row: Dr. Shankar Iyer (Iran course Advisor), Dr. Rahmani (Deputy of Education, ACECR TUMS Branch), Dr. Rahmani's wife, Dr. Mostafavi's daughter, wife, and son. Back row Dr. Frank LaMar (Iran MaxiCourse® Director) and Dr. Mostafavi (Iran Maxicourse® Clinical director). Picture has been taken after having an informal dinner in 2011.

obtain the right for implantologists in most states to advertise their AAID credentials.

Ultimately, of course, the real beneficiaries of the MaxiCourse® are the patients who are being treated.

“I would tell you that dentists who seeks advanced education and credentialing in any part of healthcare, especially implant dentistry will benefit along with their patients desiring their services,” said AAID President, David G. Hochberg, DDS. “You earn the right to say to your patients that you’ve done something special to improve their lives. This creates trust and confidence.”

Since the first MaxiCourse® in 1988, the program has grown to include 21 locations in nine countries, with over 300 professionals participating annually. One of the attendees of the first MaxiCourse®, held on the campus of what is now the Dental College of Georgia at Augusta University, was Dr. Hochberg, “Attending the very first MaxiCourse® changed my career and how I practiced dentistry,” Dr. Hochberg said. “It has given me a wonderful history to look back on, impacting my patients in a manner I could have never dreamed of when I was a young graduate from Emory University School of Dentistry. It changed my life, and the lives of my patients, forever.”

*Brian Justice is a freelance writer in the Chicagoland area. If you have comments about this article, email [aaid@aaid.com](mailto:aaid@aaid.com).*



A new AAID MaxiCourse® was approved in Japan in 2015, the first since 2012.



A 2013 lecture classroom at the Georgia Regents University/AAID MaxiCourse®.

# Twelve Dental Disciples and Hurricane María



**By Miriam Montes-Mock**

*They called themselves The Twelve Disciples. It was before the atmospheric devastation that left Puerto Rico in total darkness, powerless and unable to communicate—this group didn't know the life changing experience they were about to undergo. Neither did we.*

The first session of the Puerto Rico AAID MaxiCourse® Program was scheduled to begin on September 8, 2017. Seventeen doctors were looking forward to engaging in what they heard was “a most exciting educational journey” mentored by Dr. Hilt Tatum and Dr. José Pedroza. The conference room was set to welcome them, and a second surgery suite was on its way to become furnished as a hospital room, in addition to the installation of new projectors, cameras and monitors. Seventeen name tags laid on the desk of the program coordinator.

Then Hurricane Irma arrived on September 6. The venue of the training program, as many other places on the island, remained without electric power. The program had to be rescheduled by one week, then a month. But 14 days after Irma, María demolished the daily lives, plans, well-being, and sense of security of more than three million



people. The Category 5 hurricane prostrated the island from East to West. At least, it seemed to do so. It blew its fury against us for 14 horrifying hours.

During the first days of the aftermath, the world knew more than we did. We felt like an atomic bomb exploded in the midst of our beautiful country. A reminiscence of those shocking movies about the end of the world crossed our minds. There was no green, no electricity, shattered houses, useless cell phones—destruction was everywhere. Getting fuel became an eight hour project, even at 4:00 a.m.; it took two hours to get inside an “impoverished” supermarket; another three hours to get cash from a bank;

five hours to wait in another lengthy line, sweating, for two bags of melting ice—finding water was a success story.

Survival mode became the daily way of Puerto Ricans for several long weeks. Uncertainty was the top concern for everyone in and outside of Puerto Rico.

Meanwhile, a leader rose among the 2017-2018 Class of the Puerto Rico MaxiCourse®. A chat room was created at once. Outside of two brothers and a business colleague, the rest of the participants had never met each other. But, “What are we going to do?” was everyone’s concern.

Several options were discussed. Communication with the island was still a challenge as well as regaining normality from the overall damage. Brainstorming was activated. Dr. Pedroza spoke the intractable words: “We are beginning our first session in November, in Puerto Rico.” His statement seemed extreme, but not for those who have met the resolute Puerto Rican Doctor.

Nine years ago, this training program was reopened after a

pilot program concluded in 2004. By then, with no word of mouth among doctors from the mainland and limited publicity, only three doctors enrolled in what later on became the Puerto Rico MaxiCourse®. No argument was strong enough to alter Dr. Pedroza’s mind. His vision was intact. The training program will go on. “The Three Musketeers,” a term of endearment for the doctors, were the accomplished pioneers of an unforgettable educational experience. From then on, 10 groups of doctors have shaped a unique learning environment for themselves and future groups. Each class conveys its own professional profile and group personality. Unknowingly, each one has continued to develop and improve the Puerto Rico MaxiCourse®. For attendees, the passion to learn is the distinctive common denominator. Other reasons our course has been a success is that small groups are an asset; the legendary experience and vitality of Dr. Tatum (even in his eighties); the skill, resilience and courage of Dr. Pedroza; and, the generosity of extraordinary mentors.



“We want to hear the Directors’ opinion” about the pros and cons of coming to the wrecked island was the request of the doctors, already talking through the chat.

They never knew the extent of faith exercised by Dr. Pedroza. Twelve doctors decided to take the chance. “I cannot wait to experience the things you described” emailed “the spokesman” of the group to Dr. Tatum, in response to the mentor’s fervor to teach.

During the first two months, didactic sessions were scheduled in a hotel room. Transportation was provided to protect them from driving without streetlights. An electric generator at the clinic supplied the power needed for the surgical procedures. During the first few months, most surgical patients came from Dr. Pedroza’s clinic—lots of enthusiasm, detailed organization, flexibility and a bit of faith made it all happen.

So far the class has completed six intense sessions. In spite of some rescheduling and other challenges due to the hurricanes, they have fully participated in the following surgical procedures: five implant placements, one Ramus Frame, seven sinus augmentations, eight onlay bone grafts, four tissue grafts, and a nerve reposition.

Probably due to the many hazards they overcame as a group, the class has developed a unique cohesion. For them, the chat is an enriching classroom. They have decided to stay together in big houses rather than in hotels to intensify the learning opportunity among them.

The last day of the first session, we drove participants to Comerío, a devastated town in the mountains. Their spontaneous donations allowed us to buy food and water for 40 families. They saw unbelievable destruction and chaos. They also embraced wounded families. Some cried.

It is obvious they came here for a bigger reason. No wonder they called themselves *The Twelve Disciples*.



The pictures in this article were taken during the trip we made to some affected areas of Comerío, a town in the mountainous area of Puerto Rico. The 2017-2018 class of the Puerto Rico MaxiCourse® spontaneously donated money that was used to buy food and water for affected families. The group of doctors visited devastated places and handed themselves the donations to families from Comerío.

# Voices from AAID MaxiCourse®

## Programs Around the World

As the MaxiCourse® celebrates 30 years, AAID News wondered what makes these programs unique. When choosing a program, we hope you use this information in the decision-making process. For this issue, an additional feature on the Chicago MaxiCourse® starts on Page 38 and a full list of programs can be found on Page 58.

### China MaxiCourse®

**Program Active:** One year

**What makes your program unique?** We just completed our first year of program last month with 39 participants. We work with world-renowned speakers who provide at least one- to two-day lectures as well as a hands-on workshop.

We also collaborate with the Loma Linda University Continuing Education Department and the Implant Dentistry Department. Our participants travel to the United States and attend a one-week, live-surgery demonstration course at Loma Linda University. Our students believe that the course helped them raise their implant knowledge and skills to a totally different level. Having close contact with world-class experts was very inspiring and motivates them to improve. ●

### MaxiCourse® Malta

**Program Active:** First class starting Fall 2018

**What makes your program unique?** The AAID Maxi Course Malta will be initiating course work this Fall 2018 to cover topics that will assist attendees with materials needed for the AAID Associate Fellow written and oral examinations. Malta is located in the Mediterranean Sea between Sicily and North Africa and is an undiscovered island country loaded with ancient and 20th century history. It was used by Stephen Decatur as a safe haven for the U.S. Navy during the Barbary Coast Wars. ●

### MaxiCourse® Asia—India, UAE

**Program Active:** 15 years

**What makes your program unique?** The first overseas MaxiCourse® to include a clinical training program. Graduates of our program have hailed from over 28 countries. ●



#### Things our attendees have said:

“Thank you for this amazing journey at the AAID MaxiCourse®. You have been an inspiration to us all, imparting your knowledge and answering all our questions.”

— Dr. Mariam Khan

“It’s not often that one is gifted with the opportunity to meet someone who transforms their life and introduces a fresh new perspective.”

— Dr. Yashoda Ashok

“A teacher takes a hand, opens the mind, and teaches the heart.”

— Dr. Tarana Chenagappa

## Ti-MAX Implant MaxiCourse® (Waterloo, Ontario, Canada)

**Program Active:** 11 years

**What makes your program unique?** Our program has an extensive clinical component. We have our own dedicated training facility that allows us to provide patients to the participating dentists. The participants perform all aspects of treatment, diagnostics, treatment planning, surgical placement of the implants and restoration of the implants.



### Things our attendees have said:

“Although I had been restoring implants for 15 years, I had not placed a single implant in my own office prior to my TI-Max Ontario course. At course conclusion, I was fully prepared for the AAID written exam for Associate Fellowship and have placed more than 50 implants in my office in the first nine months following the completion of the course.”

“This course is a must for every GP who is inspired to perform the best implant dentistry. I have taken many implant courses, and this one was by far, the best.” ●

## Rutgers University of Dental Medicine

**Program Active:** Nine years

**What makes your program unique?** Participants are able to place implants on their own patients and those from other states are able to treat patients under supervision as part of the Continuing Dental Education program at the University. Our participants like the diversity that our program faculty provides as well as the ability to treat patients. ●

## Las Vegas MaxiCourse®

**Program Active:** Eight years

**What makes your program unique?** The Las Vegas Maxicourse® is directed by Drs. John Minichetti and Shankar Iyer. They ensure that participants receive a thorough understanding of diagnostic and treatment modalities necessary to properly treat patients with dental implants. With many years of experience, they understand how important it is to not only teach how to place implants, but also how to avoid and deal with complications that may arise. Dr. Minichetti and Dr. Iyer are known to establish continuous mentoring relationships with many of the students during and after the program. Consisting of eight modules of lecture, hands-on participation and in combination with online education, this program delivers outstanding education at a great location.



### Things our attendees have said:

“It’s a no brainer to choose the MAXI course as an advanced and comprehensive program to augment the knowledge and skills of implant dentistry and beyond. Thank Drs. Minichetti, Iyer and other faculty members of this course for their enthusiasm in teaching.”

— Dr. Lei Fu

“Fantastic implant course!! I highly recommend this course if you’re looking for comprehensive dental implant information that is taught by great instructors. I had the opportunity to do advanced procedures such as sinus lifts, ridge split, and grafting along with placing about 20 implants under the instructors’ supervision. Dental implant education doesn’t get any better than this.”

— Dr. Tim Bacsa ●

## New York AAID MaxiCourse® in Implant Dentistry

**Program Active:** One year

**What makes your program unique?** Dr. John Minichetti and Dr. Joseph D'Amore, teach participants to have a thorough understanding of diagnostic and treatment modalities necessary to properly treat patients with dental implants. Conveniently located at St. Barnabas Hospital in New York City, the course consists of eight modules, which include hands-on bone grafting, prosthetic implant treatment, implant placement on models, implant placement and bone grafting on cadavers, surgical implant placement on simulation mannequins, and suturing on pig jaws. The nearby Dental Implant Learning Center provides doctors the opportunity to place implants on live patients.

### Things our attendees have said:

"I'm continued to be blown away with the quality of speakers and have no reservations about taking this course. It is well worth the time and money. The cadaver lab was amazing. To have the opportunity to simulate as much of a real-life experience was invaluable.

— *Dr. Nathan Martzke*

"It's interesting to hear the various approaches to implant dentistry. The speakers have been very engaging and it is a fun learning environment."

— *Dr. Maggie Silvasi*

## Egypt MaxiCourse®

**Program Began:** 1 year ago

**What makes your program unique?** This program focuses on participation with the placement of 10 implants and restoration. We had attendees from Egypt, India, Sudan, Yemen, Iraq, Saudi Arabia, Sweden, England, US, Syria, Jordan, Qatar and had 31 graduates.

### Things our attendees have said:

"The best implant training program in the Middle East."

## TexMAX Dental Implant Education MaxiCourse®

**Program Active:** Two years

**What makes your program unique?** Our course offers seven days of live surgery with the student's own patients because nothing fuels treatment planning and case presentations like doing the surgery! Our attendees are thrilled with how much knowledge they receive during the course. Whether placing implants for a while or new to the process, they ALL are amazed by how much they take away from our program.



### Things our attendees have said:

"An absolutely incredible comprehensive implant training continuum. I considered several other programs and this one blows all others out of the water for completeness. Occlusion, soft tissue management, function, esthetics, bone grafting, implant planning, CBCT, and plenty of surgical hands-on training make this nine-month course worth the investment!"

— *Dr. Jonathan James*

"Let Dr. Jay Elliott and his team of world-renowned doctors hit you with some knowledge about implant dentistry! Best CE course and speakers I have come across. The course keeps you engaged for hours with both didactic and hands on learning. Bring your brain, note taking material and loupes. Leave the rest to the best!"

— *Dr. Damjan Jutric*

## Washington D.C. (Mid-Atlantic) AAID Maxicourse®

**Program active:** One month

**What makes your program unique?** Years ago, a program existed in Washington D.C. at Howard University. Last month, the Washington D.C. (Mid-Atlantic) Maxicourse® has been re-established at Howard University. This program, unlike before, contains a clinical/surgical component. It not only will be educational/didactic, but also provide a surgical/clinical component, offering a more practical learning journey. Participants will have the opportunity to perform live surgeries on their patients under direct supervision. In addition, the program includes enriched hands-on laboratory procedures and an entire module with a focus on implant dentistry in the digital world.

The redesigned program uses an online platform called Dental Campus, which is an innovative educational effort to provide well-structured supplemental education in implant dentistry utilizing modern web technology. The mission of the DC Maxicourse® is to provide each participant the opportunity to incorporate their enriching experience into their practice in a predictable, practical and profitable manner.



### Things our attendees have said:

“Wow! I’ve learned so much in this little of time! It makes me anticipate our next session!”

“Dr. Dunson is very knowledgeable and friendly. He is an excellent lecturer and really cares about our progress and success.”

## Chicago-Midwest MaxiCourse®

**Program Active:** One month

**What makes your program unique?** Each session begins with a comprehensive treatment planning session in which participating doctors bring cases to discuss. They are encouraged to bring cases at a variety of difficulty levels because “knowing what not to do is just as important as knowing what you can do,” according to the directors. There is a hands-on component at every session, beginning with drilling and placing implants on models. Other sessions have included gingival grafting and particulate grafting on pig jaws, advanced grafting with blocks and sinus augmentation on cadavers, and full arch immediate loading (“All-on-X”).

We have both directors at every session to present different approaches to the clinical cases, demonstrating the wide scope of treatment options in implant dentistry. “There are many ways to get to the top of the mountain!”

We make a commitment to have hands-on training at every session to enhance the didactic education and provide four hours of each session dedicated to the development of comprehensive implant treatment planning. We are amazed and proud to witness the evolution of a dentist to a dental implantologist!



## Oregon-AAID Implant Maxicourse®

**Program Active:** 11 years

**What makes your program unique?** We meet for three days a month on Thursday, Friday and Saturday for 10 months from September to June. Our director, Dr. Shane Samy bases his teaching on a multiple philosophical approach to cover all aspects of implant dentistry. The first three-day session every September is held at Western Oregon Health Sciences University Medical School in Lebanon, Oregon.



By Frank Recker, DDS, JD

## One Surface Audits

**Editor's Note:** *While this article does not directly discuss implants, it is important to note that insurance companies may challenge treatment plans and can demand a refund. Documentation is necessary in order to help justify your action. Any notes done at the time of diagnosis or treatment could be your primary means of defense.*

**QUESTION:** I recently underwent an insurance audit after receiving a letter demanding that I refund almost \$100,000 for one surface restorations for which I billed and received payment. The letter also stated that the patient's dental consultant had concluded that I could not demonstrate the restorations were actually placed, nor could I establish "medical necessity." How can I fight this?

**ANSWER:** An apparently emerging trend with third-party payers is to challenge payments for one surface restorations. As dentists understand, many one surface lesions and restorations cannot be seen on radiographs. The restorative needs are primarily based upon patient age, dental history, caries susceptibility, clinical appearance, stains in deep pits and fissures, and potentially other diagnostic aids such as tactile feel with an explorer, cavity detection dyes, and electronic caries detection devices.

To protect yourself from such audits, I would recommend taking a color intraoral pre-op photo of the teeth and a post-op photo of the one surface restorations. While such "audit defense" protocols should not be necessary, doing so quickly could eliminate any challenges. Also, write in the patient records if you probed with an explorer or used CDD. Record any objective findings, such as from a DIAGNOdent, in the chart. These actions do not require a great amount of time but will successfully negate any third-party audit regarding medical necessity or restorative placement of the one surface restorations. ●

To protect yourself from such audits, I would recommend taking a color intraoral pre-op photo of the teeth and a post-op photo of the one surface restorations.



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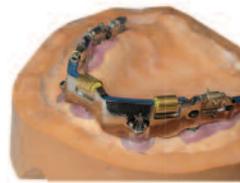


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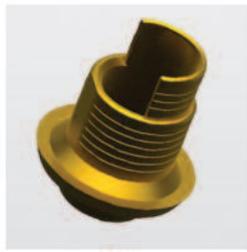
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By Roger P. Levin, DDS

## Don't Struggle With Implant Case Acceptance

Dental implants are now a common treatment and should be the first choice for edentulous patients seeking the finest level of care and quality of life. However, there are still patients who aren't choosing implants for treatment. This presents a great opportunity for your practice. Winning over patients like these can provide a big boost to your implant production. No doubt your clinical skills are up to the challenge, but how is your case presentation? If you're

positive, straightforward and informative and you'll see big results.

### Be upfront

Dental patients now view dentistry the way they view almost any other product or service. Gone are the days when treatment choices were fewer, costs were significantly lower, and patients automatically accepted treatment. While we now have the technology to provide amazing implant treatment, costs can be prohibitive, which can cause a good number of patients to delay treatment or do without it. In addition, dentists often face cynicism from patients who have the internet at their fingertips and feel that doctors aren't always informing them about all of their options for treatment and financing. Millennials, for example, simply do not like being sold to and have a strong preference for being educated, thus allowing them to understand their options and make a decision. Today's patients can tell when they are being given full disclosure in an open and honest manner, versus someone attempting to influence or sell to them.

These days, transparency is key. Always be forthright and straightforward with your patients. They deserve and appreciate full information and disclosure in regard to dental diagnosis and treatment. During consultations, share your best recommendation and list all other options as well. Think of it like

When presenting treatment, relate to patients by being positive, straightforward and informative and you'll see big results.

not meeting your implant production goals it may be time to alter your approach to patient consultations. Try thinking less like a salesperson and more like a trusted advisor. In my experience, patients are turned off by the hard sell, but fully appreciate an authoritative opinion. When presenting treatment, relate to patients by being

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this. In football, there was a time when referees reviewed a play through video footage on a private screen and then revealed their final determinations. Today's football fans can view replays on the jumbotron or their screen at home and see exactly what the referees see and they love it because they feel like they are part of the process. When you provide your patients with all the treatment options that they need to make an informed decision, they will feel the same way. Just explain to them that they are in control of the decision and that you'll work together with them to choose the best option.

This straightforward approach should also apply to informing patients about their dental insurance. Most insurance companies do not provide coverage for implants and this should be disclosed upfront. If you wait to talk about insurance, many patients will lose their initial excitement for dental implant treatment over fear that they will not be able to afford it. However, discussing insurance coverage sooner rather than later provides more time to explore financial options, helping many patients to see that they can actually afford treatment even without insurance.

Being open and displaying high integrity with patients goes a long way towards trust and case acceptance. Patients want your best expert recommendations and the opportunity to think them through, ask questions, and offer objections in a calm, relaxed manner.

### Get Personal

Remember, your patients are much more than a set of teeth or implants. They're real people that are worth getting to know on a personal level. During appointments, take time to learn more about your patients' interests and concerns. Ask about their jobs, hobbies and family and share more about your life outside of the practice. Patients who can relate to their doctors are more likely to believe that they have a high level of concern, compassion and

caring. This goes a long way toward encouraging patients to accept a comprehensive and relatively expensive treatment, such as dental implants.

### Be positive and relaxed

When talking to patients, be friendly and upbeat. An enthusiastic doctor using positive language will be far more successful than a doctor who simply informs patients about what they need. It is also essential to be completely clear and relaxed. A rushed doctor comes across as anxious and sends signals to the patient that something is not quite right. In my opinion, one of the principal reasons for low case acceptance relates to not having time to talk to each patient in a comfortable, open and caring manner. Go over the information at least twice, sit back, and ask the patient if they have any questions, and finally provide answers calmly and clearly.

### Create a trusting environment

Being able to deliver a superior case presentation doesn't happen overnight. Even the most experienced dentists must learn and practice effective case presentation strategies if they are committed to taking the next step toward greater profitability. But remember, patients today have their antenna up. They are looking for dentists who have high integrity and explain treatment thoroughly so that they can be well-informed and make good decisions. This requires clear explanations, time for answering questions and a willingness to have follow-up consultations. Follow this formula to help increase your implant production.

*Roger P. Levin, DDS, Executive Founder, Dental Business Study Clubs — Dentistry's only All-Business Study Clubs, the next generation of dental business education. For more information, call 833.DBSCCLUBS or visit [www.dbsclubs.com](http://www.dbsclubs.com).*



By James Rutkowski, DMD, PhD,  
FAAID, DABOI/ID

## A Brief Review and Update of MRONJ

Bisphosphonates and monoclonal antibodies (anti-resorptive drugs) are used in the treatment or prevention of osteopenia/osteoporosis and metastatic bone lesions. These drugs have also been implicated in the development of osteonecrosis of the jaw and interference with dental implant osseointegration or implant failure. When the osteonecrosis is caused by the administration of these drugs it is referred to as Medication-Related OsteoNecrosis of the Jaw (MRONJ)<sup>i</sup>.

changed to a once a week or once a month in an oral dosage form for another bisphosphonate (ibandronate –Boniva™). Manufacturer’s instructions specified to patients that alendronate was to be taken early in the morning, at a minimum of 30 minutes before consuming food, and to wait an additional 30 minutes before eating or drinking anything other than water. Additionally, patients needed to take supplemental calcium and vitamin D to achieve the intended effect.<sup>ii</sup> If bisphosphonates were taken with food present in the stomach, very little, if any, of the drug was absorbed. With little or no absorption, the blood level achieved would be minimal and negligible antiresorptive effect on the bone would be achieved.

Due to the poor oral absorption of these drugs, manufacturers developed intravenous (IV) or intramuscular (IM) dosage forms that circumvented the poor oral absorption issue. However, the injectable dosage forms have resulted in new questions for the implant dentist. This article provides a brief overview of what is currently known regarding the use of oral and injectable forms of these drugs.

Antiresorptive drugs interfere with the osteoclast resorption of the bone mineral matrix and thus diminish bone turnover. This is normally a desirable situation for the “universal bone” found in the skeleton and in doing so, limits the progression of osteopenia or osteo-

This article provides a brief overview of what is currently known regarding the use of oral and injectable forms of these drugs.

In the past bisphosphonates were the primary non-hormonal treatment for osteopenia and osteoporosis. An early anti-resorptive, Alendronate (Fosamax™), was available only in an oral dosage form. It was to be taken at a dose of 10 mg each day. However, due to GI irritation, administration was

porosis. When patients are young, bone turnover (remodeling) is positive for total bone formation and these antiresorptive drugs are not necessary. But as patients age, the normal bone remodeling process results in negative bone remodeling and the development of osteopenia or osteoporosis. When osseointegration of a dental implant is desired, a net positive localized bone turnover is necessary. Osseointegration normally involves the osteoclast induced break down of the proximal bone mineral matrix and thus the subsequent release of Bone Morphogenetic Proteins (BMPs) that stimulate osteoblasts to deposit new bone mineral matrix (aka bone remodeling). The antiresorptive drugs interfere with osteoclasts ability to break down the bone and thus bone turnover is diminished.

For bisphosphonates, the onset or frequency of MRONJ is related to the route of administration and duration of therapy. When a bisphosphonate is first administered, it binds to the calcium in areas of active bone turnover, resulting in a low in-bone concentration. When the bisphosphonate bone concentration is low ( $10^{-5}$  to  $10^{-11}$ M) it will interfere with osteoclasts activity; and at even lower initial concentration that will stimulate osteoblasts to deposit bone mineral matrix and thus improve osseointegration. However, if the patient takes the bisphosphonate for a considerable time period, the localized bone concentration will become greater ( $10^{-4}$ M). At this higher concentration, bone turnover is diminished and osteoblast activity is not stimulated. This may lead to failed osseointegration and/or osteonecrosis.<sup>iii</sup> MRONJ is typically not a problem with oral dosage forms until the patient has taken the drug for more than 2.5 to 5.0 years (dose dependent). MRONJ occurrence is also dependent upon the patient being compliant in taking the drug each week (or month), on an empty stomach, and with the proper water consumption.

The pathophysiology for the development of MRONJ induced by bisphosphonates or monoclonal antibodies is not fully elucidated, however it is well accepted as being multifactorial and includes the following:

1. Inhibition of osteoclast induced bone resorption
2. Inhibition of bone remodeling cycles
3. Systemic or local inflammation
4. Localized infection
5. Inhibition of angiogenesis
6. Localized soft tissue toxicity
7. Localized trauma such as a tooth extraction, and
8. Immune dysfunction.<sup>i</sup>

The prescription frequency for oral bisphosphonates in patients > age 55, is estimated to be 7 prescriptions for every 100 US outpatients being treated for osteopenia/osteoporosis.<sup>iv</sup> Worldwide, the reported frequency of MRONJ occurrence is reported to be 1 in 10,000 for patients being

treated for osteoporosis and 1 in 10 for those being treated for multiple myeloma. MRONJ occurrence with antiresorptive drugs is dependent upon: (i) dose, (ii) route of administration, (iii) confounding factors, and (iv) presence of an inciting event. Mavrokokki et al. found the occurrence of bisphosphonate induced MRONJ for patients in the United States being treated primarily with oral alendronate to be 1 in 2,260 (0.04%). If these patients had an extraction(s) performed while taking alendronate, the frequency was 1 in 296 (0.34%). The reported total consumed dose of oral alendronate at the time of occurrence for MRONJ was 9,060 mg (+/-7,269 mg). At a typical 70 mg per week dosage, the average consumption-time for onset of MRONJ with an extraction event was 2.48 years, with a range of 0.049 years to 4.49 years.<sup>v</sup> For the treatment of Paget's disease, the dose of alendronate is 40 mg daily for 6 months. With this higher dose and frequency of administration, the occurrence of MRONJ in the US is 1 in 56 (1.8%). When these patients had an extraction(s) performed, the incidence for developing MRONJ was 1 in 7.4 (13.5%). For patients receiving intravenous bisphosphonates (zoledronate or pamidronate) for bone malignancies in the US, the MRONJ occurrence was 1 in 87 (1.15%). However, when an extraction(s) was performed the frequency of MRONJ was 1 in 11 (9.1%). Median time to MRONJ onset was 1 year for IV zoledronate, 2 years for IV pamidronate, and 2 years oral alendronate.<sup>v</sup>

The differences in MRONJ occurrence rates is due in part to the 10 to 100 times greater potency of the IV bisphosphonates than the oral forms and the poor oral absorption of alendronate in comparison to the 100% blood level achieved with the more potent IV forms of the drug. The incidence of developing MRONJ in association with oral bisphosphonates increases when the duration of therapy exceeds 4 years. Comorbidities that will diminish this time period include: (i) dental-alveolar surgery, (ii) chronic use of glucocorticosteroids and/or (iii) other drugs that interfere with angiogenesis.<sup>i</sup> It is not been confirmed if cigarette smoking is comorbid.

Goss *et al.* reported 7 cases over 16,000 patients of oral bisphosphonate-associated implant failures. Three cases involved failed osseointegration and four cases involved losing a previously successful implant after being placed on oral bisphosphonates post implant placement. This data included 5 women and 2 men with a mean age of 65.7 years. The authors estimated that 5% of the examined population would have been taking oral bisphosphonates at the time of implant placement or would have begun bisphosphonate therapy after implant placement; this would result in an assumed-calculated implant failure rate of 0.89% (1 in 114).<sup>vi</sup>

see **Clinical Bite p. 32**

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## Clinical Bite

*continued from p.31*

Monoclonal antibody medications such as denosumab (Prolia™) are now used for the same indications as bisphosphonates. The difference in denosumab-related osteonecrosis (0-2%) and bisphosphonate-related necrosis (0-1.4%) is not statistically significant.<sup>vii</sup>

The complete dental management strategy for patients receiving either bisphosphonates or monoclonal antibodies is quite complex. Implant practitioners should carefully review the American Association of Oral and Maxillofacial Surgeons Position Paper on Medication-Related Osteonecrosis of the Jaw – 2014 Update carefully. The Ruggiero et al. paper provides great detail in how specific cases should be managed to prevent MRONJ occurrence.<sup>i</sup>

A brief summary of the strategies for patients receiving antiresorptive therapy for the treatment/prevention of osteopenia/osteoporosis includes the following:

1. Physicians should encourage patients to seek the appropriate dental consultation prior to initiating antiresorptive therapy;
2. Patients receiving these medications must practice excellent daily oral hygiene, including:
  - a. Flossing
  - b. Water flossing, and
  - c. Use of electric toothbrush for 2 minutes at least once a day);
3. Take part in a thorough dental examination with professional prophylaxis every 3 to 6 months;
4. All surgical treatments should be initiated prior to beginning antiresorptive therapy;
5. Oral health must be kept in an optimal state for the duration of antiresorptive therapy;
6. For patients who have taken these oral medications for less than 4 years with no clinical risk factors, it may not be necessary to alter or delay oral surgical procedures;
7. For patients who have taken an oral BP for less than 4 years and have concurrently taken glucocorticosteroids or other antiangiogenic medications, the physician should be asked to consider discontinuation of the oral BP or monoclonal antibody for at least 2 – 3 months (drug-holiday) prior to the intended oral surgery. This

drug-holiday is considered acceptable, provided systemic health conditions will not be significantly compromised. To ensure osseous and soft tissue healing, the antiresorptive therapy should not be resumed for approximately 3-months; and

8. For patients who have taken oral antiresorptive medications for more than 4 years (with or without comorbidities), the prescribing physician should be contacted to request a drug-holiday for at least 2 to 3 months prior to oral surgery. This drug-holiday is considered acceptable, provided systemic health conditions will not be significantly compromised. The antiresorptive therapy should not be resumed until osseous and soft tissue healing is complete (approximately 3 months post-surgery).<sup>i</sup>

A brief summary of the strategies for patients receiving IV antiresorptive therapy for cancer therapy includes the following:

1. Physicians should require patients to seek the appropriate dental consultation prior to initiating antiresorptive therapy;
2. Patients receiving these medications must practice superb daily oral hygiene:
  - a. Flossing,
  - b. Water flossing and,
  - c. Use of electric toothbrush for 2 minutes at least once a day;
3. Take part in a thorough dental examination with professional prophylaxis every 3 to 6 months;
4. If systemic conditions permit, the start of antiresorptive therapy is ideally postponed until dental health is attained:
  - a. Non-restorable teeth are extracted prior to antiresorptive therapy,
  - b. Antiresorptive therapy can be initiated once extraction site(s) is covered with healed soft tissue (normally 14 to 21 days) or osseous healing has begun;
5. Oral health must be kept in an optimal state for the duration of antiresorptive therapy; and
6. Soft tissue areas covered with partial or complete dentures should be examined and monitored routinely for areas of trauma.

Forteo™ (teriparatide), a synthetic compound, is the first 34 amino acids of human parathyroid hormone (PTH).

Teriparatide is administered once daily by injection and stimulates osteoblasts to produce new bone mineral matrix. It is not subject to MRONJ, because it is not interfering with the normal bone turnover process and has not exhibited the toxicity to bone or epithelial cells as found with antiresorptive medications (bisphosphonates and monoclonal antibodies).

With there being a large dosage range, variability in compliance, and varying durations of administration in the onset of MRONJ with these medications, the clinician may consider adjusting the above mentioned 4-year time periods for a drug-holiday to a more conservative 2.5-year time period. This suggestion is based upon the known toxicity to human endothelial cells. Toxicity is calculated to occur at 2.5 years when alendronate 70 mg a week is taken properly. Lower doses such as 35 mg per week would take approximately 5 years to reach cellular toxicity. Therefore, 2.5 years may be somewhat cautious, it may actually be a more appropriate time point for consideration of the drug-holiday. It should be noted, that there is currently no proof that a bisphosphonate or monoclonal antibody drug holiday modifies the risk of MRONJ following an oral surgical procedure.

Patients who have a history of antiresorptive therapy should be provided informed consent outlining the possible complications that may occur prior to initiating an oral surgical procedure. This Clinical Bite update is not intended to be comprehensive, but rather to highlight some of the more common concerns and steps that can be taken to prevent the occurrence of MRONJ. It is for informational purposes only and not meant to set the standard of care by which clinicians are required to practice. Also, this format does not permit greater detail and readers are encouraged to reference the American Association of Oral and Maxillofacial Surgeons position paper on medication-related osteonecrosis of the jaw—2014 update. *J Oral Maxillofac Surg.* 2014 Oct;72(10):1938-56. Erratum in: *J Oral Maxillofac Surg.* 2015 Sep;73(9):1879. *J Oral Maxillofac Surg.* 2015 Jul;73(7):1440.

*James Rutkowski's focus is implant dentistry. He earned his Bachelors of Pharmacy from the Duquesne University School of Pharmacy, his Doctor of Dental Medicine from the University of Pittsburgh School of Dentistry, and his PhD degree in Pharmacology/Toxicology from Duquesne University.*

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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).*



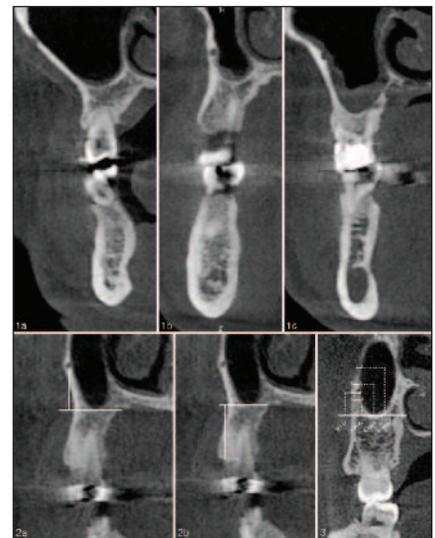
**CASE REPORT**

**Evaluation of the Anastomosis Canal in the Lateral Maxillary Sinus Wall using CBCT: A Clinical Study**

Since Dr. Hilt Tatum first developed the sinus augmentation procedure in 1976, the posterior maxilla has been a more favorable option for implant placement. The usual site where bleeding can be a problem during the procedure is in the lateral wall. Two branches of the Maxillary Artery, namely the Posterior Superior Alveolar Artery and the Infraorbital Artery, anastomose in that area. The anastomosis could be identified in about 87% of the cases.

The authors suggest that thicker lateral walls correlate with the diameter of the artery and a greater risk of bleeding. About half of the arterial canals were more than 9mm from the sinus floor but the smallest distance was only 1.5mm above the floor of the sinus.

Since these issues are important in lateral wall window preparations, clinicians may want to peruse the various correlations that are discussed.

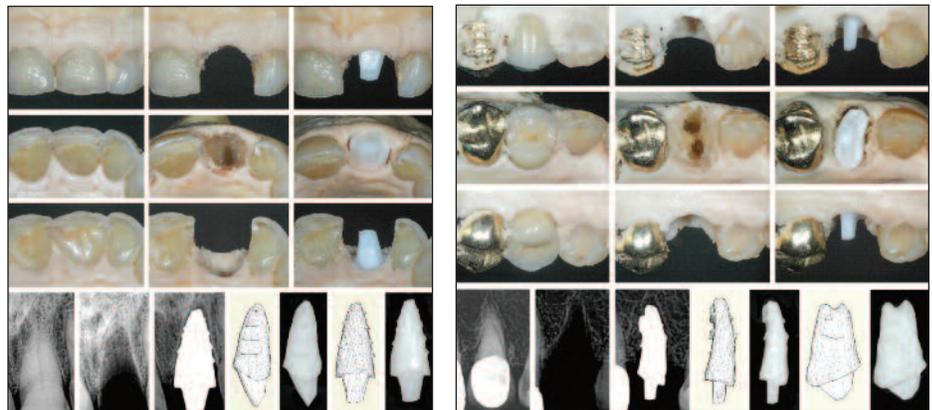


**CLINICAL**

**Anatomic Customization of Root Analog Dental Implants with CBCT and CAD/CAM Fabrication**

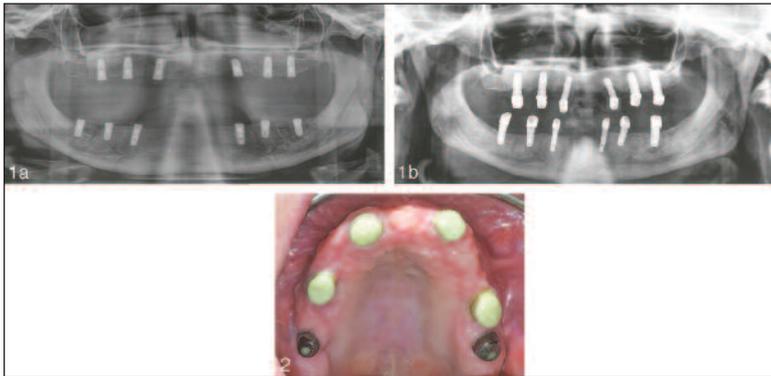
The authors from the Medical University of South Carolina report on a system that creates zirconia implants which are custom made for individual patient applications. The implant design is related to the adjacent anatomy, a restorable path of draw, and the bone density for implant and retentive design. The protocol not only included implant design, but also prosthetic emergence and connection.

The authors suggest that this provides proof of concept that retentive root-analog implants can be produced from CBCT data and can enhance fit, retention, safety, esthetics and restorability compared to existing protocols. This can be used for immediate implant creation and placement at the time of the extraction. This could be a profession-changing development.

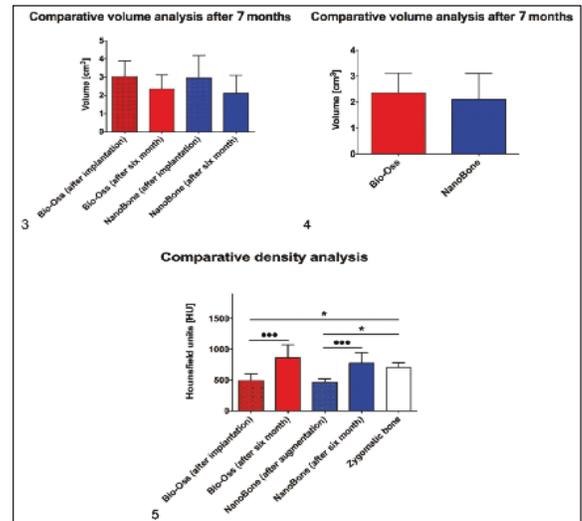


## RESEARCH

### Do Clinical and Radiological Assessments Contribute to the Understanding of Biomaterials?



This involved a 3-year clinical and radiological investigation of implants placed seven months after sinus augmentation with two different bone substitute materials. The effort was intended to determine the histologic observation of cellular reactions by the analyses of the implants and the volumetric changes in the augmented bone materials. In 14 patients, a sinus augmentation was done in a split-mouth trial with synthetic material Nanobone on one side and xenogeneic Bio-Oss on the other.



Volume and density changes to the augmented biomaterials were investigated by analysis of computed tomography taken immediately and after seven months. No significant differences concerning volume and bone density were observed. Interestingly, histological results showed distinct differences in cellular reactions and vascularity.

## CLINICAL

### Screw Access Mark for Cemented Implant Crowns: A Universal Technique to Simplify Retrievability

Many crowns are placed over implant abutments using cement. If problems arise and access to the underlying implant requires removal of the crown, determining where the access hole should be can be a significant problem.

The authors of this paper suggest a technique of using a strong contrasting color stain on the surface of the crown, thus easing future retrieval.



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- Experience the future of implant dentistry



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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.



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Chief Medical Correspondent  
CNN

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



## Howard University School of Dentistry



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FEATURED  
maxicourse<sup>®</sup>

## Chicago MaxiCourse<sup>®</sup>

The Chicago-Midwest MaxiCourse<sup>®</sup> is a new program that just began in January 2018! The creators are Dr. Natalie Wong and Dr. Adam Foleck.

The program's mission is **to elevate the proficiency of dental implant surgery and dental implant prosthetics in your practice.** The strategic plan that they have set to achieve their mission is three-fold: to develop the mental prowess and the physical tactile, hand-eye coordination to handle each case; to increase the accuracy and predictability

of both the surgical and the prosthetic phases; and to nurture a commitment to continuing education and excellence.

As such, this program is designed to be as hands-on and clinically applicable as possible. Each session begins with a comprehensive treatment planning session in which participating



doctors bring cases to discuss. They are encouraged to bring cases at all levels of difficulty because “knowing what not to do is just as important as knowing what you can do,” according to the directors. There is a hands-on component at every session, beginning with drilling and placing implants on models in Session 1 and later sessions have included gingival grafting and particulate grafting on pig jaws, advanced grafting with blocks and sinus augmentation on cadavers, and full arch immediate loading (“All-on-X”).

Digital technology also is introduced right at Session 1 as well as the impact that digital has on the accuracy and predictability in the field of implant dentistry, which is carried throughout each session. Hands-on workshops include digital photography, optical intra-oral scanners for digital impressions, CBCT and planning software, guided surgery and guided prosthetics. For both Dr. Wong and Dr. Foleck, digital technology is integral to their practices, and “maximizing the digital component in every case is key to predictable long-term success.”

A commitment to continuing self-evaluation is instilled in the program and challenging the Associate Fellow and Fellow examinations of the AAID, and ultimately the Diplomate Examination of the ABOI is set as a goal for all. The critical eye used for board examination preparation is introduced and encouraged for every case. It is an invaluable quality that keeps the clinician striving for excellence in every case, for achieving the *bona fide* credential, and beyond!

The Chicago-Midwest MaxiCourse® is held at the American Dental Association (ADA) building in Chicago, and their next

program begins in October 2018. Registration is already underway! To register or for any additional information, please visit their website at [www.chicagomaxicourse.com](http://www.chicagomaxicourse.com) or contact Ms. Linda Shouldice (education coordinator) via email at [info@chicagomaxicourse.com](mailto:info@chicagomaxicourse.com) or phone at 416-566-9855. ●



## PARTICIPATE IN AAID'S 67<sup>TH</sup> ANNUAL CONFERENCE

### Submit your ePoster and Table Clinic Submissions before July 1.

The American Academy of Implant Dentistry (AAID) Annual Conference will be held at the Hyatt Regency Dallas from September 26 - 29, 2018 in Dallas, Texas. ePosters and Table Clinics are an important part of the meeting and an excellent experience for dental professionals and students.

AAID is accepting applications for ePosters and Table Clinics until July 1, 2018. Applicants will be notified by July 15, 2018, if their presentation has been accepted. If you have any questions regarding the application process, please contact Jenna at [jenna@aaid.com](mailto:jenna@aaid.com).

### ePOSTERS

ePosters will be on display from Thursday, September 27 through Saturday, September 29 outside the Main Podium (Landmark Circle). A panel of judges will evaluate each ePoster. No verbal presentation is required. Winners will be announced at the Main Podium on Saturday, September 29. The prizes are as follows:

**First place – \$750**

**Second place – \$500**

**Third place – 2018 Main Podium Recordings Package (\$349 value)**

### TABLE CLINICS

The meeting will offer 10 Table Clinic presentations on Friday, September 28 during the afternoon break from 3:30 pm-4:30 pm outside exhibit hall (Marsalis AB). Winners will be announced at the Main Podium on Saturday, September 29. The prizes are as follows:

**First place – \$750**

**Second place – \$500**

**Third place – 2018 Main Podium**

**Recordings Package (\$349 value)**

A Table Clinic consists of a five-minute presentation, supported by information on the presenter's laptop computer. Presentations will be limited to five minutes to ensure that every presentation is heard by the judges.

AAID will provide a small, highboy table on which the presenter may place a laptop. Table Clinic presenters must bring their own laptops. Due to the danger of audience members tripping on unsecured power cords, an electrical hookup will not be provided. Presenters must plan to use laptop battery power. Presenters MUST limit materials to those that will fit (along with a computer) on the 30-inch high boy.

### UPCOMING KEY AAID DATES

#### JUNE 2018

**8-9** **DECODING DIGITAL DENTISTRY**  
*Washington, D.C.*

#### SEPTEMBER 2018

**26-29** **67<sup>TH</sup> ANNUAL IMPLANT DENTISTRY EDUCATION CONFERENCE**  
*Hyatt Regency Dallas, Dallas, TX*

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



### OBITUARIES

**Thomas A. Rainbolt**  
Lawrence, KS  
Dental Program:  
Creighton  
University, 1991

**Hans L. Grafelmann**  
Life Member  
Bremen, Germany  
Honored Fellow:  
1995

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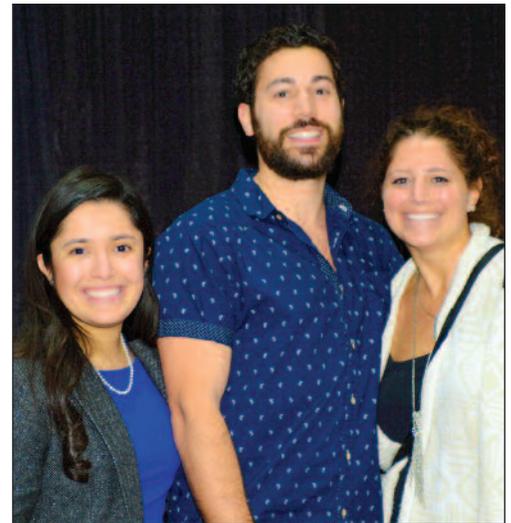


## NOMINATIONS SOUGHT FOR HONORED FELLOWS

The Honored Fellows Committee is seeking nominations of members to be denoted as AAID Honored Fellows in 2018. Members may self-nominate, nominate another member, or be nominated by their peers. To be eligible, members must have been voting members (Associate Fellow, Academic Associate Fellow, or Fellow) in good standing for at least eight years. Nominees should have distinguished themselves through support of AAID, including committee, district leadership, and other activities. In addition, they should have distinguished themselves and colleagues through professional, clinical, research or academic endeavors. They should have achieved noteworthy accomplishments within the field of implant dentistry. A list of eligible members and a nomination form is available at [aaid.com](http://aaid.com). Nominations are due July 1, 2018.

## AAID VISITS ASDA

The AAID recently participated in the American Student Dental Association's (ASDA) Annual Session which was held in Anaheim, CA. Over 650 dental students from all 66 U.S. dental schools were in attendance to participate in the three-day program. AAID was in attendance as well and sponsored a booth at the Dental Expo. This exposure allowed AAID to reach out to the future dentists, helping to answer questions and encourage them to join the organization. With the valuable knowledge they will gain through the membership, in addition to meeting colleagues and beneficial contacts from around the world.



AAID sponsored a prize during the Dental Expo for one lucky dental student. He received a six-month subscription to Dental Campus to help in him with his education. Through these ASDA events, the AAID is able to work directly with the ASDA School Leaders to set up Bite of Educations (Lunch and Learns) at various dental schools and continue to influence future generations.

Are you a student or educator interested in setting up a bite of education at your school? Contact Nicole Basso at [membership@aaid.com](mailto:membership@aaid.com).

## 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
Sunday, June 24	Las Vegas, NV	May 25, 2018	Part 1 (Print)
Sunday, July 15	Fort Lauderdale, FL	June 15, 2018	Part 1 (Print)
Sunday, August 5	Chicago, IL	July 06, 2018	Part 1 (Print)
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 - 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)
March 4 - 9, 2019	Pearson Vue Testing Centers	November 22, 2018	Part 1 (Computer-Based)
April 12, 2019**	Dubai, UAE	December 1, 2018	Part 2 (Web Conference/case)
April 11 - 14, 2019	Chicago, Illinois	February 1, 2019	Part 2 (Oral/case)
August 12 - 17, 2019	Pearson Vue Testing Centers	May 3, 2019	Part 1 (Computer-Based)
December 2 - 14, 2019	Pearson Vue Testing Centers	August 23, 2019	Part 1 (Computer-Based)

\*\* The dates are tentative.

## GERSHKOFF/GOLDBERG MEMORIAL

If you know an AAID member who exemplifies qualities of co-founders and past presidents Aaron Gershkoff and Norman Goldberg, please contact an AAID past president by May 14, 2018, to suggest his or her consideration as a nominee for the award. Winners of the award have demonstrated one or more of the following attributes:

- Documented, outstanding service to AAID
- An outstanding and recognized contribution to the field of implant dentistry
- National and/or international recognition as an outstanding implantologist
- Distinction in the field or allied sciences
- High degree of professionalism

## SET UP A BITE OF EDUCATION AT YOUR SCHOOL!

What is a Bite of Education? In 2004 the AAID created the Bite of Education (Lunch and Learn) program to reach potential new members, bring awareness of the implant field and introduce students to the Academy who are currently enrolled in a dental program. AAID will work with the contact at the school to coordinate a Credentialed member of AAID to present to a group of students.

Interested in setting up a Bite of Education for your students? Or are you a current student and interested in AAID coming to present for you and your fellow students? Anyone interested in setting up a Bite of Education, please reach out to the Membership Department at [membership@aaid.com](mailto:membership@aaid.com). Or are you a Credentialed member of AAID interested in presenting? Reach us at [membership@aaid.com](mailto:membership@aaid.com) to be placed on a list for the next chance to present in an area near you.

## ISAIH LEW MEMORIAL RESEARCH AWARD

The Isaih Lew Memorial Research Award is presented by the AAID Foundation to an individual who has contributed significantly to research in implant dentistry. This award is given every year to perpetuate Dr. Isaih Lew's spirit and enthusiasm for implant dentistry. Send your nominations and the CV for the nominee to William Rohe at [william@aaid.com](mailto:william@aaid.com) by July 15, 2018.



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# Decoding Digital Dentistry Preview

The Southern and Northeast Districts will present Decoding Digital Dentistry on June 8-9, at the Mayflower Hotel in Washington, D.C., with a dynamic program that will explore transitions from the traditional office to technology efficiencies, digital diagnostics, and enhanced patient treatments.

This year's presenters will help you realize how to incorporate the newest digital technologies in your practice. Educate yourself on how to stay ahead of the competition and bring innovative solutions to your practice and patients.

You also will learn from your peers who were selected to present 15-minute presentations through AAID's Got Talent. Expect to find information on the best digital dental case using intraoral scanners, digital cone beam radiology, CAD/CAM technology, or 3D printers—Even a unique restoration you completed.

Registration is still open, you can go to [aaid.com/southern2018](http://aaid.com/southern2018).

## DISCOVER THESE DYNAMIC PROGRAMS

Make sure to watch out for the list of presenters from AAID's Got Talent submissions. Friday and Saturday will offer the following programs:

### Managing the Digital Workflow Keeping it in House

Dr. Dale Spencer

### All-on-Four

Dr. Natalie Wong

### Guided Teeth, Using 2D Simulation to Immediate Bridge Day of Surgery

Mr. Jay Watson

### Achieving Predictable Implant Prosthodontics Digitally

Dr. Edgar Davila

### 21st Century Technology for the Ramus Frame Surgery: 3D Stereolithnic Models

Dr. José Pedroza

### The Digital Trifecta—Better, Faster, Cheaper

Dr. James Gibney

### Capitalize on Digital Dentistry

Dr. Leo Malin

### Digital Workflow for the Edentulous Surgical Guide

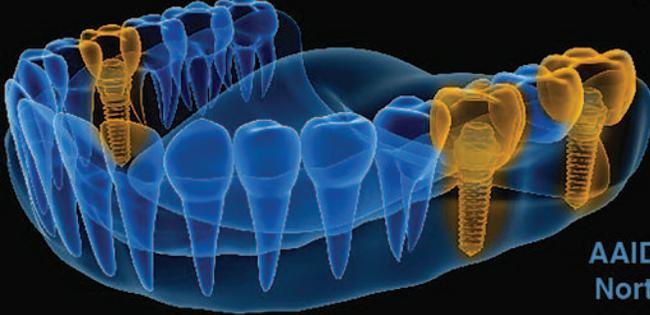
Dr. Justin Moody

## Celebrate

## Dr. C. Benson Clark

The Southern District will be honoring Dr. C. Benson Clark on Friday, June 8. He graduated from Howard University School of Dentistry and has dedicated his professional career to making sophisticated implant and cosmetic dentistry accessible to his patients, some of whom travel from Europe, Africa, Asia and South America to receive his services. Dr. Clark has earned his Diplomate credentials from the American Board of Oral Implantology/Implant Dentistry.

Dr. Clark has taught or lectured to dentists in 36 states and 12 foreign countries. He is a former assistant professor of Clinical Affairs at Howard University where he formed the 4th dental school implant residency program in the United States. Dr. Clark is an alumnus of the Las Vegas Institute for Advanced Cosmetic and Neuromuscular Dentistry (TMJ Disorders).



Decoding Digital Dentistry

Presented by  
AAID Southern and  
Northeast Districts

June 8 - 9, 2018

The Mayflower Hotel | Washington, DC

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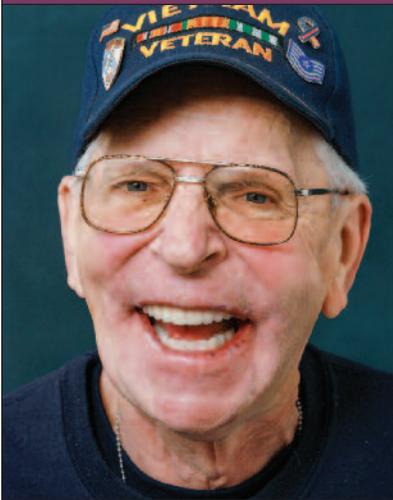


**1 APPT**

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## Smiley Again



New York dentist and AAID Member Michael Tischler gifted Larry "Smiley" Kleiman with the greatest gift he has ever received—a full set of implants. Over the last 40 years, Kleinman hasn't smiled much. He lost his teeth partially because of a calcium deficiency. He went to see Dr. Tischler to find out how he could get his smile back. Dr. Tischler and his partner Dr. Claudia Patch decided that they needed to give back for all of the service Kleiman has provided to the country and the community.



## Phillips Honored

Carol Phillips, DDS, FAAID, DABOI/ID was honored with a Lifetime Achievement Award on April 20 at the Western and Central Districts Meeting, Focus on the Sinus 2.0. Dr. Phillips graduated from Loma Linda University School of Dentistry in 1975. She began placing implants in 1977. She was the second woman to become a Diplomate of the American Board of Oral Implantology and was the first woman to be elected as an AAID trustee.

Dr. Phillips has designed and manufactured a complete root form implant system which is FDA approved and also designs and places custom implants for patients with special needs. She is pictured here with her husband, Les Phillips.



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Daniel Domingue, DDS, FAAID, DABOI    Justin Moody, DDS, FAAID, DABOI

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# Thank You to AAID Foundation Donors

The AAID Foundation extends its profound appreciation to lifetime donors who have contributed at least \$5,000 to the Foundation. In addition, we are grateful to the 2017 calendar-year

donors for their generous contributions. With the support from these dedicated donors, the Foundation has established itself as one of the largest grant-making organizations in implant

dentistry. *(The AAID Foundation apologizes in advance to anyone whose name was inadvertently overlooked.)* Corporate donors are in bold.

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**see Foundation p. 50**

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- Patient Education Brochures – download FREE print-ready files of our three branded brochures, or customize them with your practice information

### Obtain the best education through AAID's comprehensive dental implant education

- AAID Annual Conference
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- AAID MaxiCourses®
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### Keep up on the latest news, research, and techniques through AAID publications

- *Journal of Oral Implantology*, the AAID's official scientific journal— stay up to date with the cutting-edge research and clinical offerings
- *AAID News*, a quarterly newsletter featuring clinical, business, legal and industry information
- *Implant Insight*, a weekly e-publication that has the most current articles published from around the world about implant related topics around the world

### Distinguish yourself by earning bona fide credentials in implant dentistry recognized by US court decisions

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- *Associate Fellow*

### Develop relationships with other dentists active in dental implants

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- District Meetings—convenient locations and the chance to network with peers
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## Foundation

*continued from p.48*

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Susan Baker  
Juliann Balski  
John Barksdale  
Barry Bartee  
Vern Beckie  
Robert Beckmann  
Jeffrey Behar  
Richard Benninger  
Paul Bernstein  
Nabil Berry  
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Kenneth Silvestri  
Theresa Simmons  
Cesar Simon  
Dwight Simpson  
Mark Simpson  
Lucy Sloan  
David Snyder  
Michael Sohl  
David Solomon  
Krystyna Sosnowski  
Dale Spencer  
Bryan Springer  
Fred Stalley  
Gary Steen  
Howard Steinberg  
David Striebel  
Jonathan Striebel  
Frank Stroud  
Frank Sung  
John Sung

Stephen Swallow  
Richard Swanson  
H. Tadros  
Shigeya Takahashi  
Koichi Tamano  
Marika Tamano  
Thomas Tang  
Dennis Tarnow  
Pierre Tedders  
Gary Thiele  
William Thomson  
Vijayanayagam Thuthikaran  
Toshihiko Tominaga  
Hitoshi Toshimori  
William Tyler  
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Takashi Yokoyama  
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William Young  
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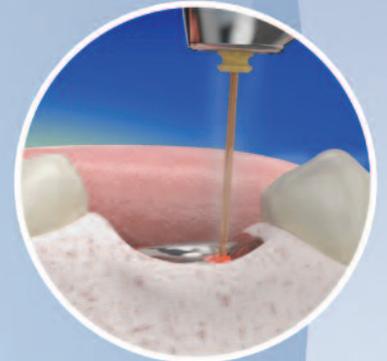
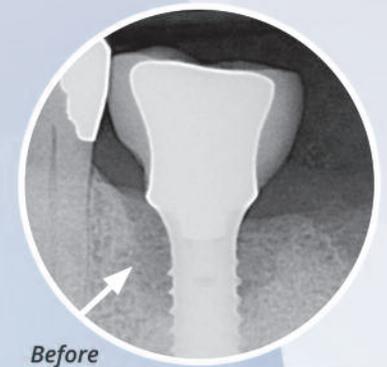
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Ahmed Alkholeidi  
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Aditya Bhawsar  
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[see Foundation p. 52](#)

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# 2018 Candidates for Credentialed Membership

When the Admissions and Credentials Board holds its 2018 annual meeting and oral/case examinations in Chicago, April 28 - 30, it will consider 128 applications for credentialed membership. Thirty-eight have applied for Fellow, 2 for reinstatement of Associate Fellow, and 86 for Associate Fellow.

## Candidates for Fellow

Song Ahn, DDS, Houston, TX	Atef Ismail, Cairo, Egypt	Gadia Peabody, DDS, Muskegon, MI	Matt Welebir, DDS, Las Vegas, NV
Abdul Rahman Alas, DDS, Bakersfield, CA	Kirk Anthony Kalogiannis, DMD, Lyndhurst, NJ	Christopher Petrush, DDS, Pleasant Hill, CA	Stuart M. Youmans, DDS, Casper, WY
Craig I. Aronson, DDS, Blauvelt, NY	Eugene Y. Kim, DDS, San Diego, CA	Michael A. Pikos, DDS, Palm Harbor, FL	<b>Candidates For Reinstatement as Associate Fellow</b>
George Athansios, DMD, West Milford, NJ	Fred J. Kim, DDS, Redondo Beach, CA	Maria Rotondi, Woodbridge, ON, Canada	Chandra Sekhar Nakka, MDS, Hyderabad, Telangana, India
Suheil M. Boutros, DDS, Grand Blanc, MI	Adam Kimowitz, DMD, Denville, NJ	S. Masoud Saidi, DMD, Langley, BC, Canada	Joji Markose, MDS, Dubai, United Arab Emirates
Mikey Elvis Calderon, DDS, Bay Shore, NY	Jewel Landy, DDS, St. Georges, Bermuda	Raymond Schneider, III, DDS, Green Bay, WI	<b>Candidates For Associate Fellow</b>
Karim El Nokrashy, DDS, MS, Stockton, CA	Keith R. Lawson, DDS, Calgary, AB, Canada	Bart W. Silverman, DMD, New City, NY	Osama Jamal Abdel-Qader, BDS, Alain, Abu Dhabi, United Arab Emirates
Natalia Evans, DMD, North Vancouver, BC, Canada	Gregory Lehnes, DMD, Sea Girt, NJ	Lucy Sloan, DDS, La Vergne, TN	Michael Adam Adragna, DDS, Marrero, LA
James E. Ference, DMD, Johnstown, PA	Herbert M. Mendelson, DDS, Owings Mills, MD	Ghassan Sroujeh, DDS, Glendale, AZ	Seyed Hamzeh Aghaie
Michael S. Freimuth, DDS, Wheatridge, CO	Polly Michaels, DMD, Weeki Wachee, FL	David Taler, DDS, Carmel, IN	
Ihab M. Hanna, DDS, Redwood City, CA	Winston Muditajaya, DDS, Pico Rivera, CA	Jonathan Tsang, DMD, Abbotsford, BC, Canada	
Keith Hudson, DDS, Beverly Hills, MI	Lawrence Nalitt, DDS, Brooklyn, NY	Asvin Vasanthan, MDS, Roseville, CA	

[see Candidates on p. 54](#)

## Foundation

*continued from p.50*

Ralph Bozza	Andrew Flipse	Shen-Po Ko	Walid Odeh	Douglas Sweeney
Firas Bukai	Maureen Fraser	Mohammed Fadi Kolagasi	Rimmie Pandher	Akira Takahashi
Frank Butler Jr.	Kevin Frawley	Narbeh Kureghian	Dongjin Park	Atsushi Takahashi
Lee Anne Campbell	David Fry Jr.	Albert Kurpis	Nghia Neal Pham	Illya Tarasenko
Francis Chan	Masafumi Furuhashi	Donald Liberty	Mitchell Pierce Jr.	Tor Tegnander
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Michael Cohen	Nick Governale	Charles Martin	Neal Redman	Jan Vaartjes
Jeffery Cox	Mark Grenadier	Jorge Martinez	Sammy Rivera Adames	Emil Verban Jr.
Bui Cuc	Nicolas Gutierrez	Hiroki Matsubara	Aristides Rotsos	Sanjeevan Virk
William Dapper	Juhyo Ha	Stan Montee	Victoria Rubinoff	Michael Wing
David Domaas	Terrence Hunt	Darrell Morton	Vicente Sada	Margaret Wojda
Jeffrey Evanko	Long Huynh	Fernando Munguia	Joseph Schmidt	Wonhi Woo
M. Fagan III	Aleksandar Janic	Walter Neuhaus	Don Shuen	David Wright
Frederick Faustini	Ernest Juean	Nowshir Nissar	Roberto Sosa	Xuetao Xie
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Some of the procedures doctors will develop & strengthen during the program are:

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- Edentulous and immediate extraction socket placement
- Alveoloplasty and simultaneous bone grafting with implant placement

## ADVANCED BONE GRAFTING PROCEDURES COURSE

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- Sinus elevation through the osteotomy site
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- Mandibular alveolar ridge expansion using Pedicled Sandwich Plasty (PSP)
- Block bone grafting

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Program covers all aspects from treatment planning to surgical, prosthetic and laboratory phases of the Full-Arch Immediate Loading procedures; for edentulous patients and those with terminal dentition. Each doctor will be assigned two All-on-4® / Full-Arch Immediate Loading cases and assist in two cases.

Doctors will learn the following:

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- How to properly place the implants in the All-on-4® configuration
- How to perform the occlusal registration
- Prostheses design
- Biomechanics for the All-on-4® protocol
- All-on-4® occlusion
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## Candidates

*continued from p.52*

Kakroudi, DDS, Thornhill, ON, Canada

Ashish Agrawal, BDS, MDS, Varanasi, Uttar Pradesh, India

Edgar Alb, DMD, Woodbridge, NJ

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Benjamin Cope, DDS, El Dorado Hills, CA

Adam W. Crow, DDS, Chattanooga, TN

Vrushali Damle, DDS, Manteca, CA

Josh de Graffenried, DDS, Kilgore, TX

Gautam K. Dogra, BDS, DDS, Sacramento, CA

Rohini Fernandes, DDS, West Orange, NJ

Ahamed Furkan Fouzan, BDS, Colombo, WP, Sri Lanka

Anthony Marshall Gacita, DMD, Voorhees, NJ

Jonathan Geleris, DDS, Walnut Creek, CA

Cody Eugene Gronsten, DDS, Mitchell, SD

Jason T. Herres, DMD, Mount Joy, PA

Asaf Steven Hever, Westlake Village, CA

Jonathan K. James, DDS, Harlingen, TX

Sarah Jockin, DDS, Lutz, FL

Steven Brian Johnson, DDS, New York, NY

Arjumand Mohamed Akhtar Kabli, BDS, Dubai, United Arab Emirates

Kuma Kalaria, DDS, Kendall Park, NJ

Pongrapee Kamolroongwarakul, DDS, Monterey Park, CA

Christopher Keldsen, DMD, Bend, OR

Koushyar Keyhan, DDS, Saratoga, CA

Joonsuk Kim, DDS, Icheon-si, Gyeonggi-do, South Korea

Junmo Kim, DDS, Gwangmyeong-si, Gyeonggi-do, South Korea

Akshaya Ashok Kulkarni, MDS, Abu Dhabi, Abu Dhabi, United Arab Emirates

Yuuki Kurita, DDS, Okazaki, Aichi, Japan

Kazuya Kusunoki, DDS, Hohu-City, Yamaguchi-Pref, Japan

Patrick Kha Dang Le, DMD, Orange, CA

Kwangwon Lee, DDS, Seoul, South Korea

Alexander Lezhansky, DDS, New York, NY

Henry Allen Long, Jr., DDS, Lakeport, CA

Keith M. Long, DDS, Kelseyville, CA

Joseph Manahan, DMD, Los Angeles, CA

Jacob McInnis, DDS, Kenner, LA

Pinali Javeri Menon, DDS, Edison, NJ

Arthur James Mowery, DMD, Gainesville, FL

Taesoo Myeong, DDS, Pohang-si, South Korea

Matt Nehl, DDS, Belle Fourche, SD

Nowshir Nissar, BDS, Mississauga, ON, Canada

Anthony James Olson, DDS, Canton, SD

Prashant S. Parmar, BDS, DDS, Turlock, CA

Darshan Patel, DMD, Deland, FL

Jayraj Patel, DMD, Sanford, FL

Elzbieta Maria Paul, DDS, New York, NY

Sage Pollack, Denver, CO

Peyman Raissi, DDS, Nashville, TN

Carley Rapoport, DMD, Westmount, QC, Canada

Satish Reddy, DDS, Chicago, IL

Patrick Silvaroli, DMD, Reno, NV

Kyungmok Sim, DDS, Busan, South Korea

Natalie Socque, DMD, Chateaugay, QC, Canada

Yoshinori Suga, Osaka, Japan

Mary-Anne C. Svoboda, DDS, Brampton, ON, Canada

Sajid Syed, DMD, Stoney Creek, ON, Canada

Masaki Takada, DDS, PhD, Takamatsu, Kagawa, Japan

Akira Takahashi, DDS, PhD, Kanagawa, Japan

Koichi Tamano, DDS, Sapporo City, Hokkaido, Japan

Kohta Tanaka, DDS, Osaka, Japan

Matt Teale, DDS, Hot Springs, AR

Sebastian Thomas, BDS, MDS, Kottayam, Kerala, India

Jared Thompson, DMD, Forest Grove, OR

Mays Tokatly, DDS, Farmington Hills, MI

Brendan Vahey, DDS, MSC, Santa Fe, NM

Sanjeevan Virk, DMD, Meriden, CT

Matthew Walton, DDS, Greenwood, IN

Janice J. Wang, DDS, Walnut Creek, CA

Michael Wehrle, DDS, Hurst, TX

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Benson Wong, DMD, Kelowna, BC, Canada

Donghyeob Woo, DDS, MS, PhD, Busan, South Korea

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# newmembers

The AAID is pleased to welcome the following new members to the Academy. The following members joined between September 13, 2017 and November 24, 2017. If you joined the Academy recently and your name does not appear, it will be listed in the next issue.

The list is organized by state and then alphabetically by city.

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

Contact your new colleagues and welcome them to the Academy.



## **Alabama**

Jessica Kleinschmit, Birmingham

## **Arizona**

Andrew Sloan, Phoenix  
Jerry Burns, Sun City West  
Joshua Dorris, DMD, Gilbert  
Patrick Loftus, Glendale  
Tyler Bond, DMD, Glendale

## **Arkansas**

Christopher Larson, DDS, Van Buren

## **California**

Adam Shinkawa, DDS, Fresno  
Ali Jazayeri, Irvine  
Ali Riazi, Mission Viejo  
Birva Jones, DDS, West Hills  
Cory Timbers, San Jose  
Eric Williamson, Loma Linda  
Gerald Shinkawa, DDS, Fresno  
Grayson Palmer, DDS, Eureka  
Gurkamal Sandhu, Elk Grove  
Jennifer Pham, Garden Grove  
Joel Wong, Sacramento  
Kanchan Sawlani, Los Angeles  
Kevin Chung, Loma Linda  
Kirolos Riad, Foothill Ranch  
Manindirjit Kaur, San Pablo  
Michael Cho, La Palma  
Muhammad Ayyubi, DDS, Modesto  
Neil Sangani, Walnut  
Parul Aggarwal, San Jose  
Pongrapee Kamolroongwarakul, DDS, Monterey Park  
Robert English, DDS, South San Francisco  
Rosario Holland, DDS, Lawndale  
Safa Khaleel, Mountain View  
Sanna Charlie, DDS, San Ramon  
Sayali Kulkarni, Sunnyville  
Shivani Gupta, San Carlos  
Steven Debulgado, DDS, Redlands  
Tomas Garcia, DDS, Calexico  
Tony Lee, DDS, Yorba Linda

## **Colorado**

Bryan Villegas, DDS, Highlands Ranch

Chris Barrett, Centennial  
Constance Quintero, Fountain  
Diem Cao, Aurora  
Joseph Potter, Denver  
Williams Thornell, DDS, Pagosa Springs

## **Connecticut**

Aarti Jawa, DMD, Stamford

Gerald Birmingham, DMD, Milford

Krithika Jayaprakash, DDS, Vernon

Lakshmi Bethi, DMD, North Haven

Robert Aledort, Danbury

## **Florida**

Adarsh Mehta, DMD, Clearwater

Gregory Oxford, DDS, PhD, Saint Augustine

Isabell Oxford, DMD, Saint Augustine

Larysa Smith, DDS, Boca Raton

Linda Johnson, DMD, Saint Augustine

Luis Fornaris, Miami

Mehrdad Daneshgar, Coral Springs

Shohreh Ghasemi, Fort Lauderdale

## **Georgia**

Jack Bell, Warner Robins

## **Illinois**

Agnieszka Iwaszczyszyn, DMD, Des Plaines

Anna Kolencherry, Willowbrook

Brian Fitz, DDS, Streamwood

John Lee, Carterville

John Shelton, DMD, Metropolis

## **Indiana**

Devanshu Chowdhary, Indianapolis

Jennifer Fontaine, DDS, LaPorte

## **Iowa**

Bill Skinner, DDS, Johnston

Jay Jensen, DDS, W. Des Moines

Matthew Zwart, DDS, Orange City

Michael Davidson, Urbandale

## **Louisiana**

Ethan Truong, DDS, Lafayette

Jennilee Nolan, DDS, Monroe

Mark Foster, New Orleans

Matthew Hicks, Destrehan

Wayne Gary, New Iberia

## **Maine**

Michael Harper, DMD, Fryeburg

## **Maryland**

Anush John, DMD, Lutherville Timonium

Jay Moon, DDS, Sykesville

Shanar Nasserifar, Baltimore

## **Massachusetts**

Dean Chang, Lynfield

Di Liu, DDS, Quincy

John Coyne, Brockton

Nan Chen, Quincy

Paul Kang, Malden

Saadia Aziz, Hyde Park

Ummesalma Dhariwala, DDS, Northborough

Victor Nyakundi, Needham Heights

## **Michigan**

Evan Sachs, DDS, Dearborn

Firas Belbeisi, Ypsilanti

James Young, DDS, Washington

Joseph Abiad, DDS, Southgate

Maggie Silvasi, Royal Oak

Nasem Ballo, Sterling Heights

Nathan Martzke, Royal Oak

Robert Taylor, DDS, Bay City

## **Mississippi**

Loren Robinson, DMD, Union

Zachary Wallace, DDS, Ridgeland

## **Missouri**

Claire Williams, Saint Louis

Joshua Prather, DDS, Columbia

## **Nevada**

Amirali Aghili, DMD, Las Vegas

Anthony Saad, Las Vegas

Brady Petersen, DMD, Las Vegas

Brandon Terhune, Las Vegas

Brian Jones, DMD, Henderson

Chris Schweiger, Las Vegas

Cody Besso, Reno

Dominique Dela-Cruz, Las Vegas

Henry Nguyen, Las Vegas

Kung Ou, Las Vegas

Mason Tran, Las Vegas

Naweed Najand, Las Vegas

Tyson Gardner, Las Vegas

## **New Hampshire**

Jeffery Yelle, DDS, Center Conway

## **New Jersey**

Ahmed Beheiry, DDS, Union

Alejandro Pereda, DMD, Bloomfield

Alka Panwar, Jersey City

Cyril Beard, DDS, Red Bank

Dane Avondoglio, DMD, Andover

Harman Sohal, DMD, Jersey City

Harmanpreet Kaur, DDS, Edison

Howard Spruill, DMD, Hillsborough

Janice Lee, Montvale

John Ding, Howell

Kevin Murawski, DMD, Hoboken

# New Student Members

Mark Bydalek, DMD, Sergeantsville  
Maxim Godko, DDS, Hanilton  
Neelu Parmar, Old Bridge  
NEHA AGARWAL, BDS, Clifton  
Pinky Bhavsar, DMD, Lyndhurst  
Raysa Martin, DDS, Ridgewood  
Samuel Botros, DDS, North Brunswick  
Stephen Kondorossy, DMD, Somerset  
Subaniitha Thirunavukkarasu, DDS, Jersey City  
Susan Curley, Wall  
Sushmitha Jeeri, DDS, Mays Landing

**New Mexico**  
Sasan Ghaffari Garakani, DDS, DMSc, Albuquerque

**New York**  
Asmat Syed, Flushing  
Boris Israilov, Rego Park  
Elad Yossefi, Queens  
Feliciano Espaillet, Bronx  
Inessa Safarov, Setauket  
Janet Wong, DMD, Oneonta  
John Matthes, New York  
Juan Espaillet, DDS, Spring Valley  
Linda Maiorano, Suffern  
Nabitha Kanagaratnam, DMD, Utica  
Perri Malek, Brooklyn  
Rafael Muniz, DDS, Jackson Heights  
Rena Kreitman, DMD, New York  
Ross Morgan, New York  
Roxolana Maged, DDS, Utica  
Ryan Reichelt, DMD, Islip Terrace  
Saleh Elahwal, DDS, Brooklyn  
Spenser Morgan, New York  
Terry Lin, Katonah  
Tina Patel, New York

**North Carolina**  
Bradley Conway, DMD, Concord  
Gervender Bhatti, Fayetteville  
Michael Wilhite, DMD, Davidson  
Yakeika Vann, DDS, Charlotte

**Ohio**  
Brandon Kroffke, DDS, Brunswick  
Chad Ollom, New Albany  
Lufti Nassar, Rocky River  
Mark Kriwinsky, DDS, South Euclid

Pooja Banga, Westerville  
Victor Erminy, DDS, Avon Lake

**Oklahoma**  
Mark Gaches, DDS, Tulsa

**Oregon**  
Aleksandr Lyashenko, Beaverton  
Alfred Borromeo, Salem  
Andrew Smith, Klamath Falls  
Daniel Fredrickson, Junction City  
Daniel Gailis, Klamath Falls  
Gordon Stanger, Siletz  
John Turner, DMD, Bend  
Kyong-Hwa Moon, Tigard  
Matt Starley, DMD, Astoria  
Michael Martins, North Bend  
Nathan Tanner, Grants Pass  
Samuel Chen, DDS, Portland

**Pennsylvania**  
Andrew Branton, DMD, Allentown  
Andy Shieh, Warrendale  
Anthony Baddoo, DDS, Easton  
Roland Nomie, Bethlehem  
Yongkun Kim, Jenkintown

**South Dakota**  
Alex Kusek, Sioux Falls  
William Reardon, DDS, Yankton

**Tennessee**  
Noelan Schafer, DMD, Memphis

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An Le, DDS, Plano  
Azhar Ahmed, Lubbock  
Brad Jetton, DDS, Houston  
Bruce Matson, DDS, Houston  
Bryan Ngyuen, Irving  
Charles Town, Woodway  
Colin Lathrop, DDS, Katy  
Daniel Bove, DDS, Houston  
Gary Pointer, Fort Worth  
Gerard Macy, DDS, Mabank  
Greg Kunz, DDS, Beaumont  
Hemanth Samuel, Houston  
Hieu Truong Do, DDS, Houston  
Hooman Samani, Austin  
Humam Najjar, DDS, San Antonio  
Jaspreet Gill, DDS, Murphy  
Jefferson Cowling, DDS, Marble Falls  
Jin Hao, DMD, Houston  
Jin Park, DDS, Houston  
Martin Pak, Frisco  
Michael Smith, Pearland  
Ricardo Ochinang, DMD, San Angelo  
Saumya Sehgal, DDS, MDS, Dallas

Timothy Hill, DDS, Ingleside  
Todd Anderson, Dallas  
Varghese George, DDS, Mesquite

**Utah**  
Frank Austin, DDS, Salt Lake City  
James Gruber, DMD, Kearns  
Michael Van Leeuwen, DMD, Salt Lake City  
Rachana Hegde, MS, South Jordan,

**Virginia**  
Ahmed Boraey, DMD, Alexandria  
Edgardo Loyola, BDS, Chantilly  
Jason Lipscomb, DDS, Fredericksburg  
Simren Mahal, Ashburn

**Washington**  
Ingy Aly, BDS, Vancouver  
Keng-Hao Chang, Othello  
Kwansoo Lee, Spanaway  
Ryan Chuang, Everett  
Sonali Sharma, Kirkland  
Sungjun Hwang, Federal Way  
William Webley, DDS, Everett  
Willie Fugere, Poulsbo

**Wisconsin**  
Elizabeth Yahiro, WI  
Jeri McCombs, DMD, Beaver Dam  
Joseph Olsen, Neenah

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Abdul Mossa, AlHidd

**Bermuda**  
Frances Betts, Paget

**Canada**  
Amin Ebrahim Soltani, DDS, Victoria  
Arvind Singh, Calgary  
Cornel Gabor, Vancouver  
Ed Cheng, Burnaby  
Gerrit Van Schalkwyk, Vancouver  
Greg Barrett, Fruitvale  
Greg Kosar, Winfield  
Hemant Jaiswal, Didsbury  
Ian Smillie, Mission  
Jian Ma, Richmond Hill  
John Tran, DDS, Calgary  
Lila Popa, West Vancouver  
Neil Appelbaum, Vancouver  
Norina Leung, Surrey  
Rodaline de La Cruz, Surrey  
Shahdad Ayoughi, DDS, DMD, Vancouver  
Tiffany Cheung, DMD, Burnaby  
Tim Cheung, DMD, Delta

**Egypt**  
Abdelrahman Bersy, Cairo

**Arizona**  
Nick Novakovich, DMD, Peoria

**Maryland**  
David Morabito, Crownsville

**Minnesota**  
Trent Neisen, Saint Paul

Aref Alnaib, Heliopolis  
Bassem Haddad, Heliopolis  
Chaoukat Al-sakati, Heliopolis  
Hussien Mohamed, Heliopolis  
Mohamad Mohamed, Heliopolis  
Mohamed Hassan Mahmoud, BDS, 6th of October City  
Mohamed Ghanaiem, Heliopolis  
Mohamed Fouda, BDS, Mohandessien  
Raji Hajeb, Heliopolis  
Salma Mahmoud, Heliopolis  
Sherif ElHassan, BDS, Heliopolis  
Tarek Fahmy, Heliopolis

**India**  
Nikeeta Patankar, BDS, Mumbai, Maharashtra

**Iran**  
Arash Aboui Mehrizi, DMD, Tehran

**Japan**  
Hideaki Sugou, DDS, Nagano-ken  
Hiroyuki Matsumoto, DDS, Aichi  
Shin Nakano, DDS, Aichi-ken  
Shingo Inada, DDS, Tatsuno  
Takahiro Nishio, DDS, Aichi  
Takeshi Nagai, DDS, Nagano-ken  
Yoichi Mogami, DDS, Osaka  
Yoshiki Kuzushima, DDS, Aichi  
Yusuke Hara, DDS, Miki-shi

**Korea**  
Ho Chul Noh, DDS, Jeonju

**Kuwait**  
Ahmad Al-Sahli, Kuwait

**Mexico**  
David Holguin, DDS, cd juarez

**New York**  
Allison Rascon, DDS, New York

**Utah**  
Leigh Ann Wahl, South Jordan

**Oman**  
Dalal Al-Hakeem, Oman

**Qatar**  
Ahmed Qassem, Doha

**Saudi Arabia**  
Ahmed Seiam, Riyadh  
Mohamed Elmahy, BDS, Jeddah

**South Korea**  
Jingyu Chang, DMD, Gyunggi  
Lee Jae, Jeollabuk-do  
Minsic Jeong, Kyungkido  
Ryu Jeong Min, DMD, Gyeonggi-do  
Sung Min Lim, busan  
Taehyung Lim, Seoul  
Young-Jun Kim, Gyeonggi-do

**United Arab Emirates**  
Amal Al Shamsi, Abu Dhabi  
Amal Ghanem, DDS, Abu Dhabi

Anila Ali, Abu Dhabi  
Aqeela Zafar, Al Ain  
Ashok Prabhakaran, Al Ain  
Fadi Anaie, BDS, Dubai  
Fatima Mohammed Bin Eshaq, Abu Dhabi  
Husain Ridha Shwaylia, Al Ain  
Maysa Saleh, Abu Dhabi  
Mohamed El-Agroudy, DDS, Abu Dhabi  
Mohammed Abdullah Allahham, Al Ain  
Murad Aisheh, Abu Dhabi  
Mustafa Tahir, Al Ain  
Nooruldeen Al Nokheili, Abu Dhabi  
Rekha Jayakumar, Abu Dhabi  
Reshma Parveen, Al Ain  
Sarmad Al-Chalabi, DDS, Dubai  
Selwan Ebrahim Askar, Abu Dhabi  
Tabarak Elyan, Abu Dhabi

# CONTINUING EDUCATION BITE



## U.S. and Canada AAID MaxiCourses®

### Augusta University MaxiCourse®

Augusta, GA  
Co-Director(s): Michael E. Pruett, DMD,  
and Douglas Clepper, DMD  
March through 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  
June – 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  
Contact: Esther Yang  
Email: esther.Englewooddental@gmail.com  
Phone: 201-871-3555  
Website: www.aaid-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  
Contact: Esther Yang  
Email: esther.Englewooddental@gmail.com  
Phone: 201-871-3555  
Website: www.aaid-maxicourse.org

### Nova Southeastern University Implant MaxiCourse®

Fort Lauderdale, FL  
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®

San Juan, PR  
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-MAXInstitute Maxicourse®

Waterloo, ON  
Director: Rod Stewart, DDS  
Co-Director: George Arvanitis, DDS  
September – June  
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  
December – 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  
TBD (UAE)  
February – TBD (Bangalore)  
Contact: Dr. Syed Khalid  
Email: drsyedkhalid@hotmail.com  
Website: www.maxicourseasia.com

### Korea MaxiCourse®

Gyeonggi-do, South Korea  
Director: Jaehyun Shim, DDS  
March – December  
Contact: Kyungim Yeom  
Email: ykimichelle@gmail.com  
Website: www.koreamaxicourse.com

### Egypt MaxiCourse®

Cairo, Egypt  
Co-Directors: Kim Gowey, DDS;  
Shankar Iyer, DDS, MDS  
April – May  
Contact: Dr. Mahmoud Kohail  
Email: mahmoudkohail@ascde.com  
Phone: (002) 01141403350  
Website: www.ascde.com/program/maxi

### **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/  
zhongzhimig

### **MaxiCourse® Malta**

Kalkara, Malta  
Co-Directors: Dennis Flanagan, DDS,  
MSc; Shankar Iyer, DDS, MDS  
Fall 2018  
Contact: Dennis Flanagan  
Email: dffdds@comcast.net  
Website: www.maxicoursemalta.com

### **Courses presented by AAID credentialed members\***

#### **U.S. LOCATIONS**

#### **24 Hour Teeth**

Spring Hill, FL  
September 21 – 22, 2017  
January 25 – 26, 2018  
March 29 – 30, 2018  
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.dentallearningimplant  
center.com/ce-courses

#### **California Implant Institute**

1 Year Comprehensive Program in Implant  
Dentistry  
San Diego, CA  
4 sessions; 5 days each  
300 CE credits  
Dr. Louie Al-Faraje, Academic Chairman  
LIVE patient courses also offered by the  
Institute  
Phone: 858-496-0574  
Email: info@implantededucation.net  
Website: www.implantededucation.net

#### **Foundations in Implant Dentistry**

Dr. Michael Gillis  
Session 3: April 5 – 7, 2018  
Halifax, Nova Scotia  
Contact: Denise Robicheau  
Phone: 902-405-0077  
Email: admin@gillisdentalimplants.com

#### **Laser Pocket Reduction & Diode Training for the Dental Professional**

Sioux Falls, SD  
Edward Kusek, DDS  
Contact: Kristi Meyer  
Phone: 605-371-3443  
Website: www.drkusek.com/courses.html

#### **Live Surgical Prettau Zirconia Implant Bridge Course**

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

#### **Mini Residency**

Director: Shankar Iyer, DDS, MDS  
September – June, Bi-weekly  
100 hours CE credit  
Approved by NJ State Board of  
Dentistry  
Contact: Dr. Shankar Iyer  
Email: drsiyer@aol.com  
Website: www.smileusa.com/  
mini-residency-us

#### **Pikos Implant Institute**

Michael A. Pikos, DDS  
Soft Tissue Grafting  
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/  
programs-and-courses/course-  
continuum-overview/

#### **University Implant Educators**

Director: Francis Jones, DDS, MBA,  
AFAAID  
San Diego, CA  
1,3,4 Day Courses  
All Courses are intensive surgical  
externships with live patient care.  
Contact: Grace Terranova  
Phone: 877-709-6623  
Email:  
info@universityimplanteducators.com  
Website:  
www.universityimplanteducators.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  
Phone: 780-488-1240  
Email: rosanna@dmvassos.com  
Website: www.dmvassos.com

#### **The BITE Club**

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

#### **“Hands-On” Introductory to Advanced Surgical and Prosthetic Implant Courses with Live Surgery.**

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Web Sites: www.leighsmilecenter.com

#### **Implant Connect: Prosthetic Course**

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selection, treatment planning, occlusal  
considerations and how to incorporate  
implants into your practice.  
Email: andrew@implantconnection.ca  
Website: www.cditc.ca

#### **Pacific Implant Institute**

Dr. Ron Zokol  
Comprehensive Training in Implant  
Dentistry  
September through June  
Location: Vancouver, B.C., Canada  
Contact: Kim  
Phone: 1-800-668-2280  
Email: kimber@piidentistry.com  
Website: www.piidentistry.com

**see Continuing Education p. 60**

## Continuing Education

*continued from page 59*

### Toronto Implant Institute

Toronto Implant Institute  
Natalie Y. Wong, DDS, FAAID, DABOI/ID  
Implant Prosthetic Session: Traditional to Digital  
Digital Implant Dentistry Internship  
Guided Surgery and Guided Prosthetics™  
for Immediate Full-Arch Implant Restorations  
Contact: Linda Shouldice  
Phone: 416-566-9855  
Email: linda@ti2inc.com  
Website: www.ti2inc.com

### Vancouver Implant Continuum

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Contact: Andrew Gillies, Education Coordinator  
Phone: 604-330-9933  
Email: andrew@implantconnection.ca  
Website: www.cditc.ca

## OUTSIDE NORTH AMERICA LOCATIONS

### Beirut Implant Dentistry Center

CE Courses Survey of Surgical and Prosthetic Implant Care  
Drs. Jihad Abdallah & Andre Assaf  
Contact: Mahia Cheblac  
Phone: +961 1 747650 or +961 1 747651  
Fax: +961 1 747652  
Email: beirutidc@hotmail.com

## 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

#### AAID Lake Superior Implant Study Club

Location: Ada, MN  
Director: David Resnick, DDS  
Phone: 218-784-7119  
Email: ddz@arvig.net

### Acadiana Southern Society

Location: Lafayette, LA  
Director: Danny Domingue, DDS  
Website: www.acadianasouthernsociety.com/upcoming-meetings.html

### Alabama Implant Study Club

Location: Brentwood, TN  
Director: Sonia Smithson, DDS  
Contact: Norma Jean Applebaum  
Email: docnj4aisg@aol.com docnj4aisg@aol.com  
Website: www.alabamaimplant.org

### Bay Area Implant Synergy Study Group

Location: San Francisco, CA  
Director: Matthew Young, DDS

### 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  
Website: www.calderoninstitute.com

### DHII Study Club of Georgia

Location: Atlanta, GA  
Director: David Han, DDS, MS  
Contact: Frank Butler  
Email: drfrankbutler@bellsouth.net  
Website: www.dhii.org/our-fees

### Hawaii Dental Implant Study Club

Location: Honolulu, HI  
Director: Michael Nishime, DDS  
Contact: Kendra Wong  
Email: mnishimedds@gmail.com  
Website: www.honoluludentaloffice.com

### Hughes Dental Implant Institute and Study Club

Location: Sterling, VA  
Director: Richard E. Hughes, DDS  
Contact: Victoria Artola  
Email: dentalimplant201@gmail.com

### Implant Study Club of North Carolina

Location: Clemmons, NC  
Director: Andrew Kelly, DDS  
Contact: Shirley Kelly  
Phone: 3364143910  
Email: shirley@dentalofficesolutions.com  
Website: 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

### Monmouth Dental Implants Study Group

Location: Lincroft, NJ  
Director: Richard Mercurio, DDS  
Contact: Marth Gattton  
Email: marty@lincroftvillagedental.com  
Website: www.Lincroftvillagedental.com

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

Location: Elizabeth, NJ  
Director: Shankar Iyer, DDS, MDS  
Contact: Terri Baker  
Email: dentalimplant201@gmail.com

## CANADA

### Vancouver Implant Continuum

Location: Surrey, BC, Canada  
Director: Williams Liang, DMD  
Contact: Andrew Gillies  
Phone: 604-330-9933  
Email: andrew@implant.ca  
Website: www.vancouvermaxicourse.com/implant-continuum

## INTERNATIONAL

### AICHI IMPLANT CENTER

Location: Nagoya, Aichi-Ken, Japan  
Director: Yasunori Hotta, DDS, PhD  
Website: www.hotta-dc.com/

### Beirut AAID Study Club

Location: Beirut, Lebanon  
Director: Joe Jihad Abdallah, BDS, MScD

### Cyprus implant Study Club

Location: Nicosia, Cyprus  
Director: Nicolas Papadopoulos, DDS  
Contact: Director  
Phone: +99606565  
Email: Info@nicosiadentalcenter.com

### Korean Dental Implant Institute

Location: Seoul, Korea  
Director: Jaehyun Shim, DDS  
Contact: Kyungim Yeom  
Phone: +82 10 2716 7249  
Email: ykimichelle@gmail.com  
Website: 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.

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