PUBLISHED BY THE AMERICAN ACADEMY OF IMPLANT DENTISTRY / 2019 ISSUE 3

AAID NEWS

FINANCIAL PLANNING FOR DENTISTS:

Preparing for Retirement

INSIDE

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AMERICAN ACADEMY OF IMPLANT DENTISTRY

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Lead Stories

AAID News

James E. Ference,
DMD, MBA, FAAID, DABOI/ID
Editor, *AAID News*

EDITOR'S NOTEBOOK

The real value of great dentistry and moving forward in the AAID

Most of us have run across a businessman that, when asked if a certain item is for sale, will point out that everything he has is for sale at the right price. It reflects an attitude that even the shelves in the store are for sale if the price is high enough. Most things do have a value in the marketplace.

With that in mind, I found a recent editorial by Dr. James Rutkowski, editor of the JOI, particularly interesting. He pointed out that based on some research, dentistry is rated very highly in terms of value received by consumers.

He found that, when asked, many of his own patients would put up a "not for sale at any price" sign on dental work he had done, especially that which was implant related. The improvement in their quality of life was essentially invaluable. Not many expenditures are looked back on as so beneficial.

As we all know, getting used to traditional dentures can be, for many, nearly impossible and represents a real life, every-hour-of-the-day awareness of loss—the kind of loss that truly impacts one's quality of life in a most intrusive way.

As we communicate with our implant patients, asking them to "name a price" for the imaginary giveback of their dental implants to pre-treatment times might be a great reminder for us as well as for the patient of the real world value of the services that have been provided. As the patient reflects on the advantages they have received, they will come to know what we have seen so often—treatments change lives.

There are significant decisions to be made as the AAID progresses into the future. Most members of our organization are aware of how the AAID impacts not only our individual practices, but the whole field of implantology as it affects citizens of countries all over the world. We should appreciate the considerable time invested by the AAID leaders as they try to "direct" the organization while balancing the demands we all face related to other areas of life. There is not a single obvious course of action to take, so decisions have to be made, and that will lead to controversy.

Years ago I read that Indra Nooyi, past president of Pepsi, considered the best advice she ever received as that given by her father—"assume positive intent."

The AAID will be well-served if we all do just that—assume that our colleagues are motivated by what they perceive to be in the best interests of the AAID even if we disagree. If that attitude prevails, we will move into the future with a strong and vital organization even as we wrestle to determine the best "path" forward.

As we all know, getting used to traditional dentures can be, for many, nearly impossible and represents a real life, every-hour-of-the-day awareness of loss—the kind of loss that truly impacts one's quality of life in a most intrusive way.

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Natalie Wong,
DDS, FAAID, DABOI/ID
AAID President

PRESIDENT'S MESSAGE

An AAID Update: Programs, Meetings & More

Spring/summer has been a busy time for the AAID, globally as well as on the homefront.

At the beginning of March, the AAID co-sponsored an implant conference in New Delhi, India. This initiative to continue growing our brand globally was spearheaded by Dr. Shankar Iyer, Dr. Mahesh Verma (AAID International Dentist of the Year 2017, AAID Academic Associate Fellow), and Dr. Brij Sabherwal (AAID Associate Fellow). Our AAID leaders, Drs. Bernee Dunson, Adam Foleck, Rajiv Patel, Jaime Lozada, Shankar Iyer and I lectured alongside other top international leaders in the implant field to a sold out crowd of over 800 dentists!

In May we had a very successful Northeast District meeting north of the border in Montreal, Quebec, Canada with 168 total registrants, including 51 Canadians. This is an increase of 48 registrants from the previous meeting in 2017, pretty great *eh?*!

In June the Central District also led a very strong meeting in Chicago with 199 total registrants. Congratulations to both districts for your leadership and hard work on behalf of the AAID!

Our Board of Trustees also met in June. A fiduciary issue relating to conflict of interest was brought to our attention and the Board is working hard to correct the situation. We have a new home! In August the AAID moved into our new space on the 11th floor, Suite 1100. Our lease had expired in November 2018, and with AAID's exponential growth, we needed more space to grow our Central Office team as well. We looked into different options in other buildings in the downtown Chicago area but settled back at the ADA. A big thank you to our hardworking Central Office team for purging, packing, moving and unpacking the entire AAID office! Please do come and visit our new office if you are in Chicago!

At the end of September, the AAID will attend the European Association for Osseointegration (EAO), in Lisbon, Portugal, as a partner association. This initiative to collaborate has been slowly growing from past outreaches and it has blossomed into something concrete! Over a lunch meeting in New York City during the Greater New York Dental Meeting in November 2018, Drs. Shankar Iyer, John Minichetti, and myself, along with AAID staff had a wonderful conversation with Professor Bjorn Klinge (Past President, EAO) and Philippe Bregaint (Executive Director, EAO). We have been given 2 complimentary registrations and a complimentary booth in their exhibit hall. And we have offered the same to them for our meeting. Additionally, I will be presenting in the Partner Lounge on all of the benefits of being a member of the AAID. We look forward to welcoming 2 of their delegates at our Annual Meeting in Las Vegas.

And before we know it, our Annual Meeting will be upon us! It will be a time of exploring scientific innovations and collaboration with our awesome **dual speaker** Main Podium. Congratulations to our Scientific Chair, Dr. Shankar Iyer, and the Annual Conference Education Committee for putting together such an incredible line up of speakers, exciting new podium tracks, and practical workshops all with a unique *Synergy* theme.

We have a podium dedicated to Women in Implant Dentistry, with leading women speakers from the American Association for Women Dentists and the American Academy of Periodontology. While the podium is designated to highlight women speakers, everyone is encouraged to attend!

Don't forget your team members and your laboratory partners! New this year, we have added a laboratory technician component to the Dental Implant Team Network! We are only as good as each member of our team, including our colleagues in the laboratory, so please encourage your technician to come and join you in raising the bar in dental implant education.

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California Implant Institute

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Trefoil Training Program

4-Day Program | Rosarito, Mexico

Objectives

The Trefoil treatment option for the fully edentulous patient provides greater quality of life improvement compared to treatment with an implant-supported removable denture, which many finanically compromised patients might have been offered in the past. "Time-to-final-teeth" will also be reduced as fewer visits are required, and the final partial denture is delivered on the day of surgery. This course will present surgical and prosthetic in-depth knowedge of the Trefoil concept with a detailed interactive, hands-on model workshop and LIVE patient surgeries.

Procedures

Examining the indications and limitations of treatment with the Trefoil System; learning step-by-step the surgical and restorative procedures, including lab work; review of clinical cases treated with the Trefoil System; review of scientific support material and clinical evidence; and discussion of prosthetic maintenance and complications management.

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Dates

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Dr. Louie Al-Faraje
Clinical Director

A highly experienced clinician, educator, and innovator, Dr. Al-Faraje is continually advancing the protocols for oral implantology surgical treatments. His California Implant Institute in San Diego, CA, utilizes today's most innovative and effective clinical solutions to create and maintain optimal oral health using dental implants and bone grafting procedures. He is the author of 4 Quintessence implant textbooks.

Domenico Cascione, BS, MDT
Clinical Instructor

Domenico Cascione is a faculty member of the Advanced Prosthodontics Department at UCLA School of Dentistry and the President of Operart, LLC Dental Laboratory in Santa Monica, CA. He is the author and co-author of several articles in the literature and the book *Symbiosis: Art & Technique.*

Information about additional faculty members is available on our website.

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Financial Planning for Dentists

Preparing for Retirement

Financial planning is the academic exercise of projecting what will be needed for an individual for the rest of their lives and then developing the strategies to meet those goals.

As a rule, dentists must be very goal-oriented. From the minute these individuals choose dentistry as a profession, they start setting goals with an almost singular focus: Get into dental school, work hard during school and graduate, then set up a practice. Once that final step happens, many believe their path to success has been locked into place.

However, the hard work of ensuring future economic security must begin almost immediately. "Financial planning is the academic exercise of projecting what will be needed for an individual for the rest of their lives and then developing the strategies to meet those goals," states Roger P. Levin, DDS, CEO of Levin Group, a Maryland-based dental management consulting group. Planning and preparing for retirement is an ongoing process that should start early in a practitioner's life and continue well after one sets down their dental tools for the last time.

Given the importance of this topic, the American Academy of Implant Dentistry (AAID) consulted with several experts in this field to learn some of the most crucial considerations regarding planning and preparing for retirement, focusing specifically on how the retirement process begins and how to set goals.

"The first thing we do with a client is set goals," note Jeffrey E. Wherry, CFP, and Joshua Miller, AIF. As advisors from Treloar & Heisel, a firm that specializes in financial services for dental and medical professionals, they ask their clients to imagine where they want to be at the end of their careers and then help them devise plans to get there. Wherry and Miller explain, "During these conversations, we discuss their desired standard of living now and for the future. Defining their lifestyle and retirement philosophy, setting short- and long-term goals—these are the foundation of their financial game plan. Here is where we figure out how to build out their lives, how to decide what is needed to save or invest in broad terms to meet these goals."

Bill Blatchford, DDS, founder of Blatchford Solutions, is a licensed dentist who now advises on practice management issues. He also stresses the importance of working with dentists to "life plan," noting that there are many different ways to get to the endgame of one's career. He says, "I have seen lifestyle examples all across the spectrum: from dentists who work full-out at 100 percent for a period of time with the goal of retiring early, to those who want more of a work-life balance."

And while retiring early may seem attractive to some, Dr. Blatchford says it's not always the best route to take: "I often have to caution clients on the perils of the first strategy. "The single focus of 'work, work, work,' with practitioners opening up several offices simultaneously can have serious negative repercussions. I have seen this scenario end in divorce since the dentist works at the expense of family time. While his or her motivation is to build a strong economic foundation for his or her family, it may accomplish the exact opposite, resulting in financial and emotional chaos."

Dr. Blatchford tries to help his clients create a plan that allows them to retire by choice and on their own terms. He says, "My clients want to be in the financial position to enjoy their lives, maybe work a few days a week, travel, and volunteer. I am seeing more dentists who want to slowly transition into their retirement. Being cognizant of those goals early in their careers allows for more opportunities and freedom near its end."

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Increasing your income as you progress in your career will help to pay off debt; increase your savings and fund retirement at the same time.

Is It Ever Too Early to Plan Ahead?

Investing early has always been a key component to a healthy retirement plan. "One of the biggest mistakes a newly licensed dentist can make is not saving early enough," Dr. Levin explains. "Compound interest is one of the biggest advantages of our financial system, allowing individuals to reach financial independence at a reasonable age by helping to build up the funds necessary for retirement."

Wherry agrees, "When I am talking to a younger dentist, I tell him or her that it is important to start thinking about retirement right away. It is always pertinent to set goals and determine what needs to happen to make those goals a reality. These conversations plant the seeds for a commitment."

Complicating the issue is the fact that today's dental school graduates are entering the profession burdened with high amounts of debt. According to Dr. Levin, dental student debt averages about $300,000 per student (higher if the individual is pursuing a residency or specialty).

Many new dentists believe that they cannot start saving until they climb out from under the mountain of debt. Debt is forcing these individuals to be more proactive and to think of the many ways to get ahead in addition to investing. Says Wherry, "In the 1980s, financial planning was investment-driven. Today, investment portfolios cannot be the only component of financial retirement planning—advisors need to consider the whole picture to help their clients set their personalized financial goals."

Dr. Levin advises dentists not to be distracted by debt. He says, "You can—and must—start a retirement plan when you are in debt. Don't wait until you have paid off your loans. Increasing your income as you progress in your career will help to pay off debt; increase your savings and fund retirement at the same time. It is a mistake to deal with any of these components one at a time—they are all a part of the equation."

Is It Too Late to Start Planning?

Retirement is inevitable, according to Wherry and Miller. The only question remains: How prepared are you for this event? The sooner the planning process begins, the more resources are available to dentists when they reach this milestone. Planning allows for retirement on one's own terms. Wherry and Miller advise always being prepared for an unexpected event like being forced to retire due to health reasons: "Planning early for this potential situation allows individuals to be proactive versus reactive in defining their retirement lifestyle."

And while younger dentists may not feel the urgency to plan ahead, it's wise to think about what they want to achieve before they retire so that in 40 years those goals are a reality. And dentists should also think about the age at which they plan to retire. According to Levin Group Data Center, the average retirement age is 71.2 years old (up from 62 years in 2004). Dentists are retiring later for a variety of reasons, but the economic recession of 2008 to 2009 is a big factor, resulting in a slower practice growth. This economic downturn has translated in reduced income levels.

During the next five years the trend is anticipated to continue, increasing retirement ages to 74 or 75 years. And Dr. Levin sees the consequences of this phenomenon among his clients: "Currently, we are meeting dentists who cannot afford to retire. They will have to retire, but they won't have the money to be independent and will have to live a limited lifestyle at that time. For this reason alone, we have been advising our clients to begin thinking about the endgame as early as possible, and to revisit their financial plans on a regular basis to make sure they are on track." Dr. Levin urges younger dentists to understand the need for well-structured retirement savings plans based on their financial plans fairly early in their careers. He cautions that without a reasonable plan by mid-career, dentists will be working longer and longer: "Immediately prior to retirement is not the time you want to find out that you cannot afford to do so," states Dr. Levin.

How Does Your Practice Factor in Retirement Planning?

While still a substantial asset and tool in a dentist's retirement strategy, the importance of private practices as a financial resource has been affected by the rise of corporate dentistry and demographic changes in this country, including the increased difficulty in selling practices located in smaller communities. Because of these trends, Dr. Blatchford believes that the value of your practice shouldn't be the basis of your economic foundation. "Your practice should not be a major part of your estate. In order for you to meet your financial goals, you will need substantial investments beyond it. Practice proceeds should be just the icing on the cake."

That said, most mid-to-late career dentists followed the more traditional professional route to owning their own practice and should consider the following when developing an exit strategy prior to retirement.

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

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Retirement

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Practice valuation.
A key step in the selling process is to identify the value of your practice periodically throughout the years and as you get closer to retirement. An accountant can help you appraise the following:

- Furnishings
- Equipment
- Staff (earnings before taxes, depreciation, production)
- Patient base (number of active patients, is it growing?)
- Three-year financial trends

Should you hire your successor/partner prior to selling?
Many dentists bring in associates while still actively practicing, with the intent to sell equity in the business or to transition it to these individuals over time. Benefits of this option include allowing the practice to grow and giving the dentist more coverage. Dr. Blatchford suggests that dentist ask these questions first: How many patients are you turning away? How much of your personal income are you willing to give up? How are you going to pay the person?

The decision when/how to sell or bring in your successor will depend on the answers to these important questions, along with an understanding of your retirement goals and the strategies to obtain them. This approach may allow a dentist to continue to provide patient care without the responsibilities of ownership post "retirement" if they so choose.

Whom should I hire to guide me through this process?
According to Dr. Levin, you should hire three people: a financial planner at the beginning of the process, a broker or a CPA for the practice valuation, and an attorney to review all of the contracts that need to be signed. He feels that one of the biggest landmines is not hiring the attorney, leaving you unprotected against claims and lawsuits.

What are some other landmines to avoid?
"Not planning for life's unexpected, negative events," cautions Dr. Levin. Divorce, illness, disability, death—all of these serious occurrences will throw any financial blueprint in total disarray, unless you have mitigated risk in your plan.

How often should I review my plan?
Not re-evaluating the plan on a regular basis may hamper its usefulness. "You still need to live and update your financial plan," Dr. Levin advises. "This step is critical, perhaps even more so, during retirement. At that point, you will not have additional income coming in to cover unexpected expenses."

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Components of a Healthy Retirement Plan

Jeffrey E. Wherry, CFP, Treloar & Heisel, likens financial stability to a pyramid: You must build a strong base or the entire structure will topple over. He states that sound financial planning allows you to arrive at your destination in a better place and on your own terms. His list of "must-haves" should include the following:

- **Cash flow—**Where is the money coming from and where should it be going? With the rise of corporate dentistry versus owning individual practices, income levels might be affected. Those starting their dental careers might not have as robust an income base as their predecessors to fund investments.
- **Emergency fund—**How can you financially survive in an emergency? He recommends two to five years worth of living expenses in cash to keep on hand so that you can go through an economic downturn without taking money from investments.
- **Expenses—**What is a reasonable amount to spend given income level?
- **Repayment strategy—**How can you deal with student loans while setting a base for investment?
- **Tax-qualified plans**
- **Risk management—**This includes life, disability, malpractice, and long-term care insurance. Make sure that all of the gaps are covered before investments. How will you cover your income if you cannot work? Deal with the risk first and then consider the return.
- **Estate planning—**Get a head start on your will, etc., as it helps in the event of a catastrophe.

Wherry believes that there is a certain synergy to a financial plan. You may have many pieces to your financial blueprint, but are they getting you to where you want to go? Is your portfolio aligned with your goals? A financial advisor can help you make sure your strategies are realistic and that you are headed in the right direction. He meets with his clients on a yearly basis to make sure that everything is on track and reassess if things have changed. Wherry says, "Much can change in a year: Markets, the economy, politics, your health, spending habit. We try to build a plan that survives."

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Mid-Career Without a Plan: Where Should You Start?

You are 10-15 years into your career and have not developed a retirement plan. So, where should you start? Bill Blatchford, DDS, encourages dentists in this situation not to despair. "Just get started right away," he advises.

According to Roger Levin, DDS, there are three things you should do immediately:

1. Establish the amount of savings you will need in order to retire.
2. Establish during which year that amount of savings will be reached.
3. Determine the average annual interest or returns that will be necessary in order to live the lifestyle you would like after you retire. (Consider the fact, too, that people are now living longer, so the amount of money you will need should be taken into account.)

While these steps are similar to those you would take at the beginning of your career, the time in which to meet your goals will be truncated. Dr. Blatchford spells it out simply: Establish how much you will need for now and the future, and live within your means. He emphasizes that "it is important to increase the income from your practice, as it is very difficult to save more if one is used to spending all of their earnings. Hire a consultant with a proven record of increasing net revenues and save the boosted amount."

Dr. Levin agrees: "You may find that the practice needs to increase annual production in order to identify more income toward the dentist's retirement goals," he states. "There are reasonably rapid ways to increase practice production and these should be implemented quickly. This could include reducing patient attrition, adding more new patients, and analyzing insurance plans for strengths and weaknesses. Remember, practice growth helps fund retirement." This might include, adds Dr. Blatchford, working harder a few years longer and getting rid of any outstanding debt.

Looking Ahead: Six Questions to Answer Now

1. What are your goals now and at retirement?
2. What are the highlights you want to experience in your life?
3. What are the memories you want your children to have when they are grown?
4. What kind of work-life balance do you want?
5. What is your life philosophy?
6. What does your post retirement world look like?

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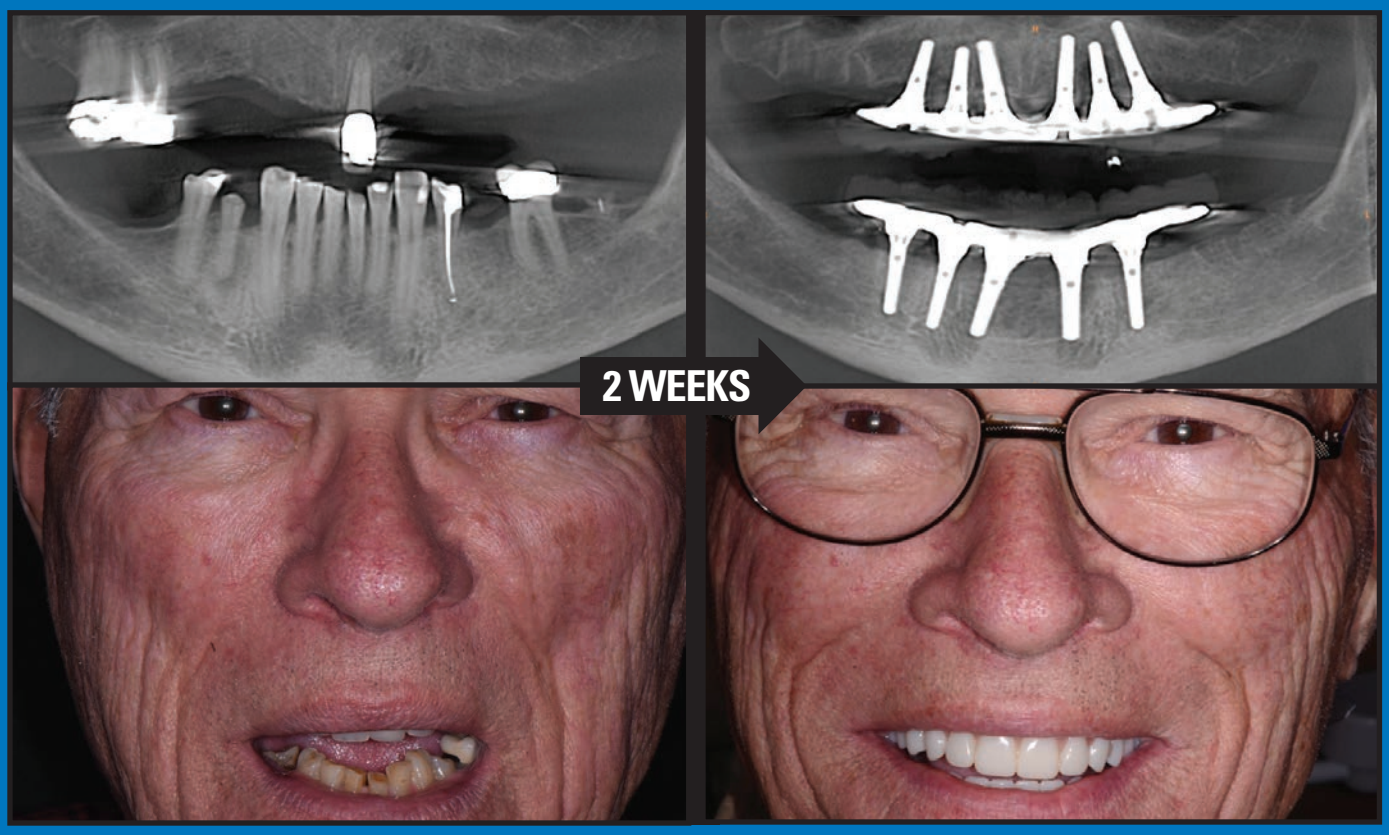

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By Randy Alvarez

Marketing and Advertising Secrets of the Most Successful Dental Practices

In 1999, Randy Alvarez launched The Wellness Hour TV Show. Each week, The Wellness Hour airs in approximately 70 million homes across the United States and Canada, featuring some of the leading medical doctors, dentists, and other licensed health practitioners. The show airs more than 1,900 episodes each month on cable, satellite, and broadcast television.

The medical news show has become a television and social media platform for doctors to discuss breakthroughs in their specialties with the communities they serve. Alvarez has transformed the show's website (www.wellnesshour.com) into an extensive online medical resource for both doctors and the public.

Present treatment in a way that the patient can understand. Design a treatment plan that is tailored to each patient's desires, needs, and goals.

The Wellness Hour has three divisions: the production company, the advertising agency, and a digital marketing agency. As a consultant, Alvarez works with medical doctors and dentists to help them become more effective with their implant advertising, public relations, and social media marketing. Here are some of the secrets of the most successful dental practices:

1. **You must begin with a great product.** In many cases the doctor, the team, and the dentistry you do are all considered the product. Do great work and stage a great experience for each patient. If you want to be talked about, be worth talking about.
2. **Focus on acquiring new patients, keeping patients, and growing the patients you have.**
3. **Create an exceptional first impression with the initial incoming call to your office.** You must get rapport, and tailor-make your presentation over the telephone.
4. **Present treatment in a way that the patient can understand.** Design a treatment plan that is tailored to each patient's desires, needs, and goals. Appeal to the patient's emotions by explaining the long-term effects of receiving treatment—or not.
5. **Help patients make decisions that are right for them while reassuring them to overcome fears and address any concerns they may have.** Help each patient overcome any objections they may have about moving forward with any procedure.
6. **Create a comprehensive plan to get referrals.** Follow up on everyone with an automated drip marketing email or text campaign.

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Are you getting the full arch cases you deserve?

If you are not yet treating one full arch implant case *every week* like Dr. Joe M. in Virgina, then this message is for you.

I invite you to get access to a series of short audio case-study interviews. Each case study is a brief interview conducted with a **successful implant dentist who is getting properly rewarded** for his or her years invested in implant training and skill building. Many of these doctors hold AAID credentials.

Here's what's really interesting: In these case studies, there are dentists who in last 90 days **were reimbursed by Medicare for implant/oral surgery procedures for up to $31,118 per patient in a 100% legal, ethical, and repeatable process.** For example, you'll hear from a dentist in NC who can now focus only on large implant cases while his associate does all the general dentistry.

They describe how they get more regular age full arch implant cases from direct to consumer advertising and how, for some, Medicare reimbursement gives them the luxury of being extremely competitive in pricing and to **make more money per case.**

> "I was skeptical but James' programs have dramatically increased my big implant case flow by more than $700K in the first year."
> - Dr. C.L., CT

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Business Bite

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Marketing Must Dos

Marketing is every bit of contact you have with a patient or potential patient. Marketing and advertising are not rocket science, but there is a science to moving people to take action. Here are some tips on how to get more rapport, gain trust and credibility, and showcase your competency.

1. Create a website that is inviting, informative, and specialized. Show before and after photos, video testimonials, and colorful photography.
2. If you have a particular specialty or focus in your practice, create a microsite dedicated to it.
3. Follow up on all incoming calls or inquiries that do not book an appointment. Automate your follow up. Drip marketing campaigns are here to stay. Use your current dental software or an outside company like Infusionsoft to create email campaigns targeted to each patient's needs. Everyone is trying to differentiate themselves. Each prospective patient needs to receive at least 12 emails over 10 weeks. Examples of follow-up emails would be to send a bio about the doctor, animation of the procedure discussed or about which he or she has inquired, video testimonials from happy patients, before and after photos, screenshots of your online reviews, written information about the procedures they desire, a welcome video from the doctor, links to a blog or website, as well as a link to your Facebook page, YouTube channel, or Instagram account.
4. Master Google Adwords. This is one of the primary ways people find you! Google search, Google display, and Google re-marketing are very important. Everyone who visits your site should be receiving educational ads.
5. Collect before and after photos and include your patients' faces. Stop selling teeth and retracted views! Show faces and how a great smile changes your appearance.
6. Implement a comprehensive plan to get video testimonials after patients have received treatment. Focus on the benefits of the procedure and life-changing patient results, not customer service and in-office experience.
7. Search engine optimization, or SEO, is very important. Figure out the relevant key words your patients and prospective patients are searching.
8. Commit to ongoing and constant improvement. Attend communication and sales courses. Study the art of human influence. Become more influential for your community.
9. Create Facebook ads with before and after photos and powerful, benefit-focused short videos.
10. Create Instagram ads with before and after photos.
11. All additional social media should be before and after based.
12. Hire an advertising agency or marketing company with a proven track record of results. Do not pay more than a 20% management fee to anybody handling your marketing dollars. Your advertising dollars should go toward your ads and not to the agency.
13. Smile and talk showing your teeth with patients, face to face and on any online videos.
14. Utilize free public relations: The local news is a powerful way to get your message to the masses. This is a great source of new business. Hire a media coach with a proven track record and experience to guide you.
15. Television is still the primary place companies spend their ad budgets according to *Advertising Age* Magazine in January 2019. Create emotionally charged 30- and 60-second commercial spots featuring patient transformations and stories.
16. Consider long form, 30-minute advertising spots with your local cable company. Thirty minute ad spots start at about $35. The average cost our clients pay for a full half hour of prime time TV is $250. 30 minute programming allows you to get massive rapport, build trust, and give you the time to better explain what you do.
17. For older demographics: Local senior newspapers are great, they still read! You can run emotionally charged before and after print ads with educational ad copy.
18. For you seasoned advertisers, add billboard, radio, and direct mail to the marketing mix. Make these before and after, or patient transformation based. Whoever designs your ads must have a complete understanding of the needs, motivations, fears, and desires of your patients.
19. Host public seminars. I like this idea, but long form television can be more effective because people can watch in the privacy of their own home.
20. Study advertising and marketing, as well as its history to enhance your views and skills regarding positive influence.

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By Frank R. Recker, DDS, JD
Legal Counsel, AAID

Implant Dentistry: What Makes a Specialist?

There has been a trend over the past 20 years at the American Dental Association's Commission on Dental Accreditation (CODA) to add implant dentistry requirements to the training standards of the existing ADA-recognized specialties. At the request of the respective trade associations representing the fields of oral and maxillofacial surgery, periodontics, prosthodontics, and even endodontics, CODA has added implant dentistry's requirements to its respective accreditation standards. While some may argue that these additions are to benefit the public, I believe those standards were added for protectionist or "turf" reasons. The antitrust implications go far beyond safeguarding the quality of educational programs as stated in the CODA mission statement. It also provided CODA an "out" in 2017 for denying the AAID application to CODA to develop educational standards for the discipline of implant dentistry, claiming that implant dentistry was already covered in the postgraduate programs in prosthodontics, periodontics, oral surgery, and endodontics.

A look at the current CODA standards for implant dentistry is illustrative of the implant dentistry illusion. Comparisons are made relating to implant training in prosthodontics, oral and maxillofacial surgery, periodontics, and endodontics.

For example, adding didactic and/or clinical requirements in laser dentistry to the existing standards for oral medicine would allow those in oral medicine to claim that they are specialists in laser dentistry simply because their CODA standards "include" education in laser dentistry without regard to how detailed or in-depth those standards actually are. The end result, as we have seen with the addition of implant standards to CODA accredited postgraduate programs, would be oral medicine specialists advertising themselves as also being specialists in laser dentistry. Such would also preclude CODA from ever developing standards for the discipline of laser dentistry, claiming the area was already addressed in oral medicine postgraduate programs.

A look at the current CODA standards for implant dentistry is illustrative of the implant dentistry illusion. Comparisons are made relating to implant training in prosthodontics, oral and maxillofacial surgery, periodontics, and endodontics.

From a review of the CODA Standards in each postgraduate program relative to implant dentistry, we can see that the common threads of all four postgraduate programs are:

- No requirement for a specific number of implants placed
- No requirement related to restoring implants
- No requirement regarding the type of implants placed

- No requirement regarding bone grafting, including location and specific procedures
- No requirement regarding the number of didactic hours of education
- No requirement regarding the number of clinical hours of training

Since there are no minimum stated requirements, one program may have 300 hours of actual didactic education in implant dentistry while another may have 100 hours—or even fewer—and still meet the CODA requirements.

Since there are no minimum stated requirements, one program may have 300 hours of actual didactic education in implant dentistry while another may have 100 hours—or even fewer—and still meet the CODA requirements. There are approximately 330 CODA-accredited postgraduate programs that are permitted to interpret these vague requirements any way they wish. Most notably missing is any comprehensive education in implant dentistry from start to finish, including diagnosis, treatment planning, surgical placement, provisional and final restorations, and most importantly long-term follow up.

Relative to actual clinical training, the same scenario exists. Programs covered by any of these four CODA implant requirements discussed may actually devote more than 100 hours of clinical experience in implant dentistry, while another program may devote fewer than 10 hours to clinical training. There is simply no way for the public or the profession to know, one way or the other.

Taken as a whole, these CODA standards for education in implant dentistry are ambiguous, generic, nonspecific, and subjective, but most importantly, inadequate relating to didactic and clinical training in implant dentistry. The evidence of any single program's compliance with the implant standards (should CODA choose to look) is ostensibly found by reviewing "implant-related didactic course materials," which could include a physiology text or a text in dental materials, and/or patient records indicating "interaction with restorative dentists."

Also noticeably absent are any uniformity standards or any requirement of psychometrically based testing in implant dentistry, which would validate actual competency. In reality, as the CODA standards for implant dentistry are applied, each of the collective multitude of postgraduate programs in oral and maxillofacial surgery, periodontics, prosthodontics, and endodontics are free to interpret these ambiguous standards any way they choose. The only common denominator resulting from these vague standards is that many graduates of these programs consider themselves specialists in implant dentistry and advertise as such to the public. The illusion is perpetuated by competitive segments of the dental profession and conveyed to the public by competitive forces in the marketplace, through advertising. Were these implant standards added by CODA to benefit the public? Or are they more closely aligned with protecting turf and the respective economic interests of existing specialties, as recently opined by Judge Sam Sparks in the 2016 Texas District Court decision?

The American Board of Dental Specialties (ABDS) ensures that any certifying board seeking recognition as a dental specialty reasonably demonstrates competency in a specific area of dentistry similar to the process in medicine. It doesn't require nor accept non-descript, vague and generic statements of training or experience but instead requires objectively verifiable criteria and psychometric testing upon which the ABDS can feel reasonably comfortable that those criteria demonstrate competency. There are no comparable assurances from the CODA standards. Nor could the public ever ascertain even minimal competency in implant dentistry by any graduate of a CODA approved program in oral and maxillofacial surgery, periodontics, prosthodontics, or endodontics. The above CODA standards related to implant dentistry insure nothing relative to competency in implant dentistry.

On the other hand, the American Board of Oral Implantology/Implant Dentistry (ABOI/ID), the implant certifying board recognized by the ABDS, issues Diplomate/Board Certified certificates to those dentists who can demonstrate the following, all of which are objectively verifiable criteria:

- All applicants must have a minimum of seven (7) or more years of clinical practice experience in implant dentistry; and,
- have completed at least 75 implant cases and the implants have been fully functional for a minimum of 1 year; and,
- have completed a minimum of 670 hours of Continuing Dental Education hours or Continuing Medical Education hours that are specific to implant dentistry; and,

continued on page 22

Legal Bite

continued from page 21

- 300 hours of the continuing education must be part of a continuum of training in implant dentistry. The 300-hour requirement may be met by combining hours from multiple continuums, each containing a minimum of 60 hours of instruction. The continuing education programs submitted must be recognized as a continuing education provider (in the U.S.) by the Academy of General Dentistry or American Dental Association. The other 370 hours of continuing education must be implant related in nature including but not limited to: implant surgery, conscious sedation, pharmacology, periodontology, occlusion, medical emergencies, computer diagnostics, treatment planning, bone/soft tissue grafting; and,
- Applicants must successfully complete both the Part I and Part II examination (psychometrically based testing/oral and written) within four (4) years of application to become a Diplomate of the American Board of Oral Implantology/Implant Dentistry
- Applicants are also required to submit ten (10) cases that have been restored and functional for a minimum of one year at the time of case submission.

Additionally the following must be documented by anyone seeking Board Certified status from the ABOI/ID:

- Full-arch removable implant overdenture with two (2) or more implants with a minimum diameter of 3.25mm.
- Edentulous posterior maxilla with compromised vertical height (less than 5mm) requiring at least 3mm of sinus augmentation and two or more implants with a minimum diameter of 3.25mm.
- Anterior maxilla with implant support that included one (1) or more root form implants with a minimum diameter of 3.0mm.

Vague training standards in implant dentistry are really all about advertising as a specialist in implants and gaining a competitive advantage, not about achieving competency.

- Extraction with immediate implant placement OR extraction with ridge preservation and delayed implant placement with a minimum diameter of 3.0mm.
- Edentulous mandible with implant support that includes four (4) or more root form implants with a minimum diameter of 3.25mm.
- A posterior quadrant in a partially edentulous mandible or maxilla with implant support that includes two (2) or more root form implants with a minimum diameter of 3.25mm.
- Case showing the management of a width deficient boney ridge (less than 3mm) requiring augmentation or manipulation (excluding ridge reduction) and the placement of two (2) or more root form implants with a minimum diameter of 3.0mm.
- Ten cases to be determined by the candidate. No more than one of these cases can be a single tooth replacement.

The real measure of competency in implant dentistry is demonstrated by those dentists who can successfully complete the comprehensive requirements of the ABOI/ID listed above, not simply a graduate of a CODA-approved program with vague, nonquantifiable and non-verifiable standards. As I visit state boards throughout the country, a frequent objection to accepting the ABDS is the fact that the ABDS recognized specialty of implant dentistry does not have CODA-approved programs. I would urge every dentist to review the above referenced CODA standards and decide to whom they would refer a consumer for implant dental services?

Asked another way, how can you know what actual didactic and clinical implant training or experience any oral surgeon, periodontist, prosthodontist or endodontist has completed, assuming he or she graduated after implant standards were added to his or her postgraduate program? More to the point, can you conclude competency in implant dentistry merely because that clinician graduated from a CODA approved postgraduate program? Any objective dentist would concede that it couldn't be done, at least on the basis of any empirical evidence.

It may be time for candor, looking at the facts, and admitting that the CODA-approved argument is illusory, especially as it relates to implant dentistry. There are simply too many competitive forces working against a specialty in implant dentistry. On this point, I would again note that CODA recently rejected an application from the AAID to accredit postgraduate programs in implant dentistry. And that rejection is primarily based upon CODA's assertion of existing standards in postgraduate programs. It's time for the dental profession to take an objective look at CODA and the ABDS. Which entity really identifies competency in implant dentistry? One is based on empirical evidence and one is based upon subjective, generic, non-verifiable criteria.

Vague training standards in implant dentistry are really all about advertising as a specialist in implants and gaining a competitive advantage, not about achieving competency. The real implant specialist can easily be identified if one looks objectively at the credentials that have been verified.

Implant Dentistry Table 1: CODA STANDARDS

Definitions below common to all CODA Standards

- **Competent:** Having the knowledge, skills and values required of the graduates to begin independent, unsupervised specialty practice.
- **In-depth:** Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.
- **Understanding:** Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

2017 CODA Standards for programs in periodontics relative to dental implantology

4-10 The educational program must provide didactic instruction and clinical training in dental implants, as defined in each of the following areas:

4-10.1 In depth didactic instruction in dental implants must include the following:

1. The biological basis for dental implant therapy and principles of implant biomaterials and bioengineering;
2. The prosthetic aspects of dental implant therapy;
3. The examination, diagnosis and treatment planning for the use of dental implant therapy;
4. Implant site development;
5. The surgical placement of dental implants;
6. The evaluation and management of peri-implant tissues and the management of implant complications;
7. Management of peri-implant diseases; and
8. The maintenance of dental implants.

4-10.2 Clinical training in dental implant therapy to the level of competency must include:

1. Implant site development to include hard and soft tissue preservation and reconstruction, including ridge augmentation and sinus floor elevation;
2. Surgical placement of implants; and
3. Management of peri-implant tissues in health and disease.
4. Provisionalization of dental implants.

Intent: To provide clinical training that incorporates a collaborative team approach to dental implant therapy, enhances soft tissue esthetics and facilitates immediate or early loading protocols. This treatment should be provided in consultation with the individuals who will assume responsibility for completion of the restorative therapy.

2017 CODA Prosthodontic standards relative to dental implantology

Didactic Program

4-11 Instruction at in-depth level…Implants and implant

Therapy; Clinical Program:

4-22 Students/Residents must be competent in the placement and restoration of dental implants, including referral.

2017 CODA standards for Oral and Maxillofacial Surgery relative to dental implantology

4-8.1 Dental implant training must include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.

The preoperative aspects of the comprehensive management of the implant patient must include interdisciplinary consultation, diagnosis, treatment planning, biomechanics, biomaterials and biological basis.

The intraoperative aspects of training must include surgical preparation and surgical placement including hard and soft tissue grafts.

The post-operative aspects of training must include the evaluation and management of implant tissues and complications associated with the placement of implants.

Examples of evidence to demonstrate compliance may include:
Implant-related didactic course materials
Patient records, indicating interaction with restorative dentists

2017 CODA standards for Endodontics relative to dental implantology

4-10 The educational program must provide clinical and didactic instruction in:

a. Diagnosis and treatment of periodontal conditions and defects in conjunction with the treatment of the specific tooth undergoing endodontic therapy; treatment should be provided in consultation with the individuals who will assume the responsibility for the completion or supervision of any additional periodontal maintenance or treatment;
b. Placement of intraradicular restorations and cores in endodontically treated teeth; when the patient is referred, this treatment is accomplished in consultation with the restorative dentist;
c. Implant dentistry; and
d. Extrusion procedure

By Emil LA Svoboda PhD, DDS, FAAID, DABOI/IDS

The Old Dragons of Dentistry

Just like you, I have always been swamped by oodles of new information every day. As busy healthcare professionals, how do we separate all the noise from the important new information that can make implant treatment better? That would be a lot easier to do if we could develop a clearer picture of the mechanical and biological weaknesses inherent to implant treatment and how they manifest themselves as problems for our patients.

Research has always been an interest of mine. I graduated from the University of Toronto with a PhD in periodontal physiology, during which time I used an electron microscope to study the breakdown of collagen. There are more than 10 articles in the literature with my name on them, along with prominent scientists like Drs. Tony Melcher, Don Brunette, and Doug Deporter.

At the 2018 AAID Annual Conference in Dallas, I presented my research for both the Table Clinics and ePosters. The judges reviewed my research submissions and awarded me with prizes for my efforts: first prize for my Table Clinic and second prize for my ePoster. This was especially significant to me because the judges are experts in the field of dental implantology and they understood the practical and beneficial implications of my work.

Throughout my research efforts, I have developed a great appreciation for the awesome powers of small things, like cells and bacteria. Yes, cells can eat bacteria, but certain bacteria can be nasty and kill cells. They can cause gums to swell and bone to be lost from around teeth and dental implants. Yes, oral pathogens can be very nasty.

Some of our prosthesis installation techniques unwittingly create conditions that cause mechanical complications and create conditions that favor the growth of oral pathogens. My research has identified two root causes of complications that have frustrated the efforts of dentists for more than 100 years. I now call these root causes of complications the “Old Dragons of Dentistry.” My award-winning presentations at last year’s AAID Annual Conference clearly identify ways to tame them and reduce their ability to loosen implant parts and gnaw away dental tissues.

My research has identified two root causes of complications that have frustrated the efforts of dentists for more than 100 years. I now call these root causes of complications the “Old Dragons of Dentistry.”

The objective of our treatment should involve minimizing these known risk factors for treatment complications. In order to minimize these risk factors we need to understand their root causes.

Oral pathogens are about 1 micron in diameter; 8,000 of them can fit on the cross-section of a single hair and about 250 million of them can be stuffed into a single hair that is wrapped around the perimeter of a molar. Increasing space for oral pathogens in unmaintainable places on or under gingiva greatly increases their ability to overcome our bodies defense systems.

Unmaintainable spaces exist between misfit implant parts, under overhanging, and overextended margins, both in open margins and on remnants of subgingival cement. These unfavorable conditions are caused by our current prosthesis installation techniques. The objective of our treatment should involve minimizing these known risk factors for treatment complications. In order to minimize these risk factors we need to understand their root causes. For that, we need to identify and tame the Old Dragons of Dentistry.

Two Old Dragons of Dentistry are prosthesis dimensional error (PDE) and the gingival effects (GE). My Table Clinic research demonstrated how PDE causes misfit connections between implants and abutments and/or abutments and prosthetic connectors and/or between retainers and their attached prosthetics. It also explained how GE caused or exacerbated the problem of residual subgingival cement and open margins.

Which do you think is better? Misfit connections between implant parts or optimized fit of parts? Uncleanable overhanging, overextended and open margins or retainer-prosthesis complexes that have none of those problems? Submarginal cement with difficult to clean margins or no submarginal cement and easy to clean margins? I am sure you picked the right answers. But how do we get there?

My Table Clinic submission clearly shows how all the above-mentioned problems can be solved by choosing to use an installation protocol that optimizes the fit of all machined implant parts and an innovative custom abutment design that optimizes the biological complex, while preventing the occurrence of open margins and submarginal cement.

The innovative installation protocol involves installing all machined implant parts without the prosthesis attached. This step alone already reduces the PDE “dragon’s” bite. Then the innovative abutment design with the inflected margin tames the PDE dragon further by preventing overhanging, overextended and open margins, and submarginal cement.

This same abutment acts like a shield to prevent excess cement from being injected into the gingival space and redirects it out of the tissue spaces. It tames the GE dragon also responsible for subgingival cement and open margins. Yes, both dragons can and do cause open connections between implant parts, open margins under prosthetics, and submarginal cement.

In addition, this same custom abutment provides adjacent gingiva with a great biocompatible surface against which to attach and create a great biological barrier between subgingival tissues and the contaminated intra-oral environment. Made as a zirconia hybrid, this abutment is very esthetic while it optimizes the bodies defense against penetration by oral pathogens.

My ePoster described how the use of stock abutments can cause both open margins and residual subgingival cement. It suggested that stock abutments with subgingival margins are probably not the best choice for cemented prosthetics. Dentists need to reconsider their use and look for a safer alternative designed to reduce complications.

There you have it: a new system that is specifically designed to tame the Old Dragons of Dentistry. Now all you need to do is to make it available to your patients. I have found it very easy to convince patients to accept and pay for these new custom products that have great promise to make their lives better. The sooner you do that, the sooner you will be praising the appearance of healthy gingiva around your crowns and bridges, rather than spending time explaining why your patients need to suffer treatment for complications.

Dr. Svoboda can be reached at drsvoboda@rogers.com or www.ReverseMargin.com.

JOISAMPLER

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 45, Issue 3 (2019).

CLINICAL

Assessment of the Effect of Clinical Independent Risk Factors on Marginal Bone Loss in 2-Implant–Supported Locator-Retained Mandibular Overdentures

The objective of this study was to evaluate the effect of clinical parameters of gender, age, implant length, implant diameter, interimplant distance, and locator height on marginal bone loss in 2-implant–supported locator-retained mandibular overdenture prostheses in 6, 12, and 24 recall sessions after loading. Clinical and radiographic data of patients who were treated between January 1, 2014, and January 4, 2018, were retrieved from the archives. The clinical data of gender, age, implant length, implant diameter, and locator height were recorded. The mesial and distal marginal bone levels of all implants and interimplant distances were determined at baseline and at 6-, 12-, and 24-month recall sessions on panoramic radiographs in a computer program. Statistical analysis was used to evaluate the effect of implant length, implant diameter, gender, age, interimplant distance, and locator height on marginal bone loss at the 6-, 12-, and 24- month control evaluations. Among the aforementioned parameters, only the locator height had a major effect on the distal and mesial marginal bone loss (P , .05). Locators with a 4-mm height showed statistically significant distal and mesial marginal bone loss compared with locators with 2- and 3-mm heights in all control periods (P , .05). The locator with a 4-mm height generated more stress compared with locators with 2- and 3-mm heights, leading to marginal bone loss. The absence of oral hygiene evaluation was identified as a limitation of the study. Clinical parameters of gender, age, implant length, implant diameter, and interimplant distance did not seem to affect marginal bone loss in the study population of the current study.

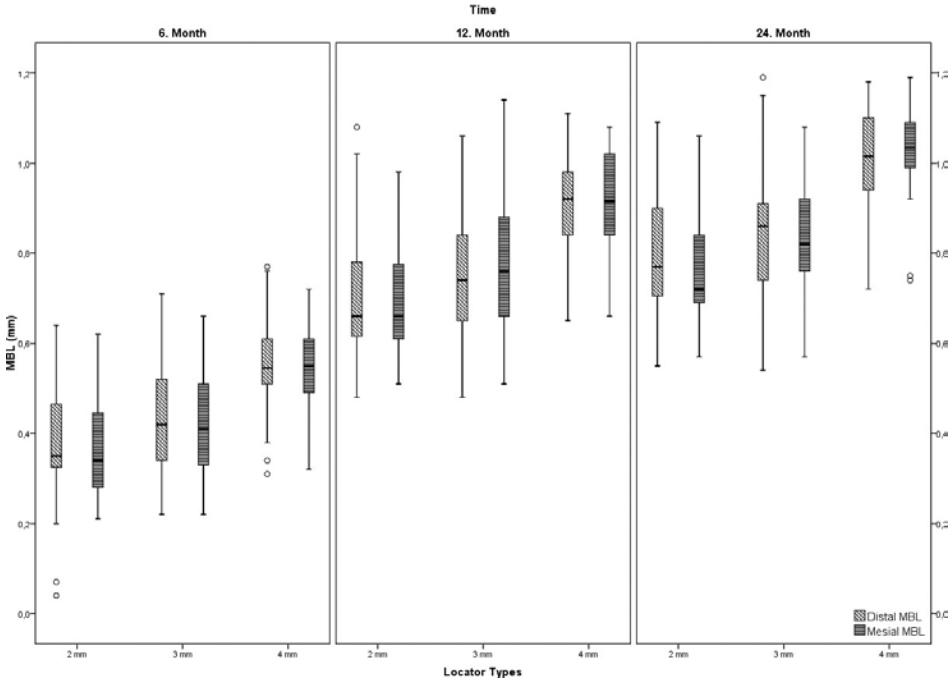

Figure 1. Box plot of the distal and mesial marginal bone loss values of locators with 2-mm, 3-mm, and 4-mm heights at 6-, 12-, and 24-month recall sessions.

Emre Mumcu, DDS, PhD, O¨mu¨ r Dereci, DDS, PhD, *Journal of Oral Implantology*. 2019 June; 45(3): 207-12.

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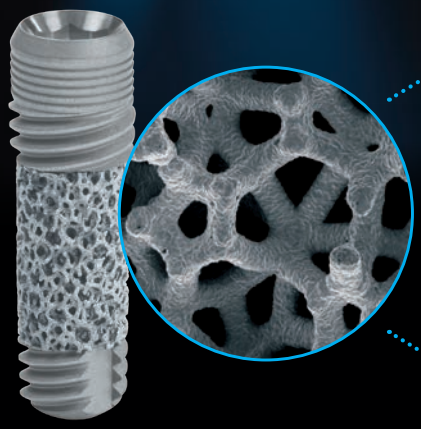

1 Rapid Recovery

Accelerate healing with a 2-week final loading protocol.[2]

2 Risk Management

Expand treatment in poor bone and impaired healing.[3]

3 Revision Therapy

Leverage the healing advantage in implant replacement.[1,3]

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1. Bencharit, S., et al. (2019). Comparing initial wound healing and osteogenesis of porous tantalum trabecular metal and titanium alloy materials. J Oral Implantol. 2019 Jan 21. [Epub ahead of print].
2. Schlee, M., et al. (2015). Immediate loading of trabecular metal-enhanced titanium dental implants: interim results from an international proof-of-principle study. Clin Implant Dent Relat Res 17 (Suppl 1): e308-320.
3. Tjaden A, Schlee M, van der Schoor P, van der Schoor A, Mehmke WU, Kamm T, Beneytout A, de Arriba CC, Bänninger L, Wen HB. Multicenter Studies of Porous Tantalum Trabecular Metal Implants: 4-Year Interim Results. Poster presented at Academy of Osseointegration, February 2016;San Diego, CA.

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RESEARCH

The Effect of Bio-Conditioning of Titanium Implants for Enhancing Osteogenic Activity

Early and effective integration of titanium-based materials into bone tissue is of vital importance for long-term stability of implants. Surface modification is commonly used to enhance cell-substrate interactions for improving cell adhesion, proliferation, and activity. Here, the surface of titanium substrates and commercial implants were coated with blood (TiB), fetal bovine serum (TiF), and phosphatebuffered saline (TiP) solution using a spin coating process. Surface roughness and wettability of samples were measured using contact angle measurements and atomic force microscopy. The samples were then exposed to human osteoblast-like MG63 cells in order to evaluate adhesion, growth, differentiation, and morphology on the surface of modified samples. Untreated titanium disks were used as controls. The lowest roughness and wettability values were found in unmodified titanium samples followed by TiP, TiF, and TiB. The percentage of cellular attachment and proliferation for each sample was measured using an MTT (3-[4,5-dimethylthiazol-2yl] 2,5diphenyl-2H-tetrazoliumbromide) assay.
Cell adhesion and proliferation were most improved on TiB followed closely by TiF. The results of this study revealed an increased expression of the osteogenic marker protein alkaline phosphatase on TiB and the coated commercial titanium implants. These results suggested that precoating titanium samples with blood may improve cellular response by successfully mimicking a physiological environment that could be beneficial for clinical implant procedures.

Mohadeseh Montazeri, MSc, Amir Hashemi, MSc, Behzad Houshmand, DDS, MSc, Shahab Faghihi, PhD, *Journal of Oral Implantology*.2019 June; 45(3): 188-95.

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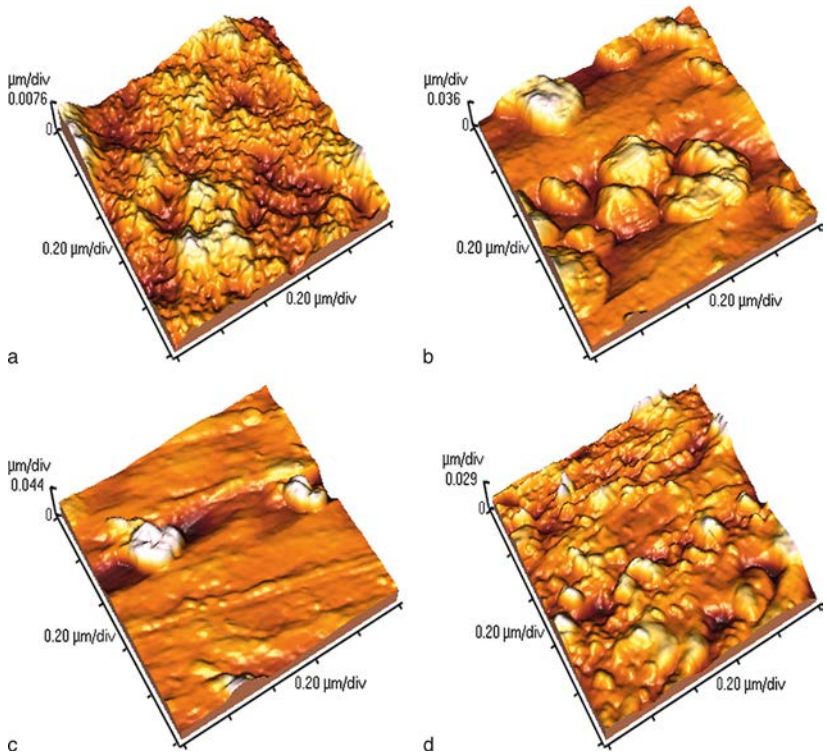

Figure 2A. Atomic force microscopy images and root mean square roughness values of (a) fetal bovine serum precoated titanium, (b) blood precoated titanium, (c) phosphate-buffered saline precoated titanium, and (d) control samples.

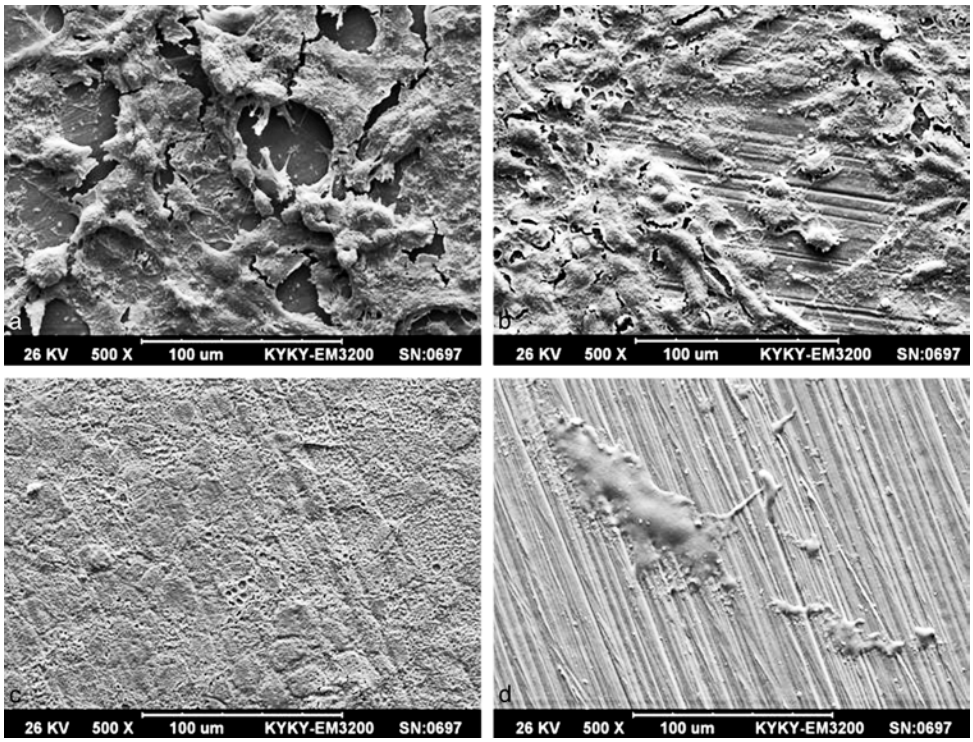

Figure 2B. Scanning electron microscopy images of MG63 cells cultured on titanium samples after 2 days of incubation: (a) blood precoated titanium, (b) fetal bovine serum precoated titanium, (c) phosphate-buffered saline precoated titanium, and (d) control.

JOI Sampler

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RESEARCH

Transient Heat Transfer in Dental Implants for Thermal Necrosis-Aided Implant Removal: A 3D Finite Element Analysis

Removal of osseointegrated but otherwise failed (mechanical failure, mispositioning, esthetics, etc) dental implants is a traumatic process resulting in loss of healthy bone and complicating the treatment process. The traumatic effects of implant removal can be reduced by weakening the implant-bone attachment. Thermal necrosis-aided implant removal has been proposed as a minimally invasive method toward this end. In this method, an electrocautery tip is contacted to the implant to increase the temperature to 478C and generate a limited and controlled thermal necrosis at the bone-implant interface. So far, no controlled studies have been performed to investigate the optimal clinical parameters for this method. In this study, we aimed to investigate, using finite element analysis method, the optimal settings to achieve intentional thermal necrosis on 3 implant systems, at 5 W and 40 W device power and with different size tips. The temperature increase of the implants at 40 W power was very sudden (<0.5 seconds) and as the bone reached 478C, the implants were at unacceptable temperatures. At 5 W power, temperature increase of the implants happened at manageable durations (<1 second). Moreover, the temperature increase was even slower with larger implants and larger tip sizes. Therefore, low power settings must be used for thermal necrosis-aided implant removal. Also, the size of the implant and the tip must be taken into consideration in deciding the duration of contact with the electrocautery tip and the implant.

Mustafa Gungormus, PhD, Guzin Neda Hasanoglu Erbasar, DDS, PhD, *Journal of Oral Implantology*. 2019 June; 45(3): 196-201.

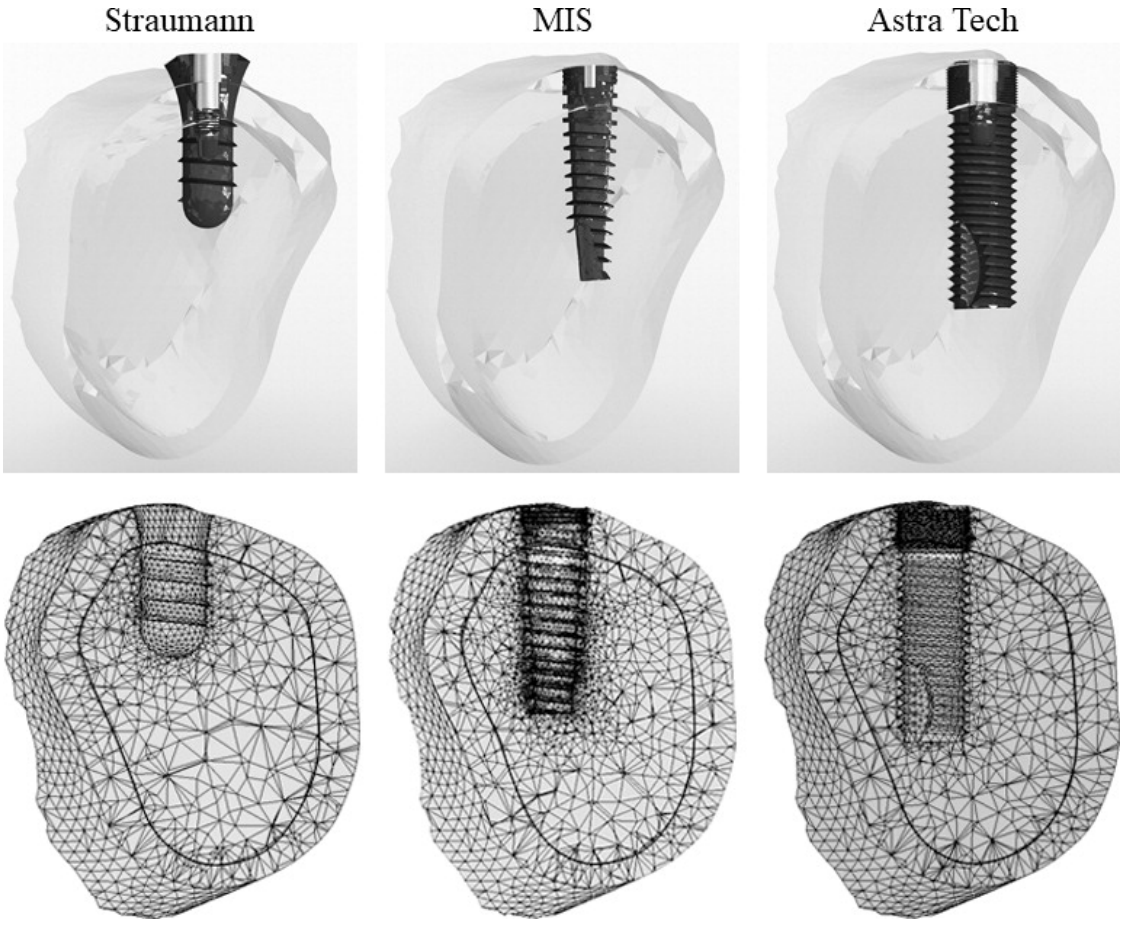
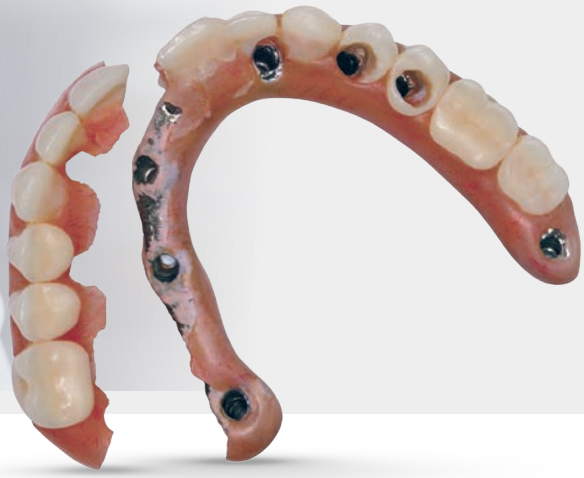


Figure 3. 3D renders and the distribution of elements and nodes with different implant systems.

continued on page 32

Tired of repairing **BROKEN HYBRID DENTURES?**



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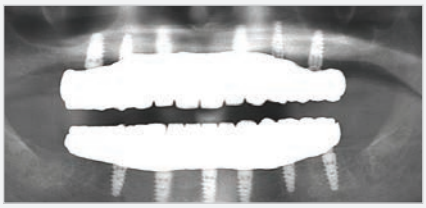

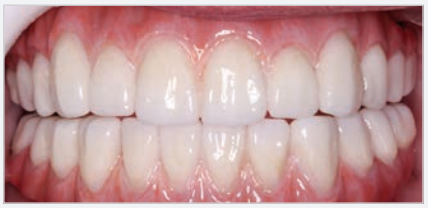

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-Clinical dentistry by Paresh B. Patel, DDS

*Price does not include multi-unit abutments, shipping or applicable taxes and may vary when original equipment manufacturer (OEM) components are requested or required. †Half of payment is due after first appointment; half is due at final delivery. **Warranty is provided to the prescribing dentist and is nontransferable. For complete warranty details go to glidewelldental.com/policies-and-warranties.

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JOI Sampler

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CASE REPORT

Accidental Swallowing of Dental Implant: Complication of Transnasal Endoscopic Removal From Maxillary Sinus

Transnasal endoscopic removal of displaced dental implants in the maxillary sinus can be done easily under local anesthesia. However, very little is known regarding the precaution of this technique. In this report, we present the case of a 63-year-old man who visited the otolaryngologic department with a displaced dental implant in the maxillary sinus. Transnasal endoscopic removal of the displaced dental implant was planned and performed. However, the displaced dental implant was lost during removal. The implant was not seen in the other parts of the nasal cavity nor in the other parts of the oral cavity. Finally, radiographs revealed the presence of the dental implant at the level of the esophagus, although the patient did not notice anything because of local anesthesia. Thus, we conclude that operators should take into account the possibility of aspiration or swallowing of an implant through the posterior nasal aperture during the removal procedure. Precautions should be taken to avoid the possibility of implant aspiration or implant ingestion.

Sung Ho Yoon, MD, Seunggon Jung, DDS, PhD, Taegu Kang, MD, Hyung Chae Yang, MD, PhD, *Journal of Oral Implantology*.2019 June; 45(3): 219-22.

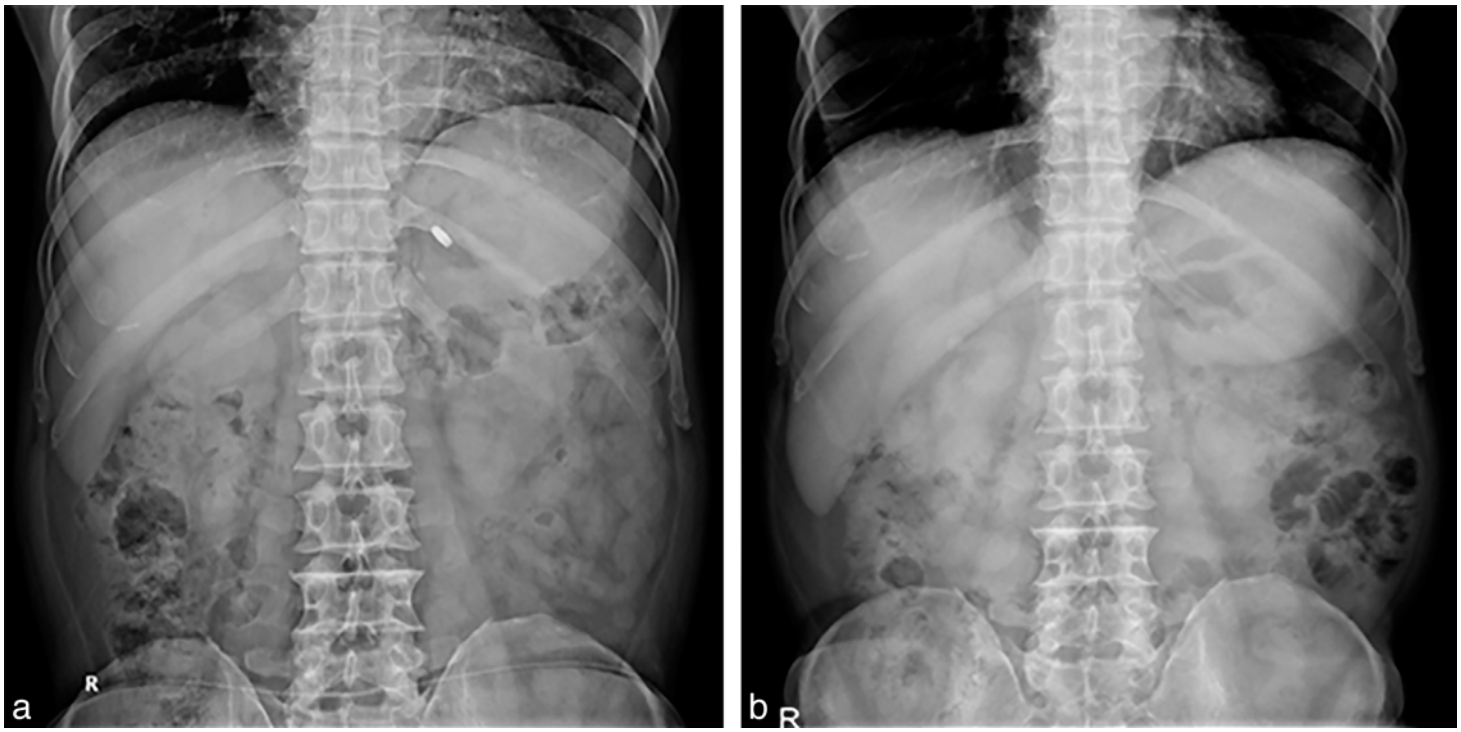

Figure 4. An immediate postoperative radiograph revealed a 1.36 3 0.6 cm well-defined foreign object in the left upper quadrant (a). However, no foreign body was detected in an abdominal X-ray that was taken 1 year later (b).

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1. Huwais S, Meyer EG. A Novel Osseous Densification Approach in Implant Osteotomy Preparation to Increase Biomechanical Primary Stability, Bone Mineral Density, and Bone-to-Implant Contact. Int J Oral Maxillofac Implants 2017;32:27-36
2. Lahens B, Neiva R,Tovar N,Alifarag AM, Jimbo R, Bonfante EA, et al. Biomechanical and histologic basis of osseodensification drilling for endosteal implant placement in low density bone.An experimental study in sheep. J Mech Behav Biomed Mater 2016;63:56–65.
3. Lopez CD,Alifarag AM,Torroni A, et al. Osseodensification for enhancement of spinal surgical hardware fixation. Journal of the mechanical behavior of biomedical materials. 2017;69:275-281
4. Trisi P, Berardini M, Falco A,Vulpiani MP. New osseodensification implant site preparation method to increase bone density in low-density bone: In vivo evaluation in sheep. Implant Dent 2016;25:24–31.

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AAID Annual Conference Preview

Join Us in Las Vegas This Fall

The AAID cordially invites you to join us for the 68th Annual Conference in Las Vegas for "Synergy and Success," to be held October 23 to 26, at the ARIA Resort & Casino. This year's conference promises the same high-quality continuing education, innovative perspectives, and cutting-edge technology the AAID has been providing for the past six decades. But we also have many new approaches to delivering the education, networking, and camaraderie during the Annual Conference.

Synergy and Success: One topic, two perspectives

This year's conference is focused on the power of collaboration and understanding others' perspectives as a way to innovate and approach implant dentistry in a new way. The Main Podium sessions this year feature two speakers sharing their individual perspectives on one topic, offering insights and varying approaches on similar topics. Check out the list of topics and speakers we have in store:

WEDNESDAY, OCTOBER 23

Has Implant Dentistry Improved in the Last 15 Years?
Speakers: Jaime Lozada, DMD, FAAID, DABOI/ID; Brian Goodacre, DDS, MSD; Charles Goodacre, DDS, MSD

Treatment Planning: A Retrospective Analysis
Speakers: Jennifer Doobrow, DMD; David Hill, Jr., DDS

Reproducible Formulae for Treatment Planning the Restorative Space
Speakers: Paul Schnitman, DDS, MSD, FAAID, DABOI/ID; Scott MacLean, DDS

THURSDAY, OCTOBER 24

Esthetic Immediate Tooth Replacement: 22 Years of Fact and Fiction
Speakers: Joseph Kan, DDS, MS, AFAAID; Phillip Roe, DDS, MS

Technology and Surgical Innovations: Reducing the Risks and Improving the Esthetic Outcomes in Implant Dentistry
Speakers: Sonia Leziy, DDS; Brahm Miller, DDS, MS

Alternatives to Surgical Bone Augmentation in the Esthetic Zone
Speakers: Maurice Salama, DMD, MS; David Garber

FRIDAY, OCTOBER 25

Reconstruction of Patients with Anterior Maxillary Bone and Soft Tissue Defects
Speakers: Istvan Urban, DMD, MD, PhD; Nicola Pietrobon, CDT

Fully Guided Full-Arch Immediate Implant Reconstruction: 2019
Speakers: Michael Pikos, DDS, FAAID, DABOI/ID; Lindsey Pikos Rosati, DDS

Use of the Zygoma Implant--Should It Be the First Choice?
Speakers: Jay Neugarten, DDS, MD; Frank Tuminelli, DMD

Emerging Experts Panel: The future of implant dentistry

In addition to hearing from leaders in the field, this year's annual conference is giving up-and-coming implant leaders a chance to share their research and ideas. Check out some of the sessions and add these sessions to your conference schedule!

Airway and Implant Dentistry
Speaker: Jerry Hu, DDS, AFAAID

Dental Implants Prognosis: A Synergistic Concept
Speaker: Babak Najafi, DDS, MDS

A Novel Bioresorbable Graft Biomaterial and Anabolic Bone Drug Complex for Maxillofacial Bone Regeneration
Speaker: Zeeshan Sheikh, BDS, MSC, PhD

How Different Abutment Connections Can Affect Peri-implant Soft and Hard Tissue
Speaker: Mohamed Bissar, BChD, MD, PhD, AFAAID

continued on page 42

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15	Tatum Integrity Implants	$2625.00	$2625.00
1	Traus Implant Motor with 20:1 Handpiece	$2500.00	
	-or -		
1	Traus Implant Motor with 20:1 Optic LED Handpiece		$3000.00
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	Our price for new clients:	**$5200.00**	**$5700.00**

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Congratulations to the Class of 2019 from the American Academy of Implant Dentistry!

Every year, accredited dental programs refer an outstanding pre- and/or post-doctoral dental student who demonstrates great interest, academically and clinically, in implant dentistry. The award serves as recognition of students' achievements, as well as provides the opportunity for the winner to advance their skills and knowledge within the field of implant dentistry. Winners receive complimentary membership and registration to an educational meeting of their choice. Look out for these future dental implantologists!

2019 Dental Student Award Winners

Pre-Doctoral Award

Jordan Antetomaso, DMD, University of Pittsburgh School of Dental Medicine
Luke R. Bessmer, University of Nebraska Medical Center College of Dentistry
Navdeep Bharj, DDS, University of Alberta
Igor Borisov, Midwestern University College of Dental Medicine-Arizona
Jordan Bronstein, DMD, Medical University of South Carolina
William Callaway, DMD, Dental College of Georgia, Augusta University
Taranvir Cheema, DDS, University of California, San Francisco School of Dentistry
Jason Diep, DMD, Western University of Health Sciences College of Dental Medicine
Jeffrey Donatelli, DMD, Temple University Maurice H. Kornberg School of Dentistry
Steven Elliott, University of Texas Health San Antonio School of Dentistry
Keyshla Escobar, DMD, School of Dental Medicine, Medical Sciences Campus, University of Puerto Rico
Joseph Finelli, DDS, West Virginia University School of Dentistry
Amy Full, DDS, University of Minnesota School of Dentistry
Marti J. Gabriella, Boston University Henry M. Goldman School of Dental Medicine
Autumn Gray, DDS, Marquette University School of Dentistry
Joseph Gulko, DDS, Columbia University College of Dental Medicine
William Handt, DDS, Indiana University School of Dentistry
Christopher Havlik, DMD, Southern Illinois University School of Dental Medicine
Hui Huang, Harvard School of Dental Medicine
Charles Huffman, University of Mississippi School of Dentistry
Solange Johnson, DDS, Meharry Medical College, School of Dentistry
Naru Kang, DDS, New York University School of Dentistry
Malik Muhammad Zeeshan Khan, DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry
Wanjin Kim, DMD, University of Connecticut School of Dental Medicine
Helen Kim, University of Illinois at Chicago College of Dentistry
Justin James Kirkwood, DMD, University of Pennsylvania, School of Dental Medicine
Jonathan Light, DMD, Case Western Reserve University School of Dental Medicine
Andrew G. Lum, DMD, Tufts University School of Dental Medicine
Corinna Ma, DMD, Oregon Health & Science University
Sufian Mahmoud, DMD, Rutgers School of Dental Medicine
Audrey Mayrand, Université de Montréal - Faculté de Médecine Dentaire
Jordan Mays, University of North Carolina Chapel Hill, Adams School of Dentistry
Devon McClurg, DMD, University of Nevada Las Vegas School of Dental Medicine
Shaughn McCormick, Missouri School of Dentistry & Oral Health
Lance McGavin, University of Utah School of Dentistry
Ariana Mendel, DDS, University at Buffalo
Austin Moon, DDS, Virginia Commonwealth University School of Dentistry
Grace Moore, The University of Iowa College of Dentistry and Dental Clinics
Jorden Mortensen, DMD, Roseman University College of Dental Medicine
Frankie Ngo, DMD, Midwestern University
Jonathan Odinsky, DDS, Stony Brook School of Dental Medicine
Frédérique Ouellet, Université Laval
Raul Perez, DMD, University of Florida
Isaac Peterson, DDS, University of Oklahoma College of Dentistry
Rodion Pinkhasov, DMD, Nova Southeastern University, College of Dental Medicine
Brian Poore, University of Tennessee Health Science Center
Daniel Richmond, DMD Degree, McGill University
Lindsey Roberts, DMD, University of Alabama at Birmingham School of Dentistry
Stephen Siew, DDS, University of Washington
Amy Stephenson, DDS, The University of Texas School of Dentistry in Houston
Alexandra Steury, DMD, University of Kentucky College of Dentistry
Samantha Thomas, DDS, University of Missouri-Kansas City
James Wen Tian Yan, DDS, Texas A&M College of Dentistry
Jeffrey Toler, Louisiana State University Health New Orleans School of Dentistry
Megan Utter, DDS, University of Michigan School of Dentistry
Scott Welling, DDS, The Ohio State University College of Dentistry
Jenna Windell, DMD, University of Louisville School of Dentistry
Jason Wong, DMD, College of Dentistry, University of Saskatchewan
Alexander Yaldoo, DMD, Arizona School of Dentistry & Oral Health

Post-Doctoral

Benjamin Hostetter, DDS, Creighton University School of Dentistry
Charles Pham, Harvard School of Dental Medicine
Devin Rourke, DDS, University of Colorado School of Dental Medicine

Slate of Officers

The AAID Nominating Committee, chaired by Dr. David Hochberg, presents the following slate of officers for consideration at the AAID 2019 Annual Business meeting on Saturday, October 26, during the 68th Annual Conference.

President
Bernee Dunson, DDS, FAAID, DABOI/ID
(Automatic succession from President-Elect)

President-Elect
Adam Foleck, DMD, FAAID, DABOI/ID

Vice President
Brian Jackson, DDS, FAAID, DABOI/ID

Treasurer
Shane Samy, DMD, FAAID, DABOI/ID

Secretary
Edward Kusek, DDS, FAAID, DABOI/ID

In accordance with Article IX, Section 7 of AAID's Bylaws, members not nominated by the Nominating Committee may be nominated by petition as follows: "3) Nothing herein contained shall prevent voting members from nominating a candidate provided that the nomination petition is submitted to the chairman of the Nominating Committee or that person's designee at least 30 days in advance of the election at the Annual Meeting for distribution to the voting membership at least 21 days in advance of the election. "4) A nominee not announced by the Nominating Committee must include the signatures of at least 5 percent of the voting membership on the petition. "5) The Committee shall obtain a disclosure statement from each candidate nominated by the Committee or by petition and make this information available to the voting members."

Meet Edward Kusek, DDS, FAAID, DABOI/ID

Dr. Edward Kusek has a private practice in Sioux Falls, SD, and has served his community for more than 35 years. He received his dental degree from the University of Nebraska College of Dentistry in 1984. Dr. Kusek is an AAID Fellow and a Diplomate of the American Board of Oral Implantology/Implant Dentistry, as well as an AAID Honored Fellow.

He has served on multiple committees for AAID, including the Admissions and Credentials (A&C) Board, A&C Examiners, and the Annual Conference Committee. Additionally, he has been an officer for the Central District since 2012 and a member of the AAID Board of Trustees since 2018. He is a member of the American Dental Association, Academy of General Dentistry, International Affiliation of Tongue-tie Professionals, and Academy of Laser Dentistry. He and his wife, Jody, have been married for 36 years. He has three kids, Adam, Amanda (a dental hygienist who works in the practice) and Alex (a dentist), and five grandchildren. He enjoys distance running, golfing and traveling as well as cheering for the Nebraska Cornhuskers football team.

There is still time to donate to the AAID Foundation Silent Auction

The AAID Foundation is preparing for its Annual Foundation Auction at the AAID 68th Annual Conference being held at the Aria Resort & Casino Las Vegas from October 23 to 26, 2019.

In the past few years, through generous donation the Auction has raised over $1,00,000 to support research grants, student scholarships as well as the AAID's Wish-A-Smile and Smile, Veteran! programs.

There's still time to donate an educational course, Maxi Course, implant materials, instruments, vacation packages, tickets to major sporting events or other items to the Auction.

To secure your space, email us at Foundation@aaid.com with the subject line *Auction* or call 312-335-1550 with any questions you may have. You may also submit your donation on online through the link bit.ly/aaid-silent-auction by October 4, 2019.

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Dr. Mahesh Verma Becomes Vice Chancellor

The AAID congratulates Dr. Mahesh Verma on his appointment of Vice Chancellor of Guru Gobind Singh Indraprastha University (GGSIPU), in Delhi, India, on August 14, 2019. Dr. Verma was awarded the AAID International Dentist of the Year in 2017.

Dr. Verma is the former director and principal of Maulana Azad Institute of Dental Sciences (MAIDS). The government of India awarded him the Padma Shri, the fourth highest civilian award, for his contributions to the fields of medicine.

He helped to develop MAIDS from a dental school of meager proportions into a Center of Excellence with a daily count of more than 1,500 inpatients. He is a WHO Fellow and was teaching healthcare management at FMS, University of Delhi, and is actively involved in institutional projects of the Council of Scientific and Industrial Research (CSIR) and Indian Council of Medical Research (ICMR). One of his projects is the development of indigenous dental implants involving Indian Institute of Technology and the CSIR.

Dr. Verma is the former President of the Indian Dental Association and was also Vice President of the Dental Council of India. He is former President of the Indian Prosthodontic Society and the President-Elect of Indian Society for Dental Research (IADR-Indian Division).

Dr. Verma has been designated a fellow of several organizations, including the American College Of Dentists, the International College of Dentists, the Pierre Fauchard Academy, the American Academy of Implant Dentistry, the National Academy of Medical Sciences, the International Medical Sciences Academy, the Royal College of Surgeons of England, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons, Faculty of General Dentistry Practice.

President's Message

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Our sincerest gratitude to Dr. Dominique Rousson (Chair) and the Education Oversight Committee (EOC) for their careful review and thoughtful enhancements to ensure that all of our meetings are exciting and compliant for our CE credits.

We also always look forward to the induction ceremony of our newly credentialed AAID Associate Fellows and Fellows at our Annual Meeting. Dr. Mario Cabianca, Chair, and the Admissions and Credentialing (A&C) Committee are highly deserving of our thanks and appreciation in setting and elevating the bar in Implant Dentistry. Congratulations to all of the successful candidates for your hard earned and well-deserved credential! We are proud to have you join our Academy as a credentialed member.

Lastly, we've had some staff changes at the Central Office. Our new Interim Executive Director is no stranger to our Academy, Mr. Afshin Alavi. Welcome back Afshin, we are very grateful to you for stepping in. Please also join me in welcoming Ms. Marilyn Mages, our new Director of Marketing and Membership, Mr. Jon Sprague, our new Director of Credentialing, Ms. Barb Tieder, our new Foundation Staff Director, and Ms. Kim Williams, our new Membership Manager. Be sure to reach out to all of them at our Annual Meeting!

I hope to see all of you at our Annual Meeting for high-level education, reconnecting with friends and meeting new ones! **Let's *Synergize for Success*** and be sure to check aaid.com/aaid2019 for up to date information.

ABOI/ID Highlights 2019 Diplomates

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

- Daniel F. Abell, DMD, Paducah, KY
- Sam Akhrass, DDS, Lenoir City, TN
- Yazeed Alqarni, DDS, Redlands, CA
- Tarek Assi, DMD, Coral Springs, FL
- Alfons Bucaj, DMD, Vero Beach, FL
- Frank A. Caputo, DDS, Cudahy, WI
- Joey T. Chen, DDS, Taipei, Taiwan
- Ravi V. Doctor, DDS, Pantego, TX
- Nathan S. Doyel, DMD, Sherwood, OR
- David W. Epstein, DDS, Novato, CA
- Luis J. Fornaris, DMD, Miami, FL
- Allen A. Ghorashi, DDS, Ramsey, NJ
- Michael Gillis, DDS, Halifax, Nova Scotia, Canada
- Kamran Haghighat, BDS, Portland, OR
- Mohamed M. Hindy, DDS, MS, Darien, IL
- Sarah Jockin, DDS, Lutz, FL
- Mohamad Koutrach, DDS, Houston, TX
- Andrew M. MacConnell, DDS, Bluff City, TN
- Joshua C. Muir, DDS, Billings, MT
- Pierre Obeid, DDS, Leamington, Ontario, Canada
- Peter L. Ricciardi, DDS, Reno, NV
- Edward Ruvins, DDS, Greenwood Village, CO
- Rami Salloum, DDS, Bethlehem, PA
- Maungmaung R. Thaw, BDS, Milpitas, CA
- Tye A. Thompson, DDS, Midland, TX
- Janice J. Wang, DDS, Moraga, CA
- Christopher K. Ward, DDS, Owasso, OK
- Tamir Wardany, DDS, San Francisco, CA

AAID Annual Conference Review

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Dental Implant TEAM Network: Something for everyone

This year's conference once again will feature sessions for every member of the implant team, including hygienists, administrative team members, dental assistants, and laboratory team members. Thursday, October 24, features a day of team-centered sessions, and Friday, October 25, has breakout sessions for each member of the team. Get a glimpse of the courses in store for your team:

The Implant Patient: The Impact of Proper Systems and Customer Service from the Moment They Enter the Practice to Case Completion
Speakers: Jyoti Srivastava, DDS, MS; Adam Foleck, DMD, FAAID, DABOI/ID

Case Presentation: The Team Approach Is Essential to the Implementation of an Effective Patient Journey
Speakers: Steven Bongard, DDS; Michelle Ryckman

Synergy Between the Dental Office and Dental Lab
Marshall Fagin, DDS; Roldolf Ghoubrial, RDT

Be a Hero:
Keynote speaker Kevin Brown
This year's keynote speaker is not to be missed! Kevin Brown will be speaking about The Hero Effect: Being Your Best When It Matters the Most! Kevin's unconventional path to business and personal success has taught him that winning in business and in life requires anything but conventional thinking.

He grew up in Muskegon, Michigan where his blue collar roots taught him the value of hard work and determination. His resume includes an eclectic mix of career stops that ultimately led him to the purchase of a franchise at the age of seventeen.

With a street-wise aptitude and a never quit attitude, he worked his way from the front lines in business to the executive boardroom. For the past seventeen years he has been part of a leadership team that has grown a little known brand into an industry giant with annual revenues exceeding one billion dollars.

Kevin is on a mission to help people and organizations embrace a simple philosophy that separates world class organizations and high performance people from everybody else. He is passionate about helping people expand their vision, develop their potential and grow their results. And, as the father of an autistic child he knows firsthand how the principles of true success reach beyond the boardroom and into the lives of real people facing the challenges of everyday life.

Kevin is a marketing executive for an international franchisor that is ranked #1 in their industry and in the top 10 of all franchise companies according to the Annual Franchise 500. In addition to his corporate responsibilities, Kevin is also a highly sought after keynote speaker. He has had the privilege of speaking to a wide variety of organizations including Siemens, State Farm, Country Financial, Bristol-Myers Squibb, Northwestern Mutual, Delta Airlines and The Boy Scouts of America to name just a few.

Viva Las Vegas: Social events at the Annual Conference

We have many social events planned to give you the opportunity to network, collaborate, and connect with new and old friends alike! Check out the social events below.

WEDNESDAY

First-Time Attendee and Student Meet-Up
Noon to 12:30 p.m.
Start growing your professional network with others attending the conference. Find a conference buddy and make plans to re-connect throughout the busy days of programming.

Welcome Reception
6 to 8 p.m.
Reconnect with old friends and make a few new ones in a relaxed atmosphere. Mingle while enjoying light appetizers and two complimentary drinks. Sponsored exclusively by Neodent.

THURSDAY

Implant World Expo Reception
5:30 to 7 p.m.
Network with colleagues and develop relationships with the suppliers who help make your practice successful! Light appetizers and two complimentary drinks are provided. Children younger than the age of 12 will not be allowed in the Exhibit Hall.

FRIDAY

First-Time Attendee and Student Meet-Up
Noon to 1:30 p.m.
Re-connect with colleagues you met at Wednesday's meet-up and discuss your favorite parts of the conference so far. AAID leadership will join in the conversation as you head into the last days of he conference.

Women in Dentistry Reception
5:30 to 6:30 p.m.
Meet colleagues who share similar experiences during an event of fellowship and fun. Light appetizers and complimentary drinks will be provided.

SATURDAY

President's Reception and Celebration
6 p.m. to midnight
Join AAID President Dr. Natalie Wong for a vibrant celebration to close the AAID 68th Annual Conference. After enjoying hors d'ouevres and a hosted bar at the reception, honor the accomplishments of newly credentialed members and award recipients followed by an exceptional dinner. Live music will be provided to get everyone on their feet! This is an event you won't want to miss!

For more information about the Annual Conference and to register, visit aaid.com/annual.

We can't wait to see you in Las Vegas this fall!

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newmembers

The AAID is pleased to welcome the following new members who joined between April 19, 2019 and September 9, 2019 . The list is organized by state, with the new member's city included. International members are listed by country, province (if applicable), and city. (If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of AAID News.)

UNITED STATES

Alabama
Lindsey Roberts, Birmingham
Sonya White, Mobile

Arizona
Igor Borisov, Tempe
David Poelman, Chandler
Nastassija Voyich, Gilbert
Feras Ziadat. Gilbert

California
Jerhet Ask, Jackson
Taranvir Cheema, Turlock
Emmanuel Delagrammaticas, San Marcos
Omar Espinosa, San Diego
Michael Fleming, San Diego
Craig Hirasawa, Sherman Oaks
Richard Howes, Livermore
Kennie Kwok, San Diego
Quang Le, San Marcos
Jason Lee, Upland
Andrew Lum, San Jose
Shahanshah Manzoor, Fremont
Joseph Meade, Benicia
David Perez, Covina
Kevin Pham, Stockton
Sean Pierce, Tustin
Kostantinos Pries, San Jose
Mehran Raza, San Diego
Cynthia Scheines, Cerritos
Maritone Suansing-Olaer, Los Angeles
Phan Truong, Milpitas
Doug Wong, Dublin

Colorado
Autumn Gray, Denver
Scott Kissinger, Highlands Ranch
Shaughn McCormick, Boulder
Kevin Moore, Louisville
Brian Poore, Denver
Andre Shook, Greenwood Village
Paul Smith, Colorado Springs

Florida
Kendall Frazier, Jacksonville
Ariana Koehler, Fort Myers
Joan La Salvia, Weston
Matthew Lasorsa, Hernando
Anthony Miller, Jacksonville
Rodion Pinkhasov, Pantation
Marie Pollard, Palm Beach Gardens
Stephanie Tilley, Pensacola
Sean Williams, Gainesville

Georgia
Mark Moore, Gainesville
Mason Sawyer, Loganville
Tyrous Ward, Augusta

Idaho
Steven Elliott, Mountain Home

Illinois
Kevin Boehm, Hoffman Estates
Derek Briordy, Cary
Christopher Havlik, Champaign
Alec Joy, Lisle
Joseph Kim, Sugar Grove
Lance McGavin, O'Fallon

Indiana
Michael Tillery, Indianapolis

Louisiana
Caylin Frye, Metairie
Mary Rachal, Monroe
Ryan Rachal, Monroe
William Raymond, Monroe

Massachusetts
Hui Huang, Boston

Maine
Kevin Wright, Ellsworth

Michigan
Alexander Alkass, Waterford
Scott Forsmark, Cheboygan
Kristen Miller Lauzon, Ann Arbor
Jonathan VanDenburgh, Lawton

Minnesota
Amy Full, Marshall

Missouri
Blake Ferando, O'Fallon
Michael Hollingsworth, Saint Joseph
Lana Krause, Jefferson City
Vikaskumar Patel, Laurel
Mazen Sultan, St. Peters

North Carolina
Jonathan Dawson, Winston-Salem
Michael DeFee, Wilmington
Farahnaz Fahimipour, Chapel Hill
Tyler Lockney, Concord

Nebraska
Aktham Adams, Lincoln

New Jersey
Steven Levenbrook, Wayne
Sufian Mahmoud, Woodland Park
Tharani Theivakumar, Princeton

Nevada
Jackie Kim, Las Vegas
Matthew Matteucci, Las Vegas

New York
Jordan Antetomaso, Webster
Thomas Clemente, Amherst
Bahram Danaei, New York NY
Glacendy Espinosa, New York
Naru Kang, New York
Jonathan Odinsky, West Henry
Ruth Schmuelian, Great Neck
Radhika Thakkar, Webster

Ohio
David Harris, Stow

Oklahoma
Isaac Peterson, Moore
Michael Woodhead, Broken Arrow
Colin Young, Cushing

Oregon
Daniel DeCillis, Ashland
Daniel Reynolds, Corvallis

Pennsylvania
Stephen Brand, Forty Fort
Charles Carpenter, Forty Fort
Robert Dollfus, Phoenixville
Jack Fitzgerald, Berwyn
David Palo, Erie

Puerto Rico
Roberto Ubinas, Guayama

Rhode Island
Charles Pham, Providence

South Carolina
Brett Shigley, Greenville

South Dakota
Josh Brower, Sioux Falls

Tennessee
Solange Johnson, Clarksville

Texas
Thomas Ahn, Houston
Jesus Espino, Pleasanton
Roy Joseph, Sugarland
Ashok Kota, Sugarland
Edward Kwon, Frisco
Brian Leong, Irving
Thomas McConnel, Austin
Kyle Mortensen, Kingwood
Justin Ross, Tyler
Devin Rourke, Fort Worth
Alison Scott, Houston

Utah
Rodney Andrus, Saint George
Matthew Bender, Salt Lake City
Chase Benson, Sandy
Cameron Call, Lehi
Kelly Carlisle, Bountiful
Dennis DeLoach, Eagle Mountain
Kurt Ericksen, Saratoga Springs
Anthony Escobar, Riverton
Tanner Perry, Provo
Derek Preble, Salt Lake City
Cindy Rask, Salt Lake City
Nicholas Rowley, South Jordan
Nathan Starley, Ogden
Michael Thomas, South Jordan

Virgina
Irtiza Abbas, Chesapee
Austin Moon, Danville
Renuka Rao, Ashburn

Vermont
Matthew Giulianelli, South Burlington

Washington
Pedraum Heydari, Kent
Stephen Siew, Seattle

Wisconsin
Amanda Scott, Green Bay

West Virginia
Joseph Finelli, Morgantown

CANADA

Alberta
Navdeep Bharj, Fort McMurray
Jaspreet Sandhu, Red Deer
Adam Woods, Grande Prairie

British Columbia
Vikram Boparai, Langley
Jocelyn Shih, Fort St John
Jung Min Yeon, Surrey

Ontario
Yolanda Cruz, Toronto
Amir Guorgui, Woodbridge
Abid Jaffer, Mississauga
Anna Krendler, Toronto
Azhar Pardhan, Gloucester

INTERNATIONAL

Australia
Boram Park, Belconnen

Bahrain
Jincy Dilip, Manama
Brindha Rukmangathan, Riffa

Bangladesh
Mahfuzul Islam, Shamoly, Dhaka

China
Xianli Cao, Huangshi
Ping Chen, Mongzi City, Honghe Zhou
Qinghua Chen, Wuhan
Xianli Chen, Fuzhou
Xiaobing Chen, Guangzhou
Long Cheng, Nanchang
Shupeng Deng, Luoyang
Cheng Du, Jingmen
Xin Fan, Luoyang
Yonghong Ge, Tianjin
Jian Gong, Shanghai
Yajun Gu, Hangzhou
Chenggang Huang, Shanghai
Ruitao Huang, Wenzhou Rui'an
Shigui Huang, Wenzhou Rui'an
Jiaqi Jiang, Shanghai
Chengnan Jin, Qing Dao,
Ting Jin, Shanghai
Zhaoyu Ju, Cheng Du
Jian Kang, Shanghai
Yibo Ke, Guangzhou
Manpo Li, Kunmin
Qisen Li, Zanjiang
Qiumin Li, Shanghai
Sha Li, Ningbo
Hongjun Liang, Hangzhou
Jianxun Liu, Shanghai
Jihong Liu, Zhongqing
Josh Liu, Shanghai
Junli Liu, Ganzhou
Chenghua Lu, Kunmin
Lingjun Lyu, Shanghai
Lie Ma, Shanghai
Yi Man, Shanghai
Cheng Qi, Luoyang
Jian Qi, Beijing
Yunyue Su, Guangzhou
Lifang Tang, Hangzhou
Xu Wang
Xudong Wangn, Cheng Du
Changlong Xia, Nanchang
Jingjun Xia, Ezhou
Lulu Xu, Ningbo
Guang Yang, Guangde
Lian Yao, Tianjin
Zhizhen Ye, Hangzhou
Guangna Yue, Shanghai
Yuzhu Zeng, Zhanjiang
Yiwen Zhang, JiuJiang
Zheng Zhao, Tianjin
Changhao Zheng, Maoming
Dongfeng Zhou, Guangzhou

continued on page 46

INTERNATIONAL (Cont.)

China
Ming Zhou, Beijing
Quan Zhou, Hangzhou
Huajie Zhu, Hangzhou

India
Vedika Anand, Gurgaon
Hamed Atashpanjeh, Bangalore
Swapnil Chincholikar, Jabalpur
Mohammed Fazil, Bangalore
Pegah Heidarvand, Bangalore
Pegah Heidarvand, Bangalore
Rana Javeria, Bangalore
Naziya Kauser, Bangalore
Sri Konuru, Hyderabad
Lakshmikanth Krishnappa, Bangalore
Subhash Kummari, Hyderabad
Syed Peeran, Chennai
Rahul Raj, Ernakulam
Nisha Rajan, Karunagapally
Sameer Shajahan, Kollam
Bibi Sumayya, Bangalore
Ameer Unnisa, Bangalore
Krithi Venkataraman, Hyderabad
Shashank Vijapure, Sangli

Iraq
Khaleel Rawaa, Mosul

Japan
AbdulRazzaq Beneessa, Tokyo
Akihisa Iida, Nagoya
Daizo Ishiguro, Nagoya
Akimasa Kawakami, Toyokawa
Hiroki Kato, Nagoya
Yuka Kohashi, Kawaguchi
Yusuke Kondo, Ise
Hirotaka Morii, Odawara
Yuki Osawa, Seto
Yutaka Shimizu, Kasugai
Takamitsu Shiroyama, Osaka
Kazuma Sugiyama, Toyoake
Yoko Suzuki, Gamagori
Hidetoshi Takeshita, Fukui
Noriyukia Uneo, Akashi

Mexico
Ociel Ortega, Guarneros, Apizaco

Oman
Shylesh Nair, Muscat

Philippines
Jun Ryan Bacho, Quezon City

Qatar
Khaled Alyousef Doha, DA

Romania
Alexei Cojocaru, Brasov

Saudi Arabia
Abdulmoniem Alkhamis, Alahsa, Eastern
Tayseer Hamadeh, Dhahran, Estren
Yahya Kariri, Jeddah
Ahmad Zidan, Riyadh

Singapore
Smita Ashok, Singapore
Gerald Tan, Singapore

Slovenia
Zvonimir Katic, Leskovec pri Krskem

South Korea
Kim Boyeon, Songpagu
Dae Young Eom, Chungcheongnam-do
Dongbaek Jin, Jeollanam-do
Jiwon Kang, Gyeonggi
Jisu Kim, Jeollanam-do
Jin Hwan Park, Gwang-ju Jollanam-do
Junho Rhee, Gyeonggi-do

Switzerland
Aneta Lakomska, Geneva

Thailand
Oraphan Rungrojwittayakul, Bangkok

United Arab Emirates
Samer Alhakim, Abu Dhabi
Rawand Naji, Abu Dhabi

New Student Members

It's never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. The AAID electronic membership, open only to dental students, has been in place for several years, and we currently have more than 1,000 student members who are entitled to online access to AAID information and resources. The following is a list of new student members who joined between April 1 and September 9, 2019.

Aktham Adams
Jordan Antetomaso
AbdulRazzaq Beneessa
Navdeep Bharj
Igor Borisov
Stephen Brand
Taranvir Kaur Cheema
Steven Elliott
Keyshla Escobar Rivera
Farahnaz Fahimipour
Joseph Finelli
Amy Full
Autumn Gray
Christopher Havlik
HuiHuang
Solange Perez Johnson
AlecJoy
Naru Kang
StevenLevenbrook
Andrew Lum
Sufian Mahmoud
Shaughn McCormick
Lance McGavin
Kristen Miller Lauzon
Austin Moon
RawandNaji
JonathanOdinsky
David Perez
Isaac Peterson
Charles Pham
Rodion Pinkhasov
Brian Poore
Lindsey Roberts
Justin Ross
Devin Rourke
Ruth Schmuelian
Stephen Siew
Jung Min Yeon

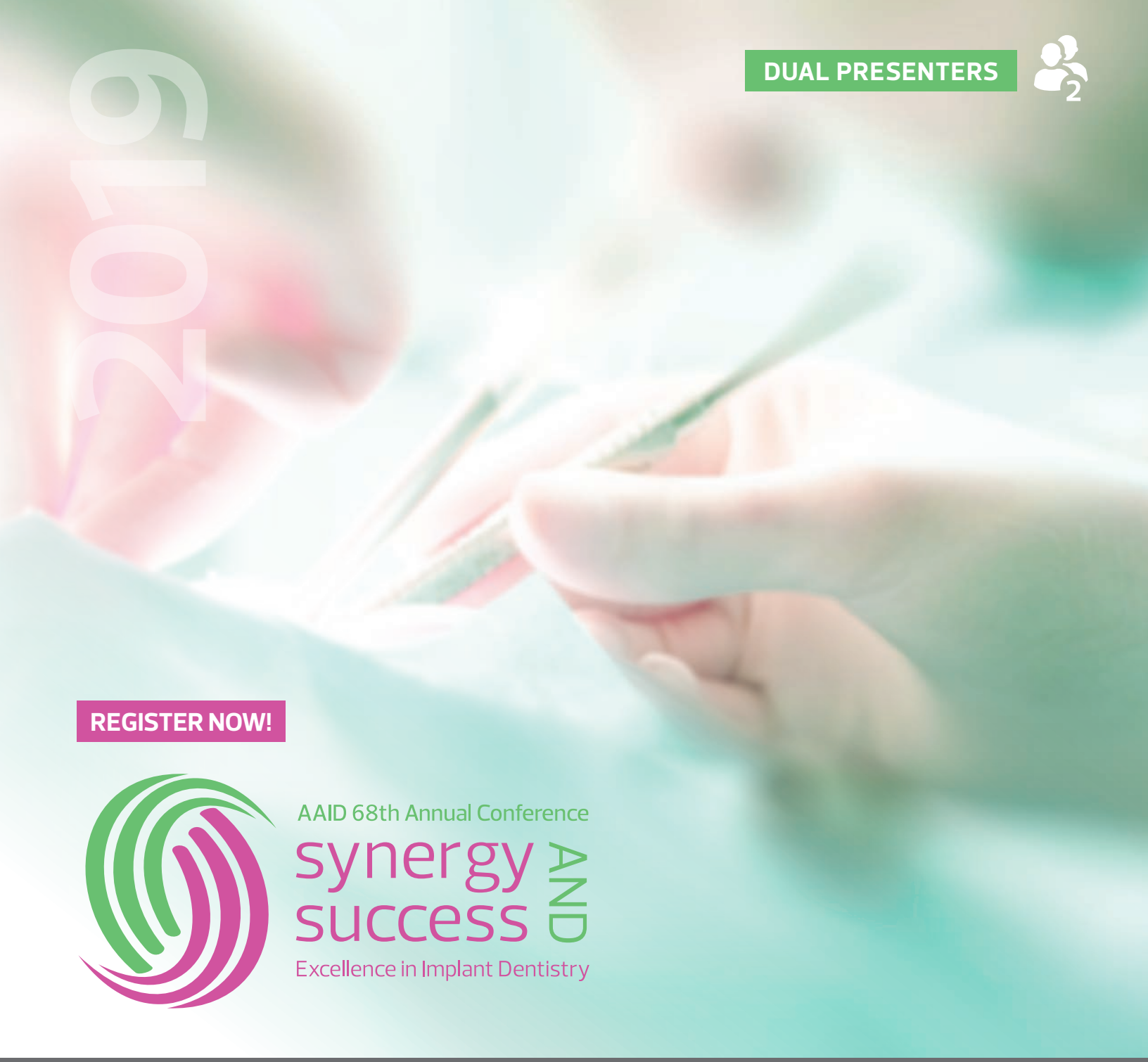
Thanks for Your Participation!

The AAID thanks those who participated in the 2019 AAID Readership Survey. Each person who responded was entered into a drawing for a $50 Amazon gift card. The following are the lucky winners!

H. David ODonnell, DMD
Russ Jensen, DMD
Frederic Slete, DDS
John Nikas, DMD, FAAID, ABOI/ID
Jefferson Cowling, DDS
Shy Kottal
Sreenath Ramachandran
Rakesh Patel, DDS, AFAAID
Hiromasa Uematsu, AFAAID
Xingwen Zhang

Translator Needed

The AAID Admissions & Credentials Board is looking for a Fellow who can read and write Japanese for translations. For more details regarding this great opportunity, please contact jon@aaid.com.



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Assistant Director: Ninette Banday, BDS, MPH
Email: drsiyer@aol.com
Phone: 908-527-8880
Website: www.maxicourseasia.com

Augusta University AAID MaxiCourse®
Augusta, GA
Director: Douglas Clepper, DMD, FAAID, DABOI/ID
Assistant Director: Michael E. Pruett, DMD
Contact: Lynn Thigpen
Email: lbthigpen@augusta.edu
Phone: 706-721-1447
Website: www.georgiamaxicourse.com

Bangalore, India AAID MaxiCourse®
Bangalore, India
Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Assistant Director: Dr. Vadivel Kumar, DDS
Contact: Syed Khalid, DDS
Email: drsiyer@aol.com
Phone: 908-527-8880
Website: www.maxicourseasia.com

Boston, MA AAID MaxiCourse®
Boston, MA
Director: Brian Jackson, DDS, FAAID, DABOI/ID
Assistant Director: Matthew Young, DDS, FAAID, DABOI/ID
Contact: LeeAnn Klotz
Email: marketing@bostonmaxicourse.com
Phone: 315-733-1270
Website: www.bostonmaxicourse.com

Cairo AAID MaxiCourse®
Cairo, Egypt
Director: Kim Gowey, DDS, FAAID, DABOI/ID
Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Dr. Aref Alnaib
Email: aref.alnaib@gmail.com
Phone: 2.0127616291e+11
Website: http://maxicourse.mazeedit.com/

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Assistant Director: Adam Foleck, DMD, FAAID, DABOI/ID
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Houston AAID MaxiCourse®
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Email: Jackie@texasimplanteducation.com
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Website: www.texasimplanteducation.com

Las Vegas AAID MaxiCourse®
Las Vegas, NV
Director: John Minichetti, DMD, FAAID, DABOI/ID
Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Sarah Rock
Email: sarah.englewooddental@gmail.com
Phone: 201-871-3555
Website: www.dentalimplantlearningcenter.com

Loma Linda AAID MaxiCourse®
Loma Linda, CA
Director: Jaime L. Lozada, DMD, FAAID, DABOI/ID
Contact: Annabelle Galvan
Email: agalvan@llu.edu
Phone: 909-651-5673
Website: www.llumaxicourse.com

Nagoya, Japan MaxiCourse®
Nagoya, Japan
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Assistant Directors:
Hiroshi Murakami, DDS, PhD, FAAID
Koji Ito, DDS, PhD, FAAID
Komatsu Shinichi DDS, PhD, FAAID
Takashi Saito, DDS, PhD, FAAID
Contact: Yasunori Hotta, DDS, PhD, AFAAID
Email: hotta-dc@ff.iij4u.or.jp
Phone: +81-52-794-8188
Website: www.hotta-dc.com

New York AAID MaxiCourse®
Bronx, NY
Director: John Minichetti, DMD, FAAID, DABOI/ID
Assistant Director: Joseph C. D'Amore, DDS, AFAAID, DABOI/ID
Contact: Sarah Rock
Email: sarah.englewooddental@gmail.com
Phone: 201-871-3555
Website: www.dentalimplantlearningcenter.com

Nova Southeastern University College of Dental Medicine Implant AAID MaxiCourse®
Fort Lauderdale, FL
Director: Jack Piermatti, DMD, FAAID, DABOI/ID
Assistant Director: Thomas J. Balshi, DDS, PhD
Contact: Linnette Dobbs-Fuller
Email: dentalce@nova.edu
Phone: 609-314-1649
Website: dental.nova.edu/ce/courses/2018-2019/aaid-maxi-course.html

Roseman University AAID MaxiCourse®
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Director: Bart Silverman, DMD, FAAID, DABOI/ID
Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
Contact: Vicki Drent
Email: vdrent@roseman.edu
Phone: 801-878-1257

Rutgers School of Dental Medicine AAID MaxiCourse®
Newark, NJ
Director: Jack Piermatti, DMD, FAAID, DABOI/ID
Assistant Director: Shankar Iyer, DDS, MDS FAAID, DABOI/ID
Contact: Janice Gibbs-Reed, MA
Email: gibbs@sdm.rutgers.edu
Phone: 973-972-6561
Website: sdm.rutgers.edu/cde/maxi-course

San Juan, Puerto Rico AAID MaxiCourse®
San Juan, PR
Director: O. Hilt Tatum, DDS, FAAID DABOI/ID
Assistant Director: Jose Pedroza, DMD, MSC
Contact: Miriam Montes
Email: prmaxicourse@gmail.com
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Shankar Iyer DDS, MDS
Diplomate of the American Board of Oral Implantology / Implant Dentistry and a Fellow of the American Academy of Implant Dentistry. He has lectured in over 30 countries and presented at over 150 symposia in Implant Dentistry and Prosthodontics and he has taught and trained over 3000 dentists from around the world.

German Arzate, DDS, DABOI/ID
DIPLOMATE from the ABOI American Board of Oral Implantology. Fellow of the AAID American Academy of Implant Dentistry. Specialist in Implantology. Director of the Cancun Implant Institute.

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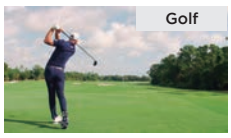
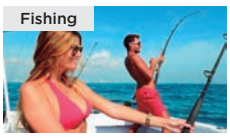


or



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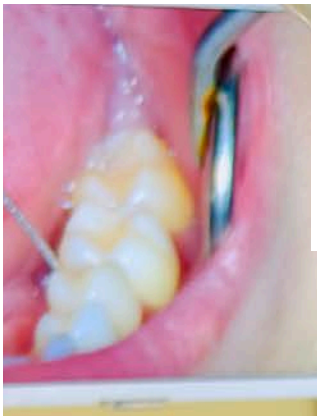

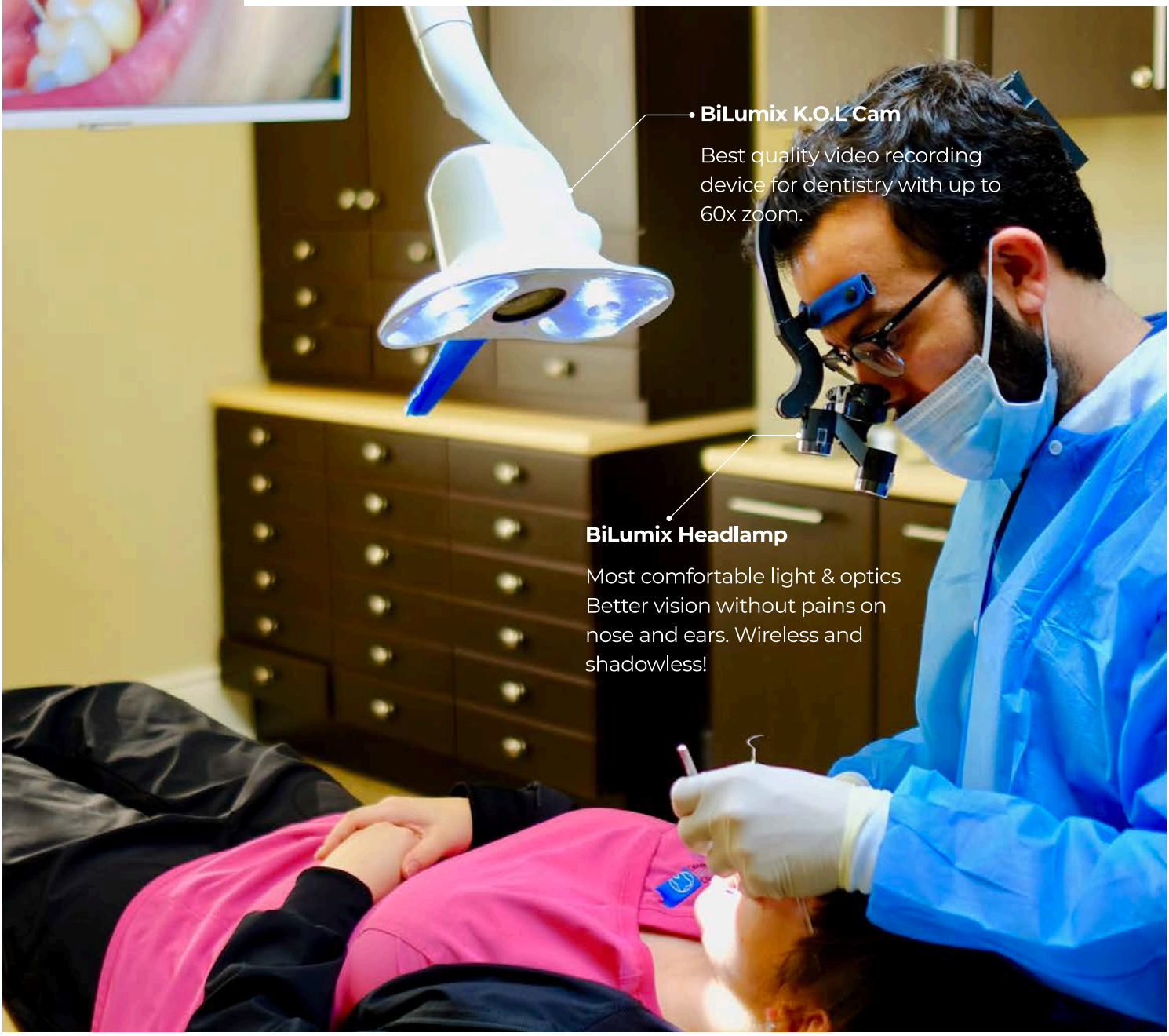

> I do everything with my Bilumix. This thing is great! You gotta check out the Bilumix! --Dr.John Minichetti

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Shanghai, China AAID MaxiCourse®
Shanghai, China
Director: Jaime Lozada, DMD, FAAID, DABOI/ID
Contact: Joey Chen, DDS, MS, AFAAID
Email: anshindental@gmail.com
Phone: 886-988272033
Website: http://weixin.meiweigroup.com/zt/tuopu

Vancouver AAID MaxiCourse®
Vancouver, BC
Director: William Liang, DMD, FAAID, DABOI/ID
Contact: Andrew Gillies
Email: andrew@implant.ca
Phone: 604-330-9933
Website: www.vancouvermaxicourse.com

Washington, DC AAID MaxiCourse®
Washington, D.C.
Director: Bernee Dunson, DDS, FAAID, DABOI/ID
Contact: Keonka Williams
Email: dcmaxi@dunsondental.com
Phone: 404-897-1699
Website: www.dcmaxicourse.com

Waterloo, Ontario AAID Maxicourse®
Waterloo, Ontario
Director: Rod Stewart, DDS, FAAID, DABOI/ID
Assistant Director: George Arvanitis, DDS, FAAID, DABOI/ID
Contact: Chantel Furlong
Email: info@timaxinstitute.com
Phone: 905-235-1006
Website: www.timaxinstitute.com

AAID Active Study Clubs*

United States

AAID Bergen County Dental Implant Study Group
Location: Englewood, NJ
Director: John Minichetti, DMD
Contact: Lisa McCabe
Phone: 201-926-0619
Email: lisapmccabe@gmail.com
Website: https://bit.ly/2rwf9hc

Acadiana Southern Society
Location: Lafayette, LA
Director: Danny Domingue, DDS
Phone: 337-243-0114
Email: danny@jeromesmithdds.com
Website: www.acadianasouthernsociety.com/upcoming-meetings.html

Alabama Implant Study Club
Location: Brentwood, TN
Director: Sonia Smithson, DDS
Contact: Norma Jean Applebaum
Phone: 615-337-0008
Email: docnj4aisg@aol.com
Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group
Location: San Francisco, CA
Director: Matthew Young, DDS
Phone: 415-392-8611
Email: young.mattdds@gmail.com
Website: http://youngdentalsf.com

Calderon Institute Study Club
Location: Queens, NY /Oceanside, NY
Director: Mike E. Calderón, DDS
Contact: Andrianna Acosta
Phone: 631-328-5050
Email: calderoninstitute@gmail.com
Website: www.calderoninstitute.com

CNY Implant Study Club
Location: 2534 Genesee street. Utica, NY
Director: Brian J Jackson, DDS
Contact: Tatyana Lyubezhanina, Judy Hathaway
Phone: (3150 724-5141
Email: bjjddsimplant@aol.com
Website:wwwbrianjjacksondds.com

Hawaii Dental Implant Study Club
Location: Honolulu, HI
Director: Michael Nishime, DDS
Contact: Kendra Wong
Phone: 808-732-0291
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
Phone: 703-444-1152
Email: dentalimplant201@gmail.com
Website: http://www.erhughesdds.com/

Implant Study Club of North Carolina
Location: Clemmons, NC
Director: Andrew Kelly, DDS
Contact: Shirley Kelly
Phone: 336-414-3910
Email: shirley@dentalofficesolutions.com
Website: www.dentalofficsolutions.com

Mid-Florida Implant Study Group
Location: Orlando, FL
Director: Rajiv Patel, BDS, MDS
Contact: Director
Phone: 386-738-2006
Email: drpatel@delandimplants.com
Website: http://www.delandimplants.com/

Monmouth Dental Implants Study Group
Location: Lincroft, NJ
Director: Richard Mercurio, DDS
Contact: Marth Gatton
Phone: 732-504-6913
Email: marty@lincroftvillagedental.com
Website: www.Lincroftvillagedental.com

SMILE USA® Center for Educational Excellence Study Club
Location: Elizabeth, NJ
Director: Shankar Iyer, DDS, MDS
Contact: Terri Baker
Phone: 908-527-8880
Email: dentalimplant201@gmail.com
Website: http://malosmileusaelizabeth.com

Canada

Vancouver Implant Continuum
Location: Surrey, BC, Canada
Director: William Liang, DMD
Contact: Andrew Gillies
Phone: 604-330-9933
Email: andrew@implant.ca
Website: www.implant.ca

International

Aichi Implant Center
Location: Nagoya, Aichi-Ken, Japan
Director: Yasunori Hotta, DDS, PhD
Phone: 052-794-8188
Email: hotta-dc@ff.iij4u.or.jp
Website: www.hotta-dc.com

Beirut AAID Study Club
Location: Beirut, Lebanon
Director: Joe Jihad Abdallah, BDS, MScD
Phone: 961-174-7650
Email: beirutidc@hotmail.com
Website: http://www.beirutidc.com

Cyprus Implant Study Club
Location: Nicosia, Cyprus
Director: Nicolas Papadopoulos, DDS
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Website: http://www.nicosiadentalcenter.com/index.php

Korean Dental Implant Institute
Location: Seoul, Korea
President: Jaehyun Shim, DDS, FAAID
Contact: Kyungim Yeom
Phone: +82 10 2716 7249
Email: ykimichelle@gmail.com
Website: www.kdi-aaid.com

Courses presented by AAID credentialed members*

United States

24 Hour Teeth
Spring Hill, FL
March 28-29, 2019
Contact: James W. Gibney, DMD, JD
Phone: 352-686-4223
Email: jwgibney@atlantic.net
Website: jameswgibneydmd.com
Surgical Mini-Residency
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

Three Day Surgical and Prosthetic Comprehensive Training
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

Three Day Implant Placement and Bone Grafting
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

The Bergen County Dental Implant Study Group
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

California Implant Institute
1 Year Comprehensive Program in Implant Dentistry
San Diego, CA
3 sessions; 6 days each 300 CE credits
April 15-20, May 20-25, June 24-29, 2019
Dr. Louie Al-Faraje, Academic Chairman
LIVE patient courses also offered by the Institute
Phone: 858-496-0574
Email: info@implanteducation.net
Website: www.implanteducation.net

Dental Implant Training at Brighter Way Institute
September 16-19, 2019
Contact: Joe Leonetti, DMD and Bart Silverman, DMD
Phoenix, AZ
Register: www.brighterwaylive.org or 949-257-5696
Website: https://mailchi.mp/brighterwaydental.org/drleonetti

Midwest Implant Institute
Drs. Duke & Robert Heller
Advanced Courses:
(305) Implant Prosthetics
(411) The All Inclusive Live Surgical Course
(601) Bone Grafting & Sinus Elevation
(602) Digging Out of Problems
Contact: 614-505-6647
Email: samantha@mii1980.com
Website: www.midwestimplantinstitute.com

Implant Mini-Residency program, for dentists in any state
NJ State Board approved for live surgery training - 150 hours CE credits
Course Director: Shankar Iyer DDS, MDS
September through July, biweekly
Contact: terri@smileusa.com
Phone: 908-527-8880
Website www.smileusacourses.com

Pikos Implant Institute
Michael A. Pikos, DDS
Soft Tissue Grafting
Sinus Grafting
Alveolar Ridge Strategies: Single Tooth to Full Arch
Fully Guided Full-Arch Immediate Implant Reconstruction
Contact: Alison Thiede
Phone: 727-781-0491
Email: learn@pikosInstitute.com
Website: www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview/

Three-Day Live Implant Surgery Course
John C. Minichetti, DMD
Contact: Sarah Rock
Phone: 201-871-3555
Email: sarah.englewooddental@gmail.com
Website: dentalimplantlearningcenter.com

University Implant Educators
Francis Jones, DDS, MBA, AFAAID
San Diego, CA
1-, 3-, and 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, AB, Canada
Contact: Rosanna Frey
Phone: 780-488-1240
Email: rosanna@dmvassos.com
Website: www.dmvassos.com

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

Smile, Veteran!™

AN AAIDF PROGRAM

One of the founding principles of the AAIDF is to support the delivery of implant care through our Foundation programs, including Wish A Smile and Smile, Veteran!

Both of these programs offer patients in need and their families a chance to change their smiles and their lives with donations from our supporters.

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1. Go to *aaid.com/foundation* and click on the "Donate" button.
2. Attend the AAID 68th Annual Conference in Las Vegas this fall where you can participate in our "Text to Give" Program. Any donation will go directly to the AAID Foundation.
3. Stop by the AAID Foundation Lounge during the Annual Conference to donate.
4. Credentialed Members visit the Foundation Lounge to sign up to become a Treatment Provider for the Smile, Veteran! Program.

AAIDF

AMERICAN ACADEMY OF IMPLANT DENTISTRY FOUNDATION

www.aaid.com/foundation

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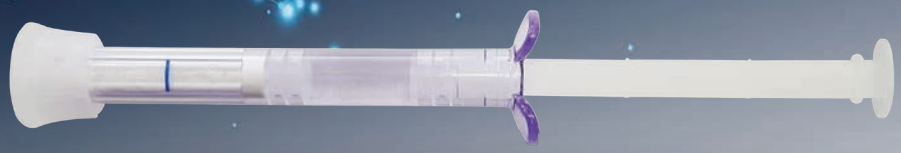

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