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- Creating a Profitable Implant Practice
- Three Pearls of Advice

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

EDITOR'S NOTEBOOK

"These are the times in which a genius would choose to live." Really?

Compliments of COVID-19, we are living through one of the most impactful events ever to come along in the world of dentistry. Practically more than any other profession, we, along with our employees and patients, are on the frontlines relating to personal exposure to this new disease.

This is a time of rapid change and will challenge our ingenuity and resourcefulness. We will look back someday and recognize that new inventions and techniques, inspired by these troubled times, helped us blaze new paths.

It will be interesting to see the evolution in personal protection that lies ahead. What technologies will be borne out of the clever minds that exist in our profession and the associated engineering and manufacturing firms that cater to our needs?

The AAID has meant so much to our professional development that we must devote what it takes to keep it in A-1 shape through these stormy times.

And how will the business model of dentistry change? Slowing treatment will force many to reconsider the wisdom of their insurance participation and recognize the impossible merging of ever-lowered fees and increasing costs. This scenario may be a net positive for the profession as the insurance industry has man-handled the profession for years and some sort of rebalancing seems overdue. Scheduling changes and testing may be in our future as well.

The AAID, like many other organizations, will have to maneuver through these treacherous times. It crucially needs our support so that it continues to be the vital resource it has been for many decades. Thousands of implantologists owe much of their acquired skills to the AAID, its affiliated MaxiCourses®, and other educational efforts. The AAID has meant so much to our professional development that we must devote what it takes to keep it in A-1 shape through these stormy times.

All generations face obstacles. Straight easy paths to success are not the norm.

A quick story that goes back about three hundred years but has meaning today:

When only eleven, future president John Quincy Adams was directed by his mother to travel to Europe to be with his father, then serving in France. The travel was perilous and challenging. He didn't want to go but there was much benefit to be gained.

In a letter, Abigail Adams advised her son that times which are painful and dangerous can be full of opportunity. It was quite a letter to her young son, and the eloquence of her message is appropriate even now:

"These are the times in which a genius would wish to live. It is not in the still calm of life or the repose of a pacific station that great characters are formed. The habits of a vigorous mind are formed in contending with difficulties. Great necessities call out great virtues. When a mind is raised and animated by scenes that engage the heart, then those qualities which would otherwise lay dormant wake into life and form the character of the hero and the statesman"—and we might add, the leader, and innovator who will make life better for all.

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Bernee Dunson,
DDS, FAAID, DABOI/ID
AAID President

PRESIDENT'S MESSAGE

Three Pearls of Advice

As I mentioned in my Inaugural Address at the 2019 American Academy of Implant Dentistry (AAID) Annual Conference in Las Vegas last fall, I am honored to serve as your President. When preparing my speech and this column, I reflected quite a bit on the path to this position and I realized that the common thread throughout my life is education, both formal and informal, and particularly the people who have taught me so much.

While a college student at Morehouse College, I earned a BS in biology and was interested in a career in dentistry. I had the opportunity to work as an assistant with AAID Past President Dr. Terry Reynolds and his partner, Dr. Walker Moore. They had a general practice and were doing a fair amount of implants, which sparked my interest in this particular discipline of dentistry.

Upon the completion of my dental training at the University of Southern California and my GPR at Columbia University, I entered the hospital-based oral implantology

First, seek out mentors who are willing to freely share knowledge that will impact your ability to provide practical, predictable, and profitable care to the patients you are privileged to serve.

residency at Loma Linda University and joined the AAID. It has been a great journey with an evolution of innovative changes that have improved the delivery of care and have provided better and more predictable and sustainable outcomes for patients.

And when I look back on that journey and the stops along the way that have led me to this position as AAID President, I think about the most important advice I've received. The three most influential pearls of sage advice that I have received from the doctors who have guided my path thus far in the field are as follows.

First, seek out mentors who are willing to freely share knowledge that will impact your ability to provide practical, predictable, and profitable care to the patients you are privileged to serve. This was extremely important advice given the culture of our academy. The AAID has a culture of great camaraderie and many talented individuals who are united in the spirit of sharing. The saying, "When the student/mentee presents, the teacher/mentor arrives," could not be truer than among the members in this great Academy. I consider myself very fortunate as I have been mentored by many: most notably, Dr. Terry Reynolds, Dr. Edward Mills, Dr. Duke Heller, Dr. Richard Borgner, and most impactful to my journey, Dr. O. Hilt Tatum Jr. Their willingness to

help me has impacted my career in such a profound way and has made me realize how important it is to obtain mentors who are interested in your growth and development.

While doing a satellite training weekend at the Misch Institute with the late Dr. Carl Misch, I got my second bit of sage advice from a colleague teaching at the program. This doctor, whose name escapes me, shared something that has powerfully impacted my career: "Acquire a conscious sedation license and perform IV sedation services in your practice." Wow, what a tremendous pearl for a practitioner interested in implant dentistry! It is widely accepted that having this training is essential to a comprehensive implant dental practice. And it is even more relevant alongside venipuncture training for doing blood draws for autologous platelet procedures (i.e., I-PRF, L-PRF, and PRP, etc.). This advice has proven to be an essential tool that has allowed me to successfully deliver care to my patients in implant dentistry.

Finally, the third piece advice that stands out in my mind was to pursue education in an implant continuum. While I uniquely did a three-year implant residency, I would recommend this education to anyone interested in developing the knowledge and skills to perform this service in their practices. The AAID MaxiCourse® program serves as a great source for anyone looking to fulfill this training need. I highly recommend our MaxiCourse program to anyone who is interested in embarking on his or her implant dentistry journey.

To read Dr. Dunson's Inaugural Address, see Issue 4 (2019) of AAID News.



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Around the World and at Home

By Bonnie Litch

In 1993, Walter C. Chitwood, Jr., DDS, FAAID, DABOI/ID, was approached by members of his church in Murfreesboro, Tennessee, about the notion of joining a medical/dental team on a mission to Africa. Although the request piqued his interest, the trip was canceled due to an outbreak of violence in that area. But the seed had been planted and when an opportunity arose to participate in a mission to Mexico, Dr. Chitwood made the decision to answer that call. Since that trip, Dr. Chitwood has been on more than 30 trips to Latin America.

Ohio-based Robert Heller, DDS, AFAAID, heard a similar calling. The co-director of Midwest Dental Institute and a private practitioner in implant surgery and related prosthetics for 25 years, Dr. Heller felt that he needed to use his skills to serve. During the past decade, he has been working with veterans to provide implants free of charge. “It’s my way to give back to those who have put their lives on the line for our country.”



Walter C. Chitwood, Jr., DDS, FAAID, DABOIID, helps a patient on one of his more than 30 trips to Latin America.



Duke Heller, DDS, MS, FAAID, ABOIID, shares his commitment of his faith with the world.

Both Dr. Robert Heller and Dr. Chitwood are perfect examples of what has become volunteer dentistry. According to the American Dental Association in the 5th edition of their International Dental Volunteer Guide, “Dentists and dental hygienists have been blessed with education and skills that are quite portable. With the aid of some basic equipment and instruments, they can set up a rudimentary dental clinic anywhere in the world, from the living room of a small

hut, to a classroom with a corrugated zinc roof, or to a local government hospital. Colleagues in many developing countries are eager to learn from their U.S. counterparts and to teach them as well.” And, as those interviewed for this story have noted, these volunteers receive “so much more” in return for their donated time and services.

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Good Work

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To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.

DENTAL VOLUNTEERISM: THE WHY

If you ask any hundred people why they do something, you will get a hundred different answers. Ihab Hanna, DDS, FAAID, DABOI/ID, who practices in Redwood City, California, was moved to volunteer when he realized that offering his services to those in need did more than change their lives: His efforts allowed him to train new dentists coming up the ranks. He quotes William Olster, whom he calls “the father of modern medicine” as his inspiration: “To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”

Dr. Robert Heller was also inspired by a familiar source when he first began his volunteerism. “After receiving an email outlining the need for dental practitioners to volunteer with this vulnerable community, I thought about my father. He is a veteran and I had the honor of redoing his mouth. When I realized that I could do this for others, I partnered with Dental Crafters,

a dental laboratory in Wisconsin, to make that happen.”

Others have ascribed their mission work to their religious beliefs, believing that they have been called upon by their higher power to spread healing in the world. Alfred “Duke” Heller, DDS, MS, FAAID, ABOI/ID, father of the aforementioned Dr. Robert Heller and founder of the Midwest Dental Institute in Ohio, has been an active volunteer in dentistry for more than five decades. The author of the inspirational book, “How to Start a Kingdom Conversation: Sharing Christ with those Closest to You,” Dr. Duke Heller has understood that his dental skills have been a gift that allows him to share his commitment of his faith with the world. He has participated



in missions across the globe, including India, Dominican Republic, Belize, Mexico, and Romania. In many foreign mission fields, “people die from tooth infections because they can’t get the tooth out and it destroys their oral complex,” says Dr. Duke Heller.

Dr. Chitwood also began his volunteer work through his devotion to the church. “I have been on more than 30 mission trips to Mexico and Nicaragua. The primary reason for these missions is to share the gospel of Jesus. Our missions are far-reaching in scope. The last mission I went on in Los Flores, Nicaragua, we had over 100 people on the mission team representing doctors, pharmacists and dentists—all across the medical spectrum.”



Ihab M. Hanna, DDS, FAAID, ABOI/ID volunteers within his community. He says, “I think one of the most rewarding moments is when we change lives.”



DENTAL CARE NEEDS AT HOME

According to a 2016 analysis by the journal *Health Affairs*, "Many Americans face financial barriers to receiving dental care that lead to unmet oral health needs. Using data from the 2014 National Health Interview Survey, we analyzed financial barriers to a wide range of health care services. We found that irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving dental care, compared to any other type of health care."

In addition to his international missions, Dr. Chitwood works closer to home with a local group called Interfaith Dental Clinic. The clinic serves the working poor on a sliding scale to make dental care more affordable. Manned by two residents, he serves as the attending for the clinic one to two days each month.

"Without the donation of my time and Dental Crafters materials, this veteran would not have the big ol' smile he has on his face when he walks in."

— Dr. Robert Heller

Dr. Hanna also volunteers within his community through a program with the Bay Area Implant Institute. "I think one of the most rewarding moments is when we change lives. I was working with a young lady in middle school who was thinking about suicide because she was being bullied about her teeth. She had some sort of genetic issue with her mouth that we were able to fix. This work was literally lifesaving for her and her family. We had a homeless woman who was unable to work because she couldn't get her teeth done. She is now employed and off the streets."

Dr. Robert Heller concurs. "I was working with a gentleman who is very thin. He could not eat with the dentures that he was wearing. When I gave him his provisionals, he kept saying how nice it was to finally eat. You could tell that his self-esteem was growing. Without the donation of my time and Dental Crafters materials, this veteran would not have the big ol' smile he has on his face when he walks in."

continued on page 14

The American Academy of Implant Dentistry Foundation has two programs that help those who need care and are in financial need. The Wish a Smile program provides care to those who have congenital deficiencies. The new Smile, Veteran!TM program is reaching out to veterans who have been injured during active service and who are in financial assistance. For more information on these program, contact Foundation@aaidf.com.

Good Work

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INTERNATIONAL MISSIONS: THE CHALLENGE

As rewarding as the work can be, it is not without its challenges. In many cases, there are no ready-made facilities to do the work. As Dr. Duke Heller notes, “We started mainly with extractions or cleanings because of the remote locations. The first time we came, we built an office by laying brick and mortar for walls. Each time we came back, we built something more. Finally, we had a dental clinic with five operatories to serve patients. These patients travel on dirt roads to see us, and they are always thankful to have us come.”

Dr. Chitwood has had his dental tools confiscated at the border of Nicaragua. In an example of sheer providence, a fellow dentist who did not do extractions happened to bring along extra tools in case of emergency. He had come in on an earlier flight which was not searched in such a fashion. He has also had to stash critical medications in hidden backpacks to bring into other countries.

Despite these challenges, Dr. Chitwood feels that the work that he and other volunteers have done is remarkable. “In Los Flores, the accommodations were more rudimentary in nature. We had between 2,000 to 2,500 individuals seeking medical care, and saw 156 people in three days in



the dental clinic alone. We had to set it up almost as an assembly line—one person would do the anesthesia and I would follow behind to do the extraction and suturing. We had people to translate as we moved through the process with the patient. In addition, pharmacists filled more than 3,500 prescriptions and we handed out 500 pairs of glasses. While we treated these patients, their families participated in vacation bible school. We also repaired bicycles as it is their main mode of transportation. We really tried to cover all of the necessities to make their lives better. It was a blessing to be able to help.”

Volunteer through AAID's Wish A Smile Program

In 2016, the AAID Foundation introduced its Wish A Smile program to individuals who are in need of dental care, but don't have the proper access or means. Those who qualify include:

1. Individuals between the age of 16 to 29 who have 1 to 3 congenitally missing teeth, and
2. Disabled veterans who are older than 17 and are either edentulous or have 1 to 3 missing teeth.

Since its introduction, a few dentists have provided us with some feedback about participation in the program.

Michael Potts, DDS, FAAID, ABOI/ID helped Shana who was the daughter of a long-time assistant. Shana was born with a cleft palate and had a number of surgeries to help repair the birth defect.

Dr. Potts participated in the program because he knew that it would affect her life as she got older.

“I love placing implants and love helping other people. This Wish A Smile program gives me an avenue to help. It's a wonderful thing to give, especially since the person who receives the care also realizes the value in the smile that they share with others,” he said. “As implant dentist we are talented and should share this ability with someone who needs it.”

John Minichetti, DDS, FAAID, ABOI/ID also participated in the program. His patient was Andrew, a 24-year-old who has Down Syndrome and Autism Spectrum Disorder. While having good oral hygiene, his top two teeth never grew in, which caused bite and speech issues.

Dr. Minichetti and his entire staff were moved by Andrew's passion for art and poetry. Andrew gifted a book with his works after the procedure as he was so grateful to have a new smile.

“We are thrilled that Andrew was able to have a life altering dental treatment at no cost through the Wish A Smile Program,” said Dr. Bernee Dunson, who was Foundation president in 2016.

Since the beginning of the program 5 to 6 people have received care. The AAIDF encourages members to register to volunteer for this program. As well, if you have a patient that qualifies and would like to help them receive care, email foundation@aaid.com for more detailed information.

“The first time we came, we built an office by laying brick and mortar for walls. Each time we came back, we built something more. Finally, we had a dental clinic with five operatories to serve patients. These patients travel on dirt roads to see us, and they are always thankful to have us come.”

HOW YOU CAN GET INVOLVED

If you are interested in a faith-based opportunity, Dr. Chitwood recommends contacting your house of worship to find out which type of programs they organize. For non-denominational experiences, he suggests groups like Doctors Without

Borders, the American Dental Association or the AAID Foundation (see sidebar).

Locally, many cities/dental schools sponsor local clinics and are looking for practitioners to volunteer their time and talents. Another potential organization to contact is Remote Area Medical (RAM), which is a non-profit provider for mobile clinics. One could also follow the path of Dr. Robert Heller and approach dental

supply companies to help provide materials for your own volunteer efforts.

Read about The Richard Condorelli Memorial Foundation and The Dr. Kiran C. Patel Multi-Specialty Hospital on page 16.

Bonnie Litch is a freelance writer in Northbrook, Ill.



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Good Work

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The Richard Condorelli Memorial Foundation and The Dr. Kiran C. Patel Multi-Specialty Hospital: A Success Story

“The inception of the Richard Condorelli Memorial Foundation came to me in an unexpected manner,” says Director, Ashok K. Patel, DMD, FAAID, DABOI/ID. Richard Condorelli, a longtime patient, left Dr. Patel a legacy of \$100,000 upon his death. In his honor, Dr. Patel used these funds to help the residents of Dang, an impoverished region in India, better their lives.

The Foundation purchased land from the government and built a permanent health care facility with world-class amenities—a place where volunteers and staff could treat patients and serve the community. The project took shape through the initial seed money from Mr. Condorelli, as well as additional funding from Dr. Patel and other generous contributors that included family and friends.

The Dr. Kiran C. Patel Multi-Specialty Hospital is a world-class facility built for the benefit of thousands of poor tribal patients in the Dang district and surrounding impoverished areas in Gujarat, India. Dr. Kiran C. Patel is a cardiologist and philanthropist based in Tampa, Florida.

The Richard Condorelli Memorial Foundation, reports that current government statistics show there are more than 53,000 school children enrolled in different Dang Schools. Unfortunately, most of them have never been seen by a dentist and very few may have been seen by a qualified physician, unless they had a previous sickness or emergency. One of the many ways the Richard Condorelli Memorial Foundation serves the region is by supporting the school health program: Every day, 15 to 20 children from different primary, middle, and high schools are brought in for medical, dental, and sickle cell anemia screening. So far, this program has screened more





The Dr. Hilt Tatum Oral Rehabilitation Center is part of the Dr. Kiran C Patel Multi-Specialty Hospital serving thousands from poor, underprivileged tribal communities.



than 10,000 school children in the last four years. Dr. Ashok Patel notes that plans are underway to complete a school health assessment program for all children to prevent major illnesses in the future, develop community-based sustaining programs for long-term healthcare, and provide training and employment to more than 25 tribal women annually.

Through the efforts of Nova Southeastern University's medical team and other U.S. universities, the hospital facility is an ideal place to carry out credible research activities and treat thousands of patients requiring various medical and dental treatment. In 2019, a medical team composed of 53 members including faculties, residents, interns, and medical students provided much needed

medical care to over 1,200 individuals. They carried out a wide range of projects related to the healthcare needs of the tribal population, and its success offers very encouraging promises for future missions.

For more information on these efforts and how you can participate, go to <https://condorellfoundation.org/>.



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

Insurance Audits

Insurance company audits of dental records are an increasingly bothersome—and sometimes stressful—process for practicing dentists. Thoughts of errors, refund demands, or in-office reviews only add to the stress of dentistry. Having gone through many, many audits with clients, I'd like to share a recent one with Delta.

Delta Dental of California requested multiple patient records from a client. Sometime after receiving the records, Delta found “errors” in treatment and coding that they believed justified a refund approximating \$20,000. In reaching their conclusion, Delta declared that the bone loss around the teeth did not justify a root scaling and curettage. The perio charting was complete on the records and the numbers represented pocket depths that were certainly above the normal. Delta asserted

that notwithstanding the charting, the radiographs did not demonstrate the bone loss required by Delta's policy in order to justify this perio treatment.

In responding to Delta, we noted the American Dental Association (ADA) and American Academy of Periodontology (AAP) perio definitions of the relevant terms, and the criteria for the relevant codes. Nowhere was a bone loss number dictated, and in fact, the newest AAP coding supported the proposition that bite wing radiographs are not that reliable in making bone loss determinations in the decimal point area.

After several letters back and forth, we tried to convince Delta that although their own criteria would support their denials, if strictly interpreted as Delta wanted, the treatment that coincided with Delta's policy would fall below the standard of care! So Delta was essentially requiring dentists to practice below the standard of care to be paid. When we produced statements from board certified periodontists calling into question this aberrant position, Delta reconsidered their findings and decided to agree with us, reducing their monetary demand significantly.

When an insurance carrier knocks on your door, greet them with confidence and a smile. Review your treatment plan, diagnosis, and treatment codes utilized. And remember, just because a treatment conflicts with their policy, it doesn't mean that their policy results in treatment that comports with the standard of care.

After several letters back and forth, we tried to convince Delta that although their own criteria would support their denials, if strictly interpreted as Delta wanted, the treatment that coincided with Delta's policy would fall below the standard of care!

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By Drs. Christina and Bill Blatchford

Creating a Profitable Implant Practice

Dentistry's mission is to help patients. In addition, we want to provide for our teams and provide choices for our patients. But it's important to realize that dentistry is also a business with a driving purpose to be profitable. Those profits come when the leader is confident with vision, building a strong, fully trained team, and puts systems in place to create enthusiasm in moving forward.

It is becoming the standard of care for dentists to offer implant surgery and restoration. If implants grab you, it can become the center of your dental universe. As you become more accomplished in implants, your vision of yourself can change. Becoming more efficient in your delivery is one path to being profitable.

As you become more accomplished in implants, your vision of yourself can change. Becoming more efficient in your delivery is one path to being profitable.

For some, however, implants might be a hobby. We advise you to avoid the hobbies in your practice—like “a few ortho patients” as an example. When you do specialized work like this on just a few patients, you are held to the same standards in a court of law as the specialists. Hobbies in dentistry are not the right path. Either become fully trained or drop that hobby.

The question becomes, “What does it mean to be ‘fully trained?’” The more you know, the more you see. The more courses you take from different experts, the more you learn and can share with others. Take the full comprehensive implant courses and continue to be educated. You must commit yourself to implant learning, as it, too, is evolving.

If you're hesitant to commit, the good news is that the demographics in America are working with you on looking better and lasting a long time. In 2020, there are 70 million Baby Boomers who range in age from 56 to 74 years. They are redefining old age. They want better than the inevitable denture; in fact, the Boomer market is demanding better in all areas. Interestingly enough, demand and technology have come together for a much better dental result for the Boomers. The demand exists and it's right there in your community. Your job is to get the word out that you are skilled in answering their demand to have a solid smile.

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Business Bite

continued from page 20

Reach out for referrals

So you love doing implants. Consider which kinds of patients you would like to see in your practice. Likely you would like to treat people without teeth, of course. But is your practice known for dentures? If not, you might want to begin there. You should be known for dentures as these are your implant patients. Because many dentists dislike dentures, you could even have other dentists referring edentulous patients to you. How great would that be? One way to start that referral relationship is to create a letter for the surrounding dentists saying how much you used to dislike dentures but now you have had an epiphany and like working with edentulous patients. Ask them to send you their denture patients!

They will begin to refer patients to you since you are more than willing to treat them. Be sure to keep track of how many patients each doctor refers and the amount of production created for you. As a way to thank them for the referrals, make sure these doctors receive a gift specifically for them from you on a regular basis. It could be 8 specially-cut ribeye steaks, a getaway, or something that you know the doctor would like to receive. This is your marketing budget for implants.

Learn the art of sales

Another marketing opportunity for implant dentists might include holding evening Q&A sessions in your office for potential patients who have questions or want to learn more. If not in your office, this could be in a nearby retirement complex, too. Remember to inform in an accessible and simple manner: Do not teach them how to do implants. Avoid showing X-rays or clinical photos. Keep technical terms to a minimum and no skulls allowed! Instead, you and your team need to learn sales

Leadership in the implant practice is the guide to profitability. The leader creates the practice culture, which allows sales conversations to occur with any team member.

conversations. Ask the interested people why they came to your informational session. Ask them what they are expecting the end result to be and why that result is important to them. Get them involved in the conversation. You are the expert and they trust you. Share the possibilities for the end result: you can restore their smiles. Appeal to their emotions and let them know the end result they want is possible.

Leadership in the implant practice is the guide to profitability. The leader creates the practice culture, which allows sales conversations to occur with any team member. We've mentioned the need to appeal to your potential patients' emotions—but that does take some research. Regularly and as a team, read books on sales. Discuss how to implement sales techniques that are genuine and are tailored to your implant patients. Regularly practice sales conversations with emotional words like permanent, solid, personal investment—focus on tangible results like chewing foods they love and deserve. You cannot afford to have just one or two team members who are your salespeople: everyone must participate fully.

Train your team

Once you have sales training, focus on your other systems. With systems comes profitability. Create consistent systems in collecting, scheduling, hiring, human resources, phone, emails, and finances. Ensure that each team member is familiar with those systems and can step in to make the difference. A good resource, Standard Operating Procedures for All

Dentists, by Marsha Freeman, covers training topics for the team. Freeman has been working in dentistry since 1978. She helps practices improve organization and system delivery. Check out marshafreeman.com for more information.

A well-trained, accountable team skilled in technology as well as communication and interaction with patients, can do much for profitability in an implant practice. An equitable bonus system is a real team motivator and if you have done a good job as a business owner, the team will know what makes a practice profitable. Make the bonus system one every team member can calculate with known figures.

When training your team, keep the following in mind:

- Set production goals in which everyone participates with an equitable bonus.
- Be sure each team member is well-versed in the doctor's skills and is regularly conversing with patients, asking questions, suggesting options, and endorsing the doctor.
- Cross-train the entire team so that no one is above anything needing to be done to create the result your patients want in a high-tech dental office.
- Emphasize that "When we work, we all work. When we are off, we all are off" mentality. All work should be completed and everyone in the office leaves together at end of day. There is no overtime in a profitable dental office.

Look at your fees

Maybe when you started offering implants you started with just one course and were doing a few implants. But now you have moved to another level. Too often, implants grow slowly into a practice culture and you continue to see it as a hobby with like fees. Multiple implants are no longer a hobby and you need to be compensated well. If you are doing complex cases with multiple implants, you and your team need to examine your present fees.

Complex cases require different fees as you are assuming the responsibility for the results. You should have a full mouth fee, which is representative of your training and complexity. What are the specialist's fees in your area? If you are doing complex work as like specialists, you need to charge commensurate fees. Be in the know and move to the next level.

Invest in your office

As the leader, you set the standard for integrity, perfection, enthusiasm, kindness and knowledge. Your office culture needs to show your end product: beautiful smiles that exude happiness and appeal to what your patients desire. Good photography creates profitability. You or a team member need to become accomplished photographers. Use those photos as marketing in your office and on your website and include them in your sales conversations.

In addition to photos, invest in a scheduling system. Having a scheduling system for larger cases greatly helps profitability. Diagnose the whole case. Patients also want you to be efficient with their time. The patient may choose to do it in segments, but all treatments need to be mapped. Every workday, hold blocks of time for

larger treatment when you absolutely do not have another patient. Avoid the team crutch mentality of saying to patients, "Oh, we do bigger cases on Fridays. Let me see if the doctor is willing to work next Friday." Instead, hold the blocks in the morning open for these implant cases so they are completed during regular working hours, not extending your work week as well as payroll.

The time you devote to the larger cases then becomes sacred time. Do not allow anything else to interfere with doctor time. Patients being seen in hygiene during the blocks are perio maintenance patients or once-a-year hygiene patients. Schedule it so you never leave an implant surgery and you make that point to the patient.

To be accomplished in implants, you have committed a fair amount of time and effort to be coached by the best. Be sure you are balanced with technique and profitability so that your practice can provide for and help your patients and you and your staff can continue to flourish. Invest in coaching and take care of your business.

Drs. Christina and Bill Blatchford are America's dental business coaches for private dental practice. They coach to increased net and more time away to rejuvenate. They have helped Doctors with Retire As You Go. Their latest book, Seven Principles of Highly Profitable Dentists, is available by calling (888) 977-4600. Visit blatchford.com for testimonials and reviews.

The Blatchford Group can also help with denture referrals. Call Jeanne at (888) 977-4600 for a referral letter.

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 6 (2019).



RESEARCH

Characterization of the Mental Foramen and Mental Loop Measures in Fresh Frozen Cadavers

The objectives of this study were to evaluate the position of the mental foramen and to verify the presence of and evaluate the mental loop in fresh cadavers. In addition, the authors aimed to investigate any association between their findings and the sex of individuals. This study involved 39 adult male and female human jaws from fresh cadavers from people who lived in the United States. The selection of the anatomical specimens occurred according to the objective of the research in order to maximize their use. Dissections were performed on both sides to expose the bone surface of the mandible in the region of the mental foramen. The relationship between the mental foramen lo-

cation and teeth was investigated by using, as reference, 2 lines parallel to each other drawn perpendicular to the occlusal plane. The teeth that were evaluated were the first and second premolars. Mental foramen measurements were performed bilaterally with a digital caliper and millimeter rule using the mental foramen as reference. The width of the mental foramen was determined as the distance from the mesial end of the foramen to the distal end, following an imaginary line parallel to the occlusal plane. The height of the foramen was determined as the distance from the upper extremity to the base of the foramen, following an imaginary line perpendicular to the occlusal plane. The distance from the foramen to the base of the mandible was measured along a line perpendicular to the base of the mandible using a digital caliper.

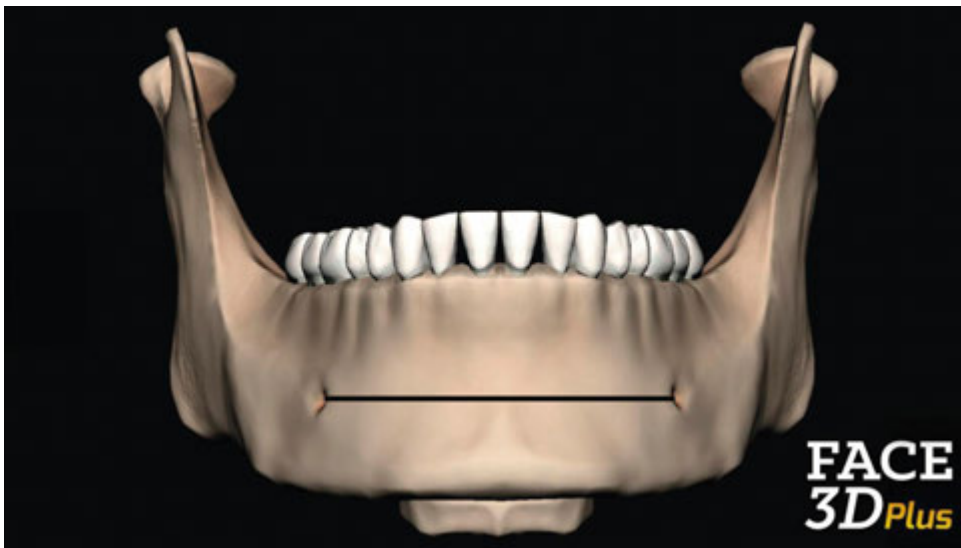


FIGURE 3. Distance between foramens.

Rafaela Scariot, PhD, Suyany Gabriely Weiss, MsC, Thalyta Verbicaro, MsC, Tuanny Lima, DDS, Juliana Vieira, MD, Leandro Eduardo Klüppel, PhD, Eduardo Sadao, PhD, João César Zielak, PhD, Tatiana Miranda Deliberador, PhD, *Journal of Oral Implantology*. 2019 December; 45(6): 499-502.

CASE LETTER

The “Combo Technique”: A Case Series Introducing the Use of a d-PTFE Membrane in Immediate Postextraction Guided Bone Regeneration

In this series of case presentations, the authors introduce a novel technique for immediate postextraction GBR, the “combo technique,” using the combined use of a collagen membrane over the bone dehiscence and socket and a d-PTFE membrane at the place of soft tissue dehiscence in type I, II, and III extraction sockets. The d-PTFE is removed 4–6 weeks postoperatively.

The combo technique includes the following procedures:

1. After tooth extraction, the socket is debrided and granulation tissue is removed.
2. The bone graft is hydrated and gently packed in the socket.
3. A collagen membrane is secured over the socket and graft.
4. A d-PTFE membrane is placed over the collagen membrane at the site of soft tissue dehiscence and left to heal exposed.
5. The postoperative regimen includes amoxicillin 500 mg 3 times a day, or in the case of allergy, clindamycin 300 mg for 7 days and chlorhexidine 2 times a day for a minimum of 2 weeks.
6. The d-PTFE membrane is atraumatically removed 4–6 weeks postoperatively.

The authors describe 4 case studies and the use of the combo technique. They conclude that despite the limitations of the current investigation, the use of a d-PTFE membrane over a collagen membrane in postextraction sockets prevents the early degradation of the resorbable membrane and preserves its integrity. It can thus serve as a viable alternative to healing by primary intention. At the same time, the use of a d-PTFE membrane prevents the translocation of the mucogingival junction and the distortion of the local anatomy result-



FIGURE 3. (a) Teeth #30, #31 present with horizontal bone loss and class 3 furcation involvement. (b) After extraction, allograft was packed, a collagen membrane was secured, and a dense polytetrafluoroethylene membrane was placed at #31, whereas a collagen sponge was placed at #30. (c) Six weeks postoperatively. Note the connective tissue proliferation that will become a wide zone of keratinized tissue. (d) Cone beam computerized tomography 3 months postoperatively. (e) Periapical radiograph of #30, #31 at implant placement. (f) Clinical view of #30, #31 before seating of the final prosthesis. Note the achieved alveolar width and the presence of a wide zone of keratinized gingiva. (g) Occlusal view of the restored #30, #31 with screw-retained prosthesis. (h) Twelve-month follow-up of the restored implants #30, #31. Note the stability of the crestal bone levels for #31 and the crestal bone remodeling mesial of #30.

ing from full-thickness flap reflection and coronal advancement to achieve primary closure while creating a wide zone of keratinized gingiva.

Vasiliki P. Koidou, DDS, MS, Georgios S. Chatzopoulos, DDS, MS, Deborah Johnson, DDS, *Journal of Oral Implantology*. 2019 December; 45(6): 487-493.

continued on page 26

CASE LETTER

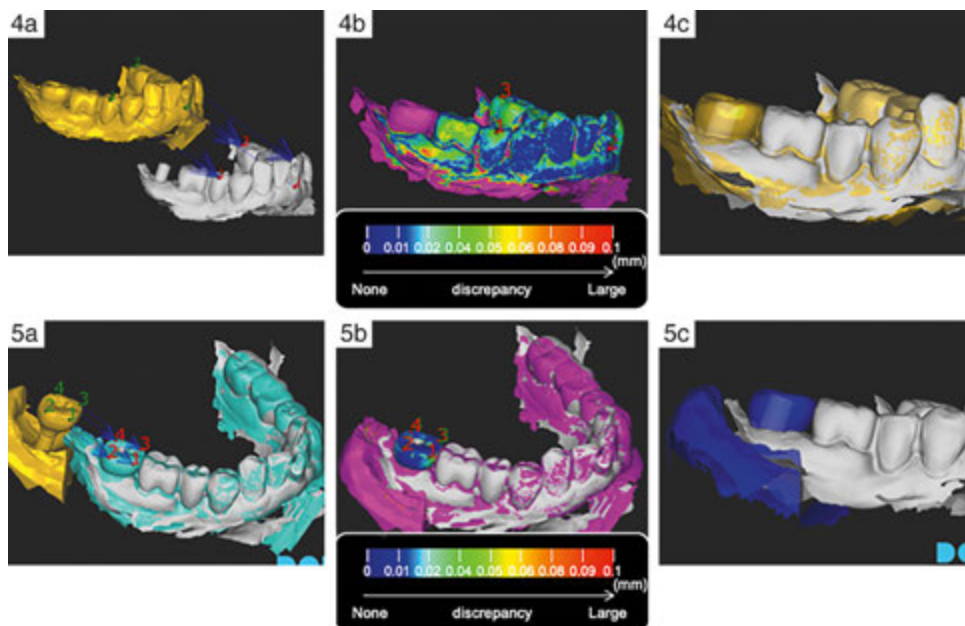
Full Digital Workflow for Use of a Scanbody to Accurately Transfer Morphology From Provisional to Final Implant-Supported Fixed Restoration

Attempts have been made to develop a digital workflow that allows the subgingival form of the provisional restoration to be accurately transferred to the final restoration to provide appropriate cleansability, esthetics, and function. In this case, a 63-year-old male patient presented with a missing right mandibular second molar (tooth #31). He had previously received an implant body (ø4.1 x 12.0 mm Bone Level Implant RC, Straumann, Basel, Switzerland) and had undergone installation of a screw-retained, connected provisional restoration (Figures 1 and 2). Following installation, a dentist adjusted the provisional restoration (namely, its crown morphology and subgingival contour); function and cleansability were then confirmed to be appropriate for the patient. Therefore, the provisional restoration needed to be re-

placed with a final restoration; the authors opted to implement their novel procedure. The use of an implant scanbody enables accurate 3D recognition of implant platform location; thus, digital implant impressions have increasingly been used with intraoral scanners and implant scanbodies. However, the standardized implant scanbody has a prefabricated circular diameter that differs from the provisional restoration configuration that supports the gingival morphology. Additionally, gingival tissue rapidly breaks down after provisional crown removal before scanning. Thus, simple digital scanning of the implant scanbody, which is connected to the implant body, cannot capture the gingival morphology where the provisional restoration is installed. In contrast, the authors' novel digital workflow can reflect the gingival configuration by

examining the subgingival contour within the provisional restoration. In addition, the supragingival configuration can also be reflected in the morphology of the final restoration. This enables accurate transfer from the provisional restoration for both functional and esthetic elements of crown morphology, which are assigned to the final restoration. This procedure does not require fabrication of a working cast and X-ray radiation to confirm the position of the impression coping.

Takuya Mino, DDS, PhD, Yoko Kurosaki, DDS, PhD, Kenji Maekawa, DDS, PhD, Kana Tokumoto, DDS, Koji Izumi, DT, Akihiro Ueda, DT, Aya Kimura-Ono, DDS, PhD, Takuo Kuboki, DDS, PhD, *Journal of Oral Implantology*. 2019 December; 45(6): 494-498.



FIGURES 4 AND 5. Images of the intraoral three-dimensional (3D) morphology data of the whole mandible with the provisional restoration installed and the intraoral 3D morphology data of the whole mandible with the implant scanbody (a) were superimposed on the 3D position (b) using the least mean squares method with reference to the surface morphology of the remaining teeth and gingival mucosa (c). FIGURE 5. The image of the 3D surface image of the provisional restoration'' was superimposed on the image in Figure 4b to reflect the formation of soft tissue around the provisional restorations (a, b). These two images were superimposed using the least mean squares method with reference to the surface morphology of the provisional restoration (c).

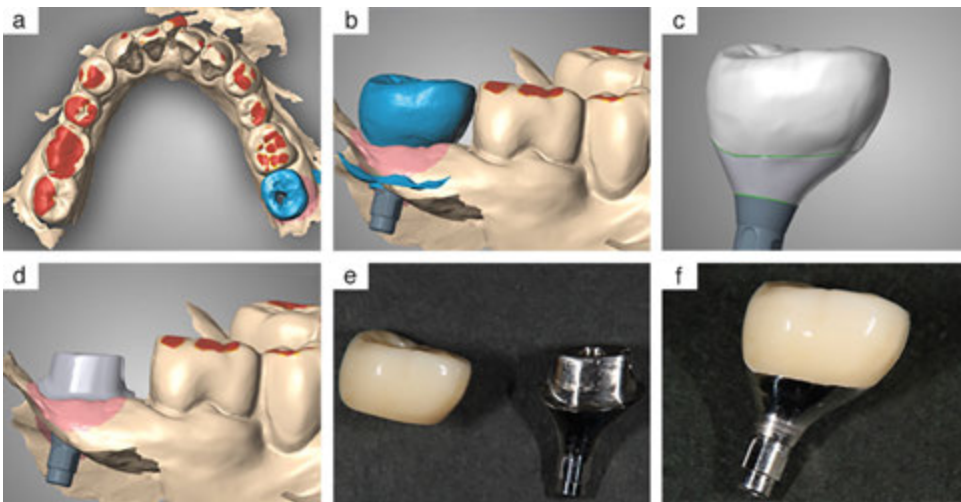


FIGURE 6. Occlusal (a) and lateral (b) views of the final design of the reproduced form of the superstructure using computer-aided design software. The borderline between the abutment and the final restoration was determined from the form of the provisional restoration by referencing the information of the form of soft tissues around the provisional restoration (c). Subsequently, the customized titanium abutment was designed (d). Fabricated customized titanium abutment and final restoration (e, f).

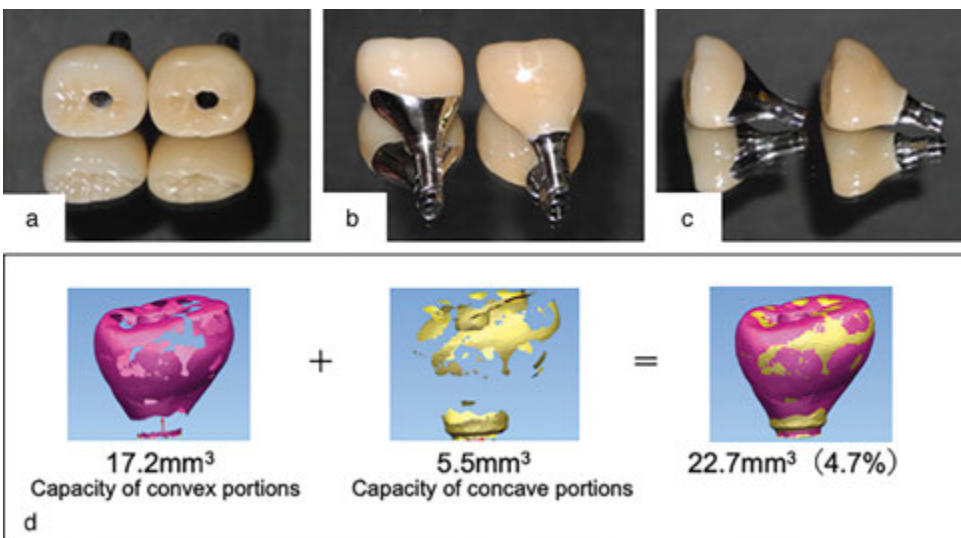


FIGURE 7. Occlusal (a), lateral (b), and distal (c) views of the provisional (right side) and final (left side) restorations. Volumetric discrepancies were calculated using superimposed images of the scanned data of the final and provisional restorations. The total volumetric discrepancy in the convex/concave portions between the final and provisional restorations was 22.7 mm^3 (d).

continued on page 29

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G-Stop™ Vertical Gauge
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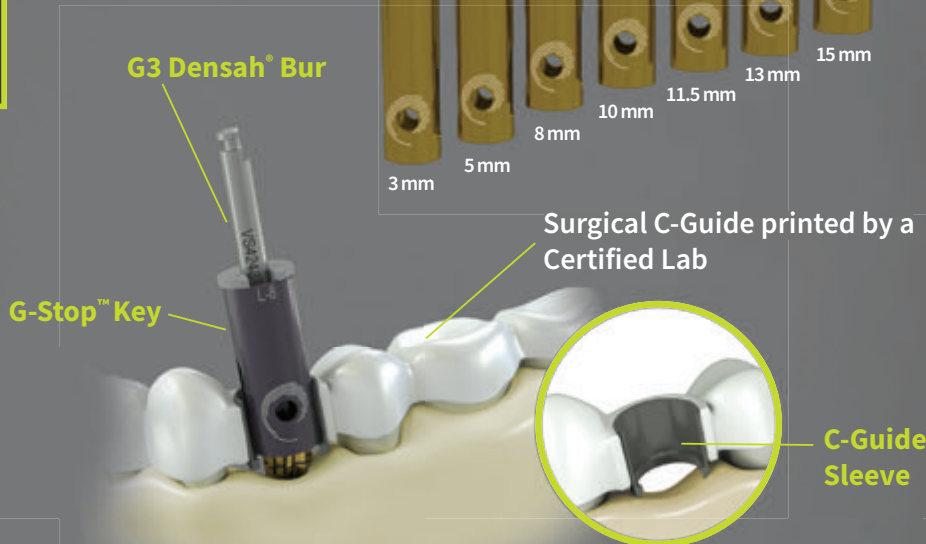
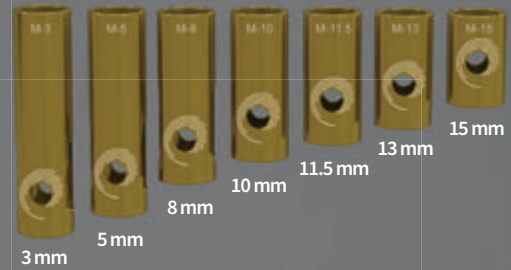
G-Stop™ Key

- Locks onto the G-Stop™ Vertical Gauge
- Can be used with a C-Guide or as a standalone Vertical Stop.



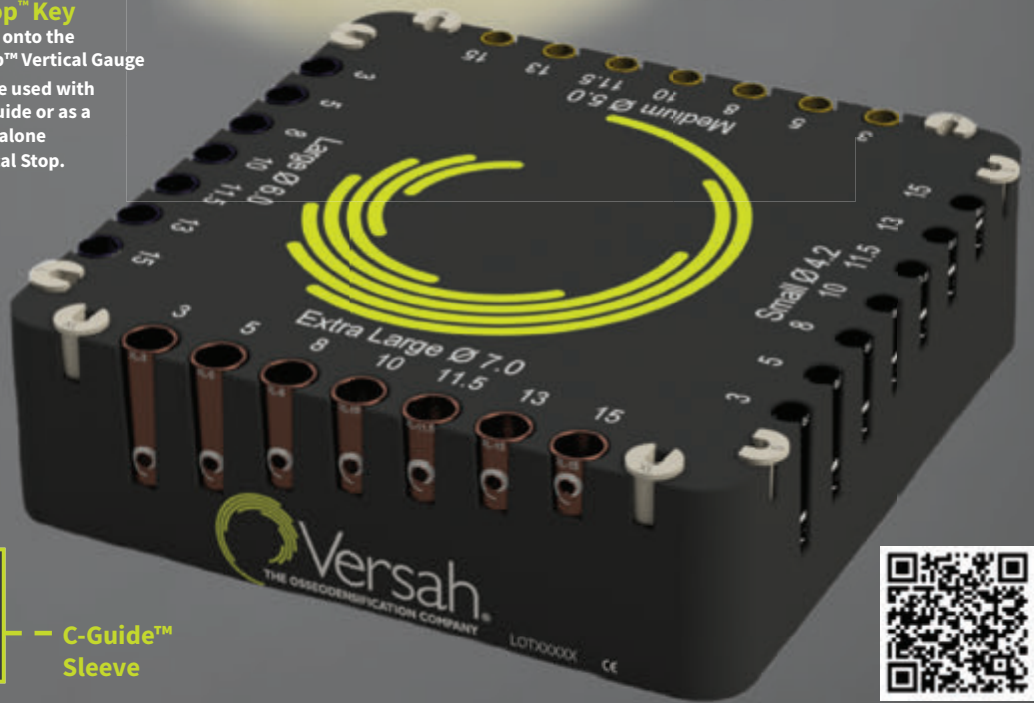
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The G-Stop™ key is available in 4 sizes S, M, L, XL, and 7 different lengths:



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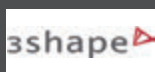
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CASE REPORT

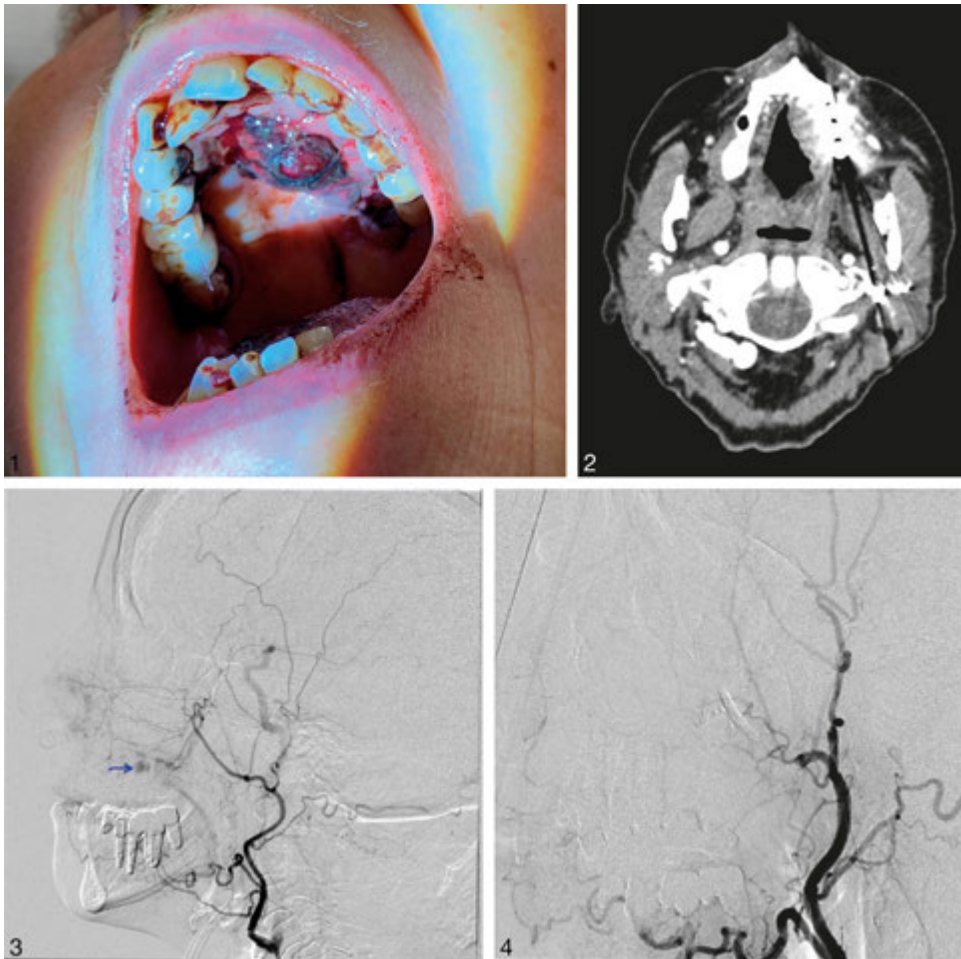
Pseudoaneurysm of the Greater Palatine Vessel Following Subepithelial Connective Tissue Graft

Subepithelial gingival connective tissue grafts are a common surgical procedure performed in periodontal and implant surgery. This versatile procedure has many indications including tooth root coverage, thickening of gingiva, and improvement of the quality of the crestal gingiva. Several techniques have been described for graft harvest from the palate. Reported complications from these techniques include pain, inflammation, bleeding, flap necrosis, and infection in the donor site. In this case

report, the authors report a previously unpublished complication following subepithelial gingival connective tissue graft from the palate: pseudoaneurysm of the greater palatine vessel. To the authors' knowledge, this extremely unusual case is the first report of a ruptured pseudoaneurysm of the greater palatine artery after subepithelial connective tissue graft from the palate. Unlike the immediate perioperative bleeding more commonly associated with this procedure, the pseudoaneurysm has

an indolent presentation and can be seen a week or even months postoperatively. Depending on the clinical scenario, the pseudoaneurysm can be managed either by direct surgical intervention or angiography with selective embolization.

Joshua Segal, DDS, MD, Monika Patel, DDS, Henry Woo, MD, Rachel Pruitt, MD, *Journal of Oral Implantology*. 2019 December; 45(6): 483-485.



FIGURES 1–4. FIGURE 1. Clinical appearance after ligation of greater palatine artery. FIGURE 2. Computerized tomography angiography following ligation with possible contrast extravasation (red arrow). FIGURE 3. Angiogram demonstrating pseudoaneurysm of the greater palatine vessel. FIGURE 4. Postembolization angiogram.

In Memoriam

Trevor Bavar, DDS, FAAID, ABOI/ID, died peacefully his home in Harrison, New York on March 30, 2020. Dr. Bavar was born in Brooklyn, New York in 1935. He was a member of the AAID since 1984. In addition to practicing privately in New York, Dr. Bavar cofounded the Continuing Dental Education Program in Dental Implantology at New York University College of Dentistry and served as its Director for more than 30 years. He was also a Clinical Professor at New York University College of Dentistry. Dr. Bavar was the Founder and President of the Implant Study Group of NY.

Announcements

The AAID would like to welcome the following new staff:



Carolina Hernandez, CAE

On March 16, 2020, Carolina Hernandez returned as the AAID's Executive Director. During her 14-year tenure, she worked her way up beginning as the Administrative Assistant from 2005 to 2007, Membership Services Manager from 2007 to 2014, and Membership and Credentialing Director from 2014- 2019. She developed expertise in customer service, recruiting members, and developing strategies and projects. From June 2019 to March 2020, she left to become the Membership and Global Initiatives Director at the Council on Tall Buildings and Urban Habitat.

Ms. Hernandez received her Bachelor of Arts Degree in Communications at Quincy University. She has been an active member for the Association Forum, volunteer for the Garfield Park Conservatory, and choir member for Too Hot to Handle Music and Events.



Jamey Richardson, CPA

On April 16, 2020, Jamey started as the AAID's new Chief Financial Officer. He comes to the organization with more than 20 years' experience in both public accounting and nonprofits. Some of his previous positions included CFO for First Wesleyan Church and CEO for RFG LLC. In addition to becoming a certified public accountant, he earned a master of accountancy from the University of Alabama, Tuscaloosa. Please welcome Jamey to the AAID team.

Please welcome both Carolina and Jamey to the AAID team.

The American Academy of Implant Dentistry Foundation seeking Credentialed Members to participate in the *Smile, Veteran!*TM program

For the past year, the AAID Foundation and our founding partners, Zimmer Biomet, RTI Surgical and Midwest Dental Arts have been developing a new AAIDF program, *Smile, Veteran!*TM.

The *Smile, Veteran!* program offers dental implant restoration for veterans who were injured during active duty in the United States and Canadian military. The men and women who serve in our armed services did so with courage, dedication, and selflessness. When they leave their military service, some veterans have injuries that can make it difficult to navigate the challenges of life after combat. The veterans in the program are in need of a tooth/teeth



replacement and who are experiencing financial hardship.

As the leader in implant dentistry, the AAID recognizes the extraordinary sacrifices veterans and their families have made for our nation. The *Smile, Veteran!* program

is seeking AAID credentialed members to partner with veterans in your (or their) communities. As a participating member of this program, you will have the opportunity to position that veteran for success in their post-service lives. To make this possible, we ask that you donate your time to the *Smile, Veteran!* program. The cost of materials, both implants and biomaterials plus all lab work will be provided at no cost to the credentialed member.

For more information on the *Smile, Veteran!* program or becoming a volunteer for the *Smile, Veteran!*TM program, contact Barb Tieder, Foundation Staff Director at 312-335-1550 or at barb@aaid.com.

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Thank you 2019 Committee Members

The AAID would like to thank all of its members who have volunteered their time by serving on a committee in order to better the organization. The following members completed their service in 2019.

Admissions & Credentials Board

Dr. Aladdin Al-Ardah
Dr. Adam Hogan
Dr. Leonard Machi
Dr. James Spivey

Annual Conference Education

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Dr. Suheil Boutros
Dr. Jaime Lozada
Ms. Demetra Pusateri

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Dr. Stacey Owens
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Dr. Kenny Rubinov

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Dr. Illya Tarasenko
Dr. Rana Zogby

Nominating

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Dr. Kim Gowey

Public Relations

Dr. Adam Kimowitz
Dr. Justin Moody
Dr. Lawrence Nalitt
Dr. Carol Waldman

2020 Student Award Recipients

The American Academy of Implant Dentistry offers Dental Student Award for all dental schools in the United States and Canada. The program recognizes dental students for their interest in implant dentistry, both academically and clinically. Sixty-two (62) student participants were recognized in 2019 year, six of which were in post-doctoral programs. Currently, the AAID distributed 56 student awards in 2020.

Post-Doctoral

Alex Chu	University of Tennessee Health Science Center
Kirsten Hooper	University of Saskatchewan, College of Dentistry
AnnMarie Lyon	University of Kentucky College of Dentistry
Madelyne Salo	University of the Pacific, Arthur A. Dugoni School of Dentistry
Benjamin C. Shepperd	University of Florida College of Dentistry
Jonathan A. Wirth	Marquette University School of Dentistry

Pre-Doctoral

Robert Abdulezer	UNIVERSITÉ DE MONTRÉAL	Paige Davis	Midwestern University
Riley Allen	UNC Adams School of Dentistry	Natalie Evans	University of Washington
Omar Alzein	University of Minnesota, School of Dentistry	Susannah Felton	The Dental College of Georgia, Augusta University
James Amir	Rutgers School of Dental Medicine	David M. Giordano	University at Buffalo School of Dental Medicine
Tejpal Athwal	Indiana University School of Dentistry	Brian Greco	University of Connecticut School of Dental Medicine
Rebecca Baudin	West Virginia University School of Dentistry	Gerard Guimond	Creighton University School of Dentistry
Yash Boghara	Temple University Maurice H. Kornberg School of Dentistry	Shreya Gupta	Boston University Henry M. Goldman School of Dental Medicine
Virginie		Jacob Haslam	University of Utah School of Dentistry
Boudreau-Larouche	UNIVERSITÉ LAVAL	Steven Hernandez	A.T. Still University-Missouri School of Dentistry & Oral Health
Saahil Brahmhatt	Columbia University College of Dental Medicine	Ryan Jin	The Ohio State University College of Dentistry
Denisse M. Cacho	University of Louisville School of Dentistry	Hirut Kassa	Meharry Medical College
Ashley Kate Cauthen	Medical University of South Carolina		
Harry Chesser	University of Colorado School of Dental Medicine		
Aaron Compton	Oregon Health & Science University		

AAID CONSUMER OUTREACH

Educating our Patients to Enhance Public Trust



Our consumer website, aid-implant.org, empowers individuals struggling with dental problems to find reliable, practical information and advice on dental implants and connects patients with AAID-credentialed dentists.



Ask a Dental Implant Expert



Patient submits question



AAID staff sends referral email to AAID-credentialed dentist closest to patient.



Email to patient with educational dental implants brochure and redirect to the *Dentist Finder*.



Win-Win solution!

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1,200+ Questions Asked



Total website views
1.75+ M

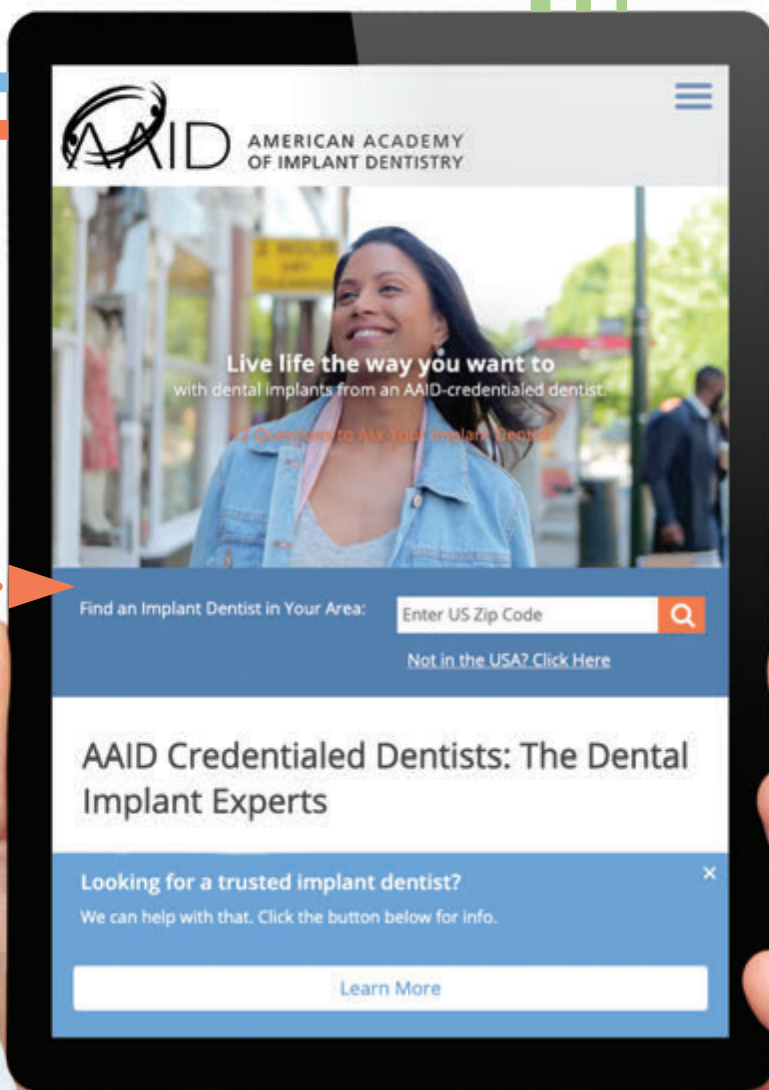


Dentist Finder
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Total searches



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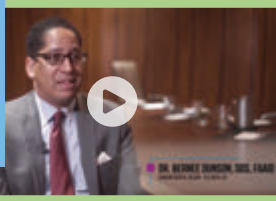
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newmembers

The AAID is pleased to welcome the following new members who joined between January 1, 2020, and May 7, 2020. 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.

Alabama

Robert Henry, Mountain Brook
Robert Martin, Greenville

Alaska

Young Ohsie, Anchorage

Arizona

Payam Abedi, Gilbert
Kristopher Alpers, Scottsdale
John Bigler, Apache Junction
Maryanne Briones, Tucson
Mark Evans, Laveen
Mathew Ricks, Tucson

California

Rishabh Acharya, San Francisco
Joseph Adamian, Glendale
Stephen Barnes, Sacramento
Ramon Castillo, Newberry Park
Isaac Chong, Loma Linda
Peggy Chuang, Fremont
Anthony Clark, Tulare
Nathan Jergensen, Hemet
Shyam Krishnan, Ventura
Michael Kurylo, San Francisco
Kenneth Lee, Tarzana
Susan Malibiran, Rohnert Park
Christopher James McLellan, San Diego
Erik Pleitez, Chatsworth
Jordyn Reiakvam, Corona
Randy Rosales, Orange
Sara Saber, Santa Clara
Roberto Salazar, San Marcos
Sanjeev Sharma, Dublin
James Song, Lomda Linda
Foroud Taleyazdi, Lake Forest
Cathy Williams, San Diego
Kristina Zoulas, South San Francisco

Colorado

David Axelrod, Denver
Kenneth Burson, Denver
Adolph Carlson, Severance
Stephanie Miller, Denver

Connecticut

Matthew Glenn Lepowsky, Simsbury
Ji Moon Sur, Hamden

Florida

Keya Brown, Cape Coral
Amanda Cobb, Sugarloaf Key
Scott Elliott, Vero Beach
Jovani Gonzalez, West Palm Beach
Amel Hassan, Tampa
Michelle Holguin, Saint Petersburg
Austin Mautner, Jupiter
Hardik Patel, Doral
Grady Scott, Bonita Springs
Shwan Shawkat, Orlando
James Gordon Wilson, Tampa
Alexandra Zabala, Punta Gorda
Aya Fawaz Zaqqouq, Plantation

Georgia

Kala Michele Green, Lawrenceville
Justin Lane Harris, Hartwell
Margaret Eugenia Harry, Lagrange
Colin Lentz, Buford
Duc Trung Nguyen, Lawrenceville
Zachary Rifkin, Atlanta

Hawaii

Summer Tolbert Wood, Kailua

Idaho

Kirk Arritt, Burley
Karin Watts, Cour D'Alene
Trevor Tafoya, Meridian

Illinois

Natalie Do, Lombard
Edward Toliver, Chicago

Iowa

Megan Timm, Williamsburg

Kansas

Anthony Garcia, Overland Park

Louisiana

Danny Giang, Marrero
Justin Wu, New Orleans

Maryland

Rosemary Ahanor, Rockville

Massachusetts

Julian Basha, Marlborough
Daniel Han, Medford
David Robbins, Boston
Allyce Sullivan, Tauntan

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**MEMBER
ADVANTAGE
PARTNER**

Take advantage of exclusive benefits and offers on various products for your business and personal life.

Your AAID membership provides access to valuable resources in the areas of finance, insurance, practice management, and various personal products and services.



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FINANCIAL SERVICES

Treloar & Heisel offers assistance with disability income, business interruption, life and malpractice insurance.

Go to www.aaid.com/memberadvantage for more information.

2019 AAID New Members

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Michigan

Travis Hadad, Mount Morris
Noorjahan Khan, Ypsilanti
Bassam Kinaia, Sterling Heights

Minnesota

Laurie Dawn Strand, Chanhassan
Eric Wang, Maple Grove

Missouri

Dustin Kim, St Robert

Montana

Jeffrey Michael Ashe, Kalispell

Nebraska

Dominic Armbrust, Omaha
Blake Hult, Omaha
Nicholas Lupo, Omaha

Nevada

Payden Anderson, Logansville
Gunnar Boelman, Las Vegas
Joshua Corcran, Las Vegas
David Diehl, Spring Creek
Khurram Fahim, Las Vegas
Suzan Fu, Las Vegas
Sharam Ghodsi, Las Vegas
Fionna Tay Gov, Las Vegas
Steven Hadawar, Las Vegas
Nhi Hoang, Las Vegas
Robin Je, Las Vegas
Emmy Le, Las Vegas
Khoa Le, Las Vegas
Eunice Lee, Las Vegas
Rosy Hong Nhung Nguyen, Las Vegas
Trang H Nguyen, Las Vegas
Trang T Nguyen, Las Vegas
Yves Pham, Las Vegas
Jaclyn Richardson, Las Vegas
Luiz Santos, Las Vegas
Eric Shyu, Las Vegas
Michael St. Laurent, Las Vegas
Garrett Swanson, Reno
Tri Tran, Las Vegas
Julia Truong, Henderson
Sean Truong, Las Vegas
Joseph Weber, Spring Creek

New Jersey

Omar Aldoori, Voorhees
Mallika Bandi, Harrison
Akiva Berger, Fair Lawn
Gabriel Cornick, Manville
Paul Dimitrey, Bayonne
Rinchu George, Piscataway
Grace Guo, Fort Lee

Brahmleen Kaur, Jersey City
Jenny Lau, Fairfield
Joyce Lau, Fairfield
Daisi Liao, Guttenberg
Yating Luo, Jersey City
Glenn Alan MacFarlane, Red Bank
Omar Mayorga, Newark
Brian Meulener, Little Silver
Aryam Modesto, Glen Rock
Andres Munoz, Ridgefield Park
Noah Mustafa, Secaucus
Ayesha Muzaffar, East Brunswick
Shefat Rabbi, Edison
Diana Rodriguez, Union City
Neil Shah, Flushing
Beatriz Trevino, Manalapan
Chase Whitlow, Franklin Lakes

New York

Vicky Athanasiou, Whitestone
Joseph Bajtner, Beacon
Vasundhara Bhatt, Rego Park
Chad Froebel, Alden
Vincent Fuschinco, Mechanicville
Mohammad Ghory, Bronx
Bahram Hamidi, New York
Morgan Herman, New York
Seth Okin, Great Neck
Geraldine Petrosino, Newburg
Jorge Rojas, Vernon Hills
Petrica Rouse, Rochester
Kristin Song, Long Island City
Jason Wen, Great Neck

North Carolina

Gustavo Andres Delgado, Harrisburg
Scott Guice, Huntersville
David Sullivan, Mint Hill

Oklahoma

Lloyd Hudson, Tulsa

Oregon

Grant Smith, Williamsville

Pennsylvania

Minti Agarwal, Sayre
Jillian Kester, Northampton
Heejung Kim, Philadelphia
Nicholas Rizzo, Old Forge
Mary Grace Rizzo-Fryzel, Scranton
Lorri Tomko, Allentown

Puerto Rico

Yadiel Caldero Quiñones, Corozal

South Carolina

Michael Barno, Columbia
Anthony Morrow, Greenville
Vanessa Vargas, Lake Wylie

Tennessee

Charles Kendrick Bunch, Hendersonville
Corey Ronald Jackson, Mt Juliet
Derek Osborne, Knoxville
James Ritter, Bartlett
Cameron Spaulding, Lebanon
Kyle Williams, Columbia

Texas

Laura Albarracin, Frisco
Andrew Allouch, New Caney
Richard Vinnie Barratta, Sugarland
Benjamin Beard, Magnolia
Stephen Boyles, Midland
David Brumbaugh, Dallas
Enrique Darancou, El Paso
Ahmed Samir El-Deeb, Houston
Chung Chien Hsia, Dallas
Jordan Joseph Juarez, Houston
Nick Le, Amarillo
Anas Muaamar, Livingston
Nirjal Patel, Houston
Cong Peng, Galveston
Greg Richards, Katy
Justin Riel, Houston
Alexandra Shepherd, Houston
Christopher Sierra, Pasadena
William Sung, Richmond
Totrinh Tran, Abilene
Praneetha Vallamreddy, Georgetown
Virginia Velez, New Braunfels

Utah

Kiran Napa, Holladay

US Virgin Island

Enrico Wensing, St. Thomas

Virginia

William Jeffrey, Harrisonburg
Mohammad Kashif, Manassas
Vishal Shah, Moneta

Washington

Lisa Arthur, Bremerton
Joshua Giltner, Bellingham
Anthony Nguyen, Spokane
Chris Wood, Eastsound

West Virginia

Harkiran Kaur, Triadelphia

Wisconsin

Deanna Anderson, West Allis
 Alex Flora, Minocqua
 Mohana Murali Krishna Kasam, Janesville
 Benjamin Lonsdorf, Minocqua

CANADA

Alberta

Devon Laatsch, Edmonton

British Columbia

Kenneth Choi, Sparwood
 Fadi Ibrahim, Coquitlam
 Alex Rosenczweig, Vancouver

Ontario

Sarah Alawsi, Mississauga
 Heba Aldosouky, Ancaster
 Ghada Al-Shurafa, Waterloo
 Aseel Assim, Waterloo
 Wallace Chan, Markham
 Andrew Darroch, Cambridge

Roxana Ghergari, Kitchener
 Amardeep Kaur, Brampton
 Jashanpreet Kaur, North York
 Mark Manning, Burlington
 Paul Mikhail, Cornwall
 Radovan Rudik, Guelph
 Wahid Sahyouni, North Bay
 Ashkan Salehzadeh, Pembroke
 Kanwar Singh, Brampton
 Surrendra Singh, Kitchener
 Ao Wang, Markham

Saskatchewan

Charles Britton, Saskatoon

INTERNATIONAL

Colombia

Santiago Jaramillo Guerra, Rionegro
 Antioquia

Japan

Kenzo Shiozaki, Saitama

Malaysia

Hui Ling Cheah, Subang Jaya Selangor

New Zealand

Adeel Punjwani, Taranaki

South Korea

Hyungwood Choi, Gwangmyeong-si
 Lee Eun Hyeok, Korea
 Mincheul Gil, Gimpo-si Gyeonggi-do
 Dongmin Jeong, Pohang-si
 Jaeki Jeong, Yongin-si
 Shinhyun Kang, Ichun Gyunggi
 Seol Lee, Yongin-shi Gyunggi-do
 Kyungpil Park, Guri-si Gyeonggi-do
 Kweonsoo Seo, Seoul
 Min Gyu Shim, Seongnam-si Gyeonggido
 You Sinwood, Incheon-si

United Arab Emirates

Poonam Goel, Abu Dhabi

New Student Members

The AAID encourages dental students to become familiar with the practice of implant dentistry. The AAID is a great place to learn from leading dental implant experts around the world who are a part of the organization. Electronic membership, open only to dental students, provides online access to AAID information and resources. If you know of a student who is interested in joining, email membership@aaid.com or go to aaid.com. The following is a list of new student members who joined between January 1, 2020, to May 7, 2020.

Jose Andrew Andrino
 Victor Bauer
 Luke Bessmer
 Viviana Brignoni
 Jason Diep
 Jeffrey Donatelli
 Alan Dzhabiev
 Marti Gabriella
 Adam Goldberg
 Yandy Gonzalez-Marrero
 Benjamin Greer
 William Handt
 Benjamin Hobaica
 Benjamin Hostetter
 Charles Huffman
 Wonseok Jang

Malik Muhammad Zeeshan Khan
 Akbar Khorshidi
 Helen Kim
 Justin James Kirkwood
 Jonathan Light
 Corinna Ma
 Tara Mahpour
 MacGregor Main
 Audrey Maynard
 Jordan Mays
 Grace Moore
 Jordan Mortensen
 Frankie Ngo
 Frédérique Ouellet
 Daniel Overfelt
 Raul Perez

Rahi Rahnama
 Sara Rezaie
 Joseph Samona
 Serena Shah
 Zachary Siegler
 Amy Stephenson
 Alexandra Steury
 Todd Stoner
 James Wen Tian Yan
 Jeffrey Toler
 Jason Tsai
 Megan Utter
 Scott Welling
 Jenna Windell
 Winnie Zhang



Abu Dhabi, UAE AAID MaxiCourse®

Abu Dhabi, UAE
 Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
 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: Jana Selimovic,
 Program Coordinator
 Email: Education@bostonmaxicourse.com
 Phone: 315-922-2176
 Location: Harvard Club of Boston
 Website: www.bostonmaxicourse.com
 Instagram: bostonmaxicourse_bic
 Facebook: Boston MaxiCourse

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/

Chicago AAID MaxiCourse®

Chicago, IL
 Director: Adam Foleck, DMD, FAAID, DABOI/ID
 Contact: Linda Shouldice
 Email: info@chicagomaxicourse.com
 Phone: 416-566-9855
 Website: www.chicagomaxicourse.com

Houston AAID MaxiCourse®

League City, TX
 Director: Jay Elliott, DDS, FAAID, DABOI/ID
 Contact: Jackie Martinez
 Email: Jackie@texasimplantededucation.com
 Phone: 281-703-9468
 Website: www.texasimplantededucation.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.inglewooddental@gmail.com
 Phone: 201-871-3555
 Website: www.dentalimplantlearningcenter.com

Nagoya, Japan MaxiCourse®

Nagoya, Japan
 Director: Yasunori Hotta, DDS, PhD, FAAID, DABOI/ID
 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.ij4u.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.inglewooddental@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®

South Jordan, UT
 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
 Phone: 787-642-2708
 Website: www.theadii.com

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.meiweigroupp.com/zt/tuopu

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NOW STREAMING



The Academy aims to foster informal discussions about the world of implant dentistry, mirroring the collaborative spirit of our members in our podcast. Hosted by Dr. Daniel Domingue and Dr. Justin Moody, the podcast explores topics and issues encompassed in the implant practitioner's world. Visit aaidpodcast.com to learn more and listen now.

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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

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.acadianasouthernssociety.com/upcoming-meetings.html

Alabama Implant Study Club

Location: Brentwood, TN
 President: Michael Dagostino, DDS
 Contact: Sonia Smithson, DDS
 Phone: (615) 337-0008
 Email: aisgadmin@comcast.net
 Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group

Location: San Francisco, CA
 Director: Matthew Young, DDS
 Phone: 415-392-8611
 Email: young.mattds@gmail.com
 Website: http://youngdentalsf.com

Calderon Institute Study Club

Location: Queens, NY /Oceanside, NY
 Director: Mike E. Calderón, DDS
 Contact: Andrianna Acosta
 Phone: 631-328-5050
 Email: calderoninstitute@gmail.com
 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: (315) 724-5141
 Email: bjddsimplant@aol.com
 Website: www.brianjacksondds.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.honoluluimplantoffice.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.dentalofficesolutions.com

Mid-Florida Implant Study Group

Location: Orlando, FL
 Director: Rajiv Patel, BDS, MDS
 Contact: Director
 Phone: 386-738-2006
 Email: drpatel@delandimplants.com
 Website: http://www.delandimplants.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.ij4u.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

Courses presented by AAID credentialed members*

United States

2020 Bay Area Implant Institute Continuum

Dr. Ihab Hanna
 Phone: 650-701-1111
 Email: info@bayareaimplantinstitute.com
 Website: https://www.bayareaimplantinstitute.com/page/course-schedule/

The Dental Implant Learning Center- Basic to Advanced Courses in Implant Dentistry

John C. Minichetti, DMD
 Contact: Sarah Rock
 Phone: 201-871-3555
 Email: sarah.inglewooddental@gmail.com
 Website: courses.htmhttps://www.dentalimplantlearningcenter.com/ce-courses/

California Implant Institute

Dr. Louie Al-Faraje, Academic Chairman
 Phone: 858-496-0574
 Email: info@implanteducation.net
 Website: http://www.implanteducation.net/

Courses presented by AAID credentialed members*

United States

Cancun Implant Institute: Comprehensive Oral Surgery Training for Modern Dental and Implant Practice

Dr. Joseph Leonetti & Dr. Bart Silverman
Emails: Jal3658@aol.com
Bsilver293@aol.com
Phone: 01-800-757-1202
Website: <https://cancunimplantinstitute.org/>

Implant Complications: A 25 Year Retrospective Review

Dr. Brian J. Jackson
Contact: Jana Selimovic
Program Coordinator - Boston MaxiCourse
Email: education@bostonmaxicourse.com
Phone: 315-922-2176
Cell. 315-790-7890/315-922-2176
Website: <http://eastcoastimplantinst.com/upcoming-courses/>

Introductory Implant Placement 6-Day Dental Implants Course

Dr. Michael Shulman
Contact: Jass
Email: Info@adiseminats.com
Phone: (657) 234-7463
Website: <http://www.adiseminars.com/>

Implants in Black and White

Dr. Daniel Domingue
Dr. Jerome Smith
Contact: Maggie Brouillette
Phone: 337-235-1523
Email: maggie@jeromesmithdds.com
Website: <http://blackwhiteimplants.weebly.com/>

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

Mini-Residency implant program, for dentists in any state

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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/

Canada

WESTERN IMPLANT TRAINING: An Introductory to Advanced Surgical & Prosthetic Program with Implant Company Participation

Dr. Robert E. Leigh, Director
Contact: Corie Zeise
Email: coriemanager@gmail.com
Phone: 1-780-349-6700
Website: <http://www.westernimplantraining.com/>

Toronto Implant Institute

Dr. Natalie Wong
Contact: Linda Shouldice, BA
Executive Director - Toronto Implant
Institute Inc.
Phone: 416.566.9855
Email: linda@ti2inc.com
Website: <http://torontoimplantinstitute.com/>

2020 Student Award Recipients

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Pre-Doctoral

Madiha Khan	New York University College of Dentistry	Jessica Quach	Virginia Commonwealth University School of Dentistry
Jane LaPorte	University of Iowa College of Dentistry and Dental Clinics	Hayden Rathel	University of Alabama School of Dentistry
Elizabeth Lucas	University of Mississippi School of Dentistry	Luke Revelt	Southern Illinois University School of Dental Medicine
Robyna Mamoor	Stony Brook School of Dental Medicine	Sukhdeep Sandhu	University of Nevada Las Vegas School of Dental Medicine
Kareem Metwalli	UT Health San Antonio School of Dentistry	Katherine Saylor	Loma Linda University School of Dentistry
Jaiden Mercer	Arizona School of Dentistry & Oral Health	Sonya Shafique	Tufts University School of Dental Medicine
Christa Musto	University of Pittsburgh School of Dental Medicine	Jonathan Swope	Texas A&M, College of Dentistry
Umair Niazi	Midwestern University College of Dental Medicine	Mckenzi Taylor	University of Missouri-Kansas City
Stephen Patterson	The University of Illinois at Chicago	Victoria Turner	The University of Texas School of Dentistry in Houston
Ashton Parmley	University of Nebraska Medical Center College of Dentistry	Brendan Wu	Harvard School of Dental Medicine
Kate Plagenz	Roseman University College of Dental Medicine	Jake Wuerch	The University of British Columbia
Sarina Priyesh Dodhia	Penn Dental Medicine	Drew Young	The University of Alberta
		Shannon Young	University of Michigan School of Dentistry

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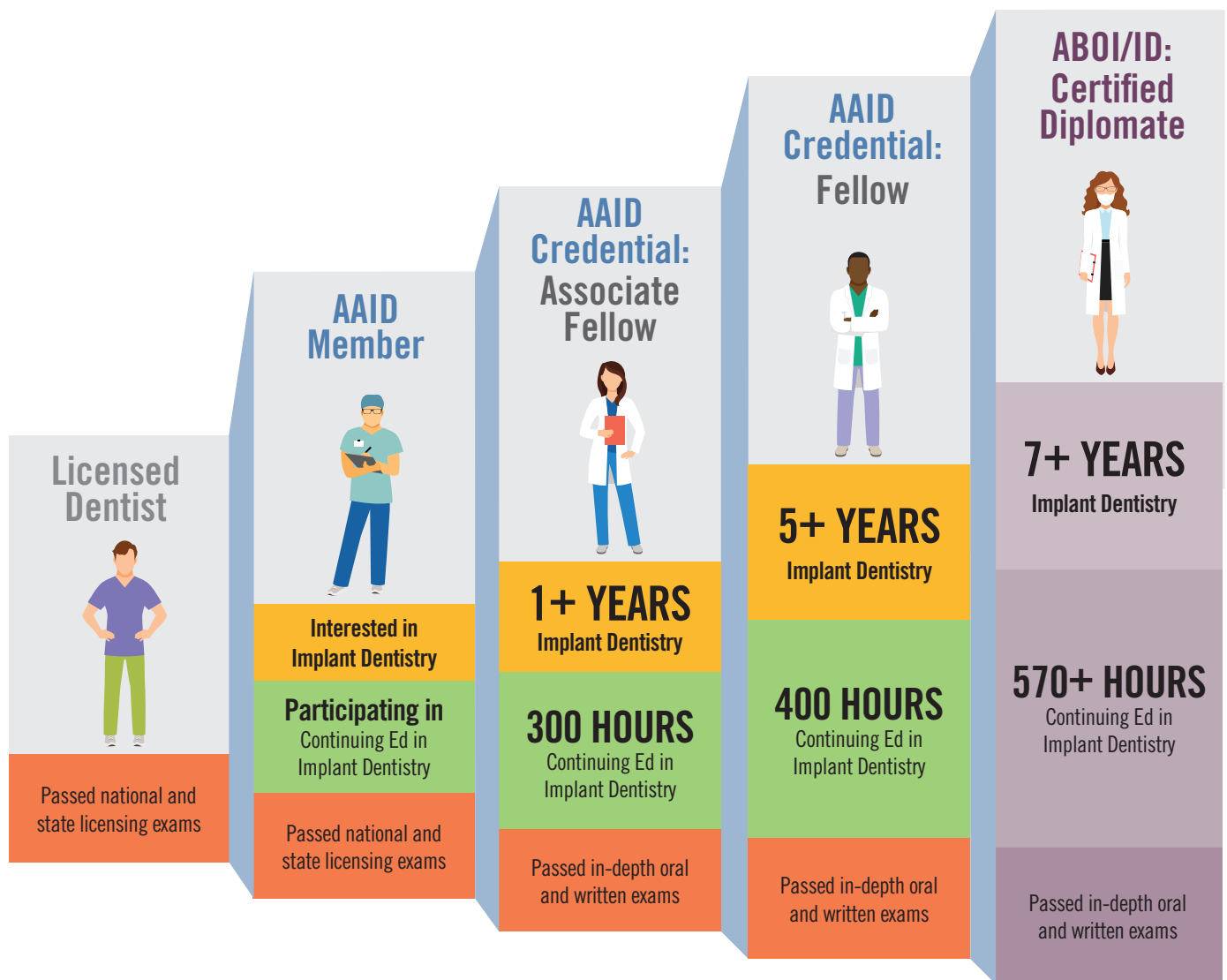
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