The Ankylos-SynCone Overdenture System: the biology, diagnosis and treatment

By David P. DiGiallorenzo, DMD

The SynCone Over Denture System is one restorative implant-supported removable option within the Ankylos Dental Implant System. The SynCone Over Denture System refers to the unique abutment-retainer design (Figs. 1, 1a). SynCone has been developed for mandibular dentures with acceptable esthetics, phonetics and vertical dimension to be relined immediately and loaded at implant placement.1-4,8

However, a delayed approach can be utilized if needed and SynCone can be utilized on the maxillary arch as well.

The protocol utilizes four implants inserted between the mental foreman. The technique is cost-effective and can be completed in a single visit. This is extremely advant...
JOP study indicates oral cancer patients could be diagnosed earlier

Worldwide, more than 500,000 new cases of cancer of the mouth are diagnosed each year. The majority of these cancers are found too late, causing many people to die within five years of finding out they have cancer.

There exists much information addressing issues related to the patient who has undergone surgery or chemotherapy, but little information related to early diagnosis and referral.

In a new article in the Journal of Prosthodontics, researchers led by Michael A. Siegel, DDS, MS, FDS, RCsed, describe the epidemiology of oral cancer and the diagnostic tools currently available to prosthodontists to ensure that their patients are diagnosed at the earliest possible time.

Although the need for prosthodontics was expected to decline with the promotion of preventive measures, it is actually increasing with the aging population.

The highest risk of developing oral cancer is in adults older than 40 who use both tobacco and alcohol. However, these cancers can develop in anyone, so annual prosthodontist visits are increasingly important.

The majority of oral, head and neck cancer are initially diagnosed in a late stage, which has a five-year prognosis of less than 50 percent. If these tumors are found in their earliest stage, the five-year prognosis is 95 percent.

All dentists, including prosthodontists, are specifically trained to detect tumors in an early stage. Only 28 percent of patients reported ever having had an oral cancer examination.

Patients who have lost their teeth must be specifically counseled about returning for prescribed, regular recall examinations. They may incorrectly believe that, as they do not have all or any of their teeth, they do not need to be regularly followed by a prosthodontist.

Recently, several research papers have marketed simple tests intended to aid the dentist in the early detection and diagnosis of oral lesions even before they turn into cancer; these tests are painless and relatively inexpensive. Any sore, lump, or bump in the mouth that bleeds, is enlarging or will not heal should be evaluated at the earliest possible time.

“If prosthodontists, and other dentists, are more vigilant in performing oral cancer screening examinations on all of their patients, the quality of life and survivorship from these cancers will be greatly improved, whereby morbidity and mortality will be greatly reduced,” the researchers conclude.

(Source: The Journal of Prosthodontics)

New study of doctor-patient relationships shows technology impacts patient perceptions

Groundbreaking survey of 23,000 dental patients by Sesame Communications confirms connection

Sesame Communications, provider of software and services to the dental industry, released results from a new survey that revealed that the use of Internet technology greatly influences patient perceptions, among other findings.

Patients associate their doctor’s adoption of the latest online technologies and tools with advanced clinical skills, treatment methods, materials, and procedures.

These findings, along with other results and insights, are summarized in a new whitepaper titled “Technology Meets Tradition.”

The findings and content are based on more than 23,000 dental patient surveys submitted January through October 2008, across the United States and Canada.

Believed to be the largest study of its kind ever conducted, the whitepaper is now available for free download at www.sesamecommunications.com.

“Patients have spoken, and they’re online,” said Frith Mai er, CEO and founder of Sesame Communications. “Patients are demanding online access to interaction on their terms. Doctors risk being left behind unless they get online.”

Other findings in the “Technology Meets Tradition” whitepaper include:

• E-mail trumps phone calls. Patients expressed an overwhelming preference for e-mail as they increasingly manage their health and dental care online. E-mail was preferred by more than 3:1 over traditional phone calls for appointment reminders and other communication.
• Financial visibility and online payment embraced by patients. More than 80 percent of patients surveyed expressed comfort with making payments online and 40 percent enthusiastically endorsed it.

Being a great dentist means a lot more than being an expert on teeth. A truly great-dentist must also be a good communicator,” said Dr. Larry Emmott, president of Emmott on Technology. “This study clearly shows that now more than ever before, being online is critical to enhancing communication and building the doctor-patient relationship.”

About Sesame Communications

Sesame Communications is a premier provider of online products and services for the dental industry. Sesame supports the largest online channel in dentistry, with nearly 2 million patients logging on for information and electronic alerts from their dental professionals.

Sesame delivers a comprehensive solution, which enables doctors to enhance patient relationships and practice profitability by improving staff productivity, enhancing practice marketing and increasing patient referrals. More than 15,000 dental providers are registered for Sesame Interactive, which streamlines communications between dentists and specialists and improves treatment planning.

Sesame is privately held and headquartered in Seattle, Wash., and can be found at www.sesamecommunications.com or by calling (877) 833-5193.
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A new twist on surgical guides

Dr. Bavār presents new technique in Journal of Oral Implantology

Surgical guides have long been used to help dentists record implant locations and calculations for dentures and bridges.

With the advent of computer-assisted tomography (CT), dentists can map the patient’s available bone, placement of prosthetic teeth and bite impression and produce a surgical guide before the patient undergoes any procedure. However, currently available surgical guide techniques have certain shortcomings: some require multiple guides for different-sized drilling, are unstable or do not record the rotational position of implants, whereas others have accounted for these issues but do not allow custom molds and abutments to be made, resulting in inaccurate or poorly fitting prostheses.

In the latest issue of the Journal of Oral Implantology, Trevor Bavār, DDS, presents a new technique that resolves these deficiencies. This technique uses a single guide with reduction sleeves to accommodate different-sized drilling, records implant positioning and angles on the guide and creates an index, generates custom copings and abutments and emplaces an acrylic temporary yet aesthetic bridge in one visit. Using the custom measurements from the index and bite registration, the final prosthetic can be created and the completed bridge can be installed in just three noninvasive follow-up visits.

Using this index and guide system, surgical specialists and restorative dentists can work separately or as a team to address aesthetic, prosthetic and implant needs simultaneously.

To read the entire study, go to: http://www.allenpress.com/pdf/ORI

(Source: Journal of Oral Implantology)

‘The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental-Heart Disease Labyrinth?’

By William D. Nordquist, BS, DMD, MS

The discovered relationship between dental and heart disease announced by the United States surgeon general in 2000 has necessitated a unique cooperation between dentistry and medicine.

Patients who have systemic diseases, such as heart disease, diabetes, and other chronic diseases, such as Alzheimer’s disease also have multiple missing teeth. As a result of the missing teeth, these are the patients who require the services of implant dentists. Implant dentistry then requires dentists to understand these diseases and the many medicines that these patients are taking to treat their many ailments.

Scientific studies have definitely shown a relationship between periodontal disease and heart disease. With this new understanding, the dentist’s role in medicine has been dramatically elevated. Dentists are now responsible for diagnosing and treating gum disease because it is related to diseases that affect other parts of the body, not just the mouth. Is there a cause and effect; dental disease causing heart disease? Are bacteria that cause periodontal disease also causing heart disease? That seems to be the case.

The recently released book, by William D. Nordquist, “The Stealth Killer: Is Oral Spirochetosis the Missing Link in the Dental-Heart Disease Labyrinth?” connects the dots from 100-plus years of dental and medical research to establish a compelling hypothesis to explain the missing link between dental and systemic disease. These are serious questions and they greatly increase the responsibility of dentists for their patients who need dental implants.

An extensive review in the medical and dental literature, plus eight years of microscopic investigation in Nordquist’s laboratory, reveals some very important clues in the search for the relationship between dental and heart disease.

Some important facts are:

• Both periodontal disease and heart disease are in epidemic proportions in the modern age, especially after World War II.
• More people die of heart disease than all other diseases combined.
• By the time most people reach the “ripe old age,” they have some form of heart disease.
• Seventy-five to seventy-eight percent of people have some form of gum disease.

Even though dental disease has been prevalent since the recording of history, it took a very virulent turn in World War I with the disease Vincent’s infection (trench mouth), named after its discoverer. Vincent’s disease is primarily a spirochete bacterial infection. Spirochetes are involved with gum disease today. Spirochetes cause other serious diseases such as Lyme disease, syphilis and stomach ulcers, as well as other less well known debilitating diseases. Microscopic research on syphilis in the early 1900s revealed that syphilis has a unique “life cycle.”

When the bacteria are treated with an antibiotic or the immune system itself attacks it, the bacteria undergo a morphogenic change and become a “spore.” The disease is almost impossible to completely eradicate. It has also been reported in the older literature that oral spirochetes also produce these “spores.” Research has shown that the Lyme disease Borrelia spirochete also has a similar “life cycle” and produces “spores” and “cysts” forms.

This life cycle of oral bacteria makes the treatment of gum disease very difficult, if not impossible. Once periodontal surgery is completed, if not done on highly compliant patients, it usually returns and additional surgeries are required, but the surgeries rarely ever cure the disease. Could oral spirochetes and their unique life cycles have something to do with heart disease? Almost certainly.

Research is now being initiated on a grand scale into this relational problem between dental and heart disease. Many more theories and solutions will be reported as dentists and doctors work together to better understand and treat this problem.
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tageous for the baby boomer and elderly population, where immediacy is important.

The SynCone system relies on a unique stock pre-machined titanium abutment, which comes in either a 4- or 6-degree taper. The abutments come in a 15-degree angle correction if needed and can be rotated 360 degrees for precise alignment. The corresponding gold retainers come in either a 4- or 6-degree matching taper (Fig. 1a). The unique fit of the gold retainers on the titanium abutments ensures an unimpeded fit. A settling phenomenon improves the retention as the patient functions over time.

Patient selection should include healthy patients with adequate bone quality and quantity, healthy tissues and a stable existing denture and therapeutic occlusion.

Preoperative assessments must include bone quality, quantity, occlusion and keratinized tissue location on the residual ridge crest. If the existing denture is going to be used for the immediate chairside reline, then there must be enough room for the abutment and retainer height of 5 mm, otherwise a new denture must be fabricated. If this is the case, then a delayed approach is prudent. Another option, when there is limited space within the denture, would be to use a locator attachment on the Ankylos implant, which will require only 3.14 mm of height. This becomes important when utilizing a maxillary flangeless ovate pontic design horseshoe denture (Figs. 2, 3).

If conventional radiography is used, the existing denture or a duplicate denture can be used as a surgical guide. A crestal incision will be indicated. Splitting the mucosa on the ridge crest may be indicated to create a broader zone of keratinized tissue on the facial or lingual.

Moreover, consideration should be given to allowing the ridge to granulate in by secondary intention to create a broader zone of keratinized tissue when there is lack of peri-implant keratinized tissue. Without a CAT scan, surgical visualization and identification of the mental foreman is crucial at surgery through full thickness blunt dissection (Fig. 4). This will reduce any chance of paresthesia. Implant placement should begin 5 mm anterior to the neurovascular bundle and proceed forward from this implant (Fig. 5). Early cadaver and CT scanning studies have indicated an anterior loop of the neurovascular bundle in a small percentage of the population.22

CT scanning technology such as SimPlant (Materialise Dental) is the preferred option for treatment planning. Here you have a choice of either a tissue-supported surgical guide or bone-supported surg-
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guide. With this software, virtual placement of the implants and development of the surgi-guide will ensure a precise understanding of implant angulation, available bone, regenerative needs and abutment selection (Fig. 6). When diagnosed, incision-less techniques can be utilized. Because alignment must be within 5 degrees with the SynCone technique, a surgi-guide will ensure success (Fig. 7).

Preoperative medications include amoxicillin 500 mg one day prior and then every six hours and Motrin 800 mg beginning the day of procedure and additionally as needed. Finally, Peridex rinses three times daily until wound closure or complete healing. A Medrol Dose Pack can be considered as well.

Case 1

This edentulous 60-year-old female presented with a chief complaint: “I cannot eat; my lower denture moves during function” (Fig. 7a). After bilateral mandibular blocks and localized infiltration, a crestal incision is extended on the edentulous ridge. The residual alveolar ridge is leveled utilizing piezosurgery to create a broad flat ridge to begin the initial osteotomies (Figs. 7b, 7c).

The optimal configuration is four implants placed from mental foramen to foramen (Fig. 8). Four 3.5 mm diameter by 11 mm high are a minimum requirement for the SynCone technique. If 14 mm implants are possible, this is ideal, as most of the early fixation is mechanical in nature. A longer and/or wider implant will provide more primary stability reducing any chance of excessive micro-movement at the bone implant interface as secondary biologic fixation occurs.

The unique surgical protocol is to place the Ankylos implant 1 to 2 mm below the crest of bone (Fig. 9). The unique sub-crestal positioning is possible as a result of horizontal and vertical room created by the medialized implant abutment connection. This offset creates the necessary room for the soft tissue to reattach. Thus, there is a supra-cre-
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stal biologic width, without the accommodative bone loss seen in many conventional implant designs8–17,19 (Fig. 10, 10a). In addition, the close tolerance of the abutment implant connection creates an invisible micro gap1–19 (Fig. 10b).

Clinically we have an opportunity to optimize the surgical requirements (primary stability, sub-crestal placement) and utilize any abutment anywhere as the negative cervical design is the same for all abutments (Fig. 11). The clinical result of this 20-year-old passive biologic design is crestal bone maintenance. If we preserve bone, then we understand that soft tissue stability will follow without long-term unwanted soft tissue changes.

The simple surgical technique for a 3.5 mm implant includes the 1.8 mm twist, 2.8 twist, conical reamer and tap-in type 1 and 2 bone. Placement of the first implant is suggested 5 mm anterior to the identified mental foramen bilaterally (Fig. 11a). Then the anterior two implants should be placed with even distribution (Fig. 11b). The SynCone abutment is placed and then long paralleling pins are placed on the abutments. These pins aid in keeping the implant within five degrees of each other, a prerequisite for SynCone success (Fig. 12).

The Ankylos implant has a pre-mounted cover screw below the fixture mount. After removal of the fixture mount, the cover screw is removed with the cover screw removal tool. This requires a force of 10 ncm. If the implant spins out of the osteotomy, then we know 10 ncm of primary stability has not been achieved. It is prudent to reseat the implant and utilize a delayed protocol. But a recommended primary stability of 24 ncm is the minimum we use to provide immediate denture loading.

If an incision-less technique is not possible, then consider using a durable suture material such as silk, gortex or PGA, avoiding any short-term resorbables, such as gut. The author uses a surgical adhesive as well, such as periacryl, only on the tissue (Fig. 13).

Place the SynCone abutments into the implants with a .01 driver and finger pressure. My recommendation is to begin with four 6-degree abutments. Placing all 4-degree abutment and retainers is extremely retentive and may be difficult to remove. So placing all 6-degree abutments is prudent.

There is no need to torque the abutments with a driver, as the design and precision of the morse
taper internal connection does not require any more than 15 n cm, which can be achieved with a hand-held driver. Placement of the SynCone rubber spacers onto the abutments protects the surgical wound during relining procedures. Place the SynCone gold retainers with finger pressure onto the abutments (Fig. 14). Relieve the entire denture at least 2 mm and be sure to create enough room over each retainer. Reduce any excessive flanges areas on the denture or undercut areas that will only provide too much retention (Fig. 15).

Perforation of the lingual area is recommended or at least a small vent to allow excess hard relines to escape. A cold cure hard reline material is mixed and placed into the denture. Seat the denture into the mouth and have the patient bite into the denture with gentle force until the material is completely set. Remove the denture and trim up any flash, continuing to reduce any unnecessary excessive flange area. Adjust the occlusion, being sure to create a balanced group function occlusion (Fig. 16).

Instruct the patient to leave the denture in for two weeks. This will provide bilateral cross arch stabilization, splinting the implants together, limiting micro-movement at the bone implant interface. The denture is a combination of tissue-and implant-supported (Figs. 16a, 16b).

Rinsing vigorously three times a day and utilizing a Waterpik® works well to keep any food debris from accumulating. A soft diet is recommended. Continue to see the patient biweekly adjusting the denture as needed.

Case 2

SynCone can be utilized in the maxillary arch as well. This patient presented indicating: “I would like to be able to chew without my teeth falling out” (Fig. 16c). A recommended protocol of six implants is
ideal to provide the necessary stability. However, the author has utilized four and five implants, which provided ample stability.

SimPlant software was utilized to determine implant angulation, implant length, bone quality, bone quantity, osseous regenerative needs and volume and abutment selection (Fig. 17). From this preliminary data, a bone-supported surgi-guide was fabricated from the stereolithic model (Fig. 18). If there is sufficient bone volume, a tissue-supported guide can be fabricated for an incision-less approach.

Five implants were placed utilizing the surgi-guide from SimPlant and guided bone regeneration was completed at that time utilizing allograft, autogenous and PRGF (PRGF protocol from BTI International) and an Ossix membrane (Orapharma) (Fig. 19–21). A soft reline was prepared on the abutments utilizing the old partial on the day of surgery (Fig. 22).

After a four-month healing period, SynCone 15-degree angulated abutments were placed (Fig. 23). Fabrication of a cast vitalium horseshoe maxillary prosthesis was completed with five gold SynCone retainers in place (Fig. 24). The recommendation is 6-degree abutments on the maxillary arch to begin with. This will provide ample retention without being too retentive and difficult for the patient to remove (Fig. 25).

This Ankylos SynCone Overdenture Technique is a particularly simple and efficient means to restore immediate form and function in a debilitated denture wearer. Diagnosis remains the key to success.

References available upon request at s.rendon@diamerica.com.

About the author

Dr. David DiGiallorenzo has a unique multi-disciplinary approach to dental therapy. His training at the University of Pennsylvania in the early 1990s in the Department of Periodontics and Periodontal Prosthesis included multifaceted training in prosthodontics, orthodontics, periodontics and advanced oral reconstructive techniques including oral implantology. He is currently in private practice in the suburban Philadelphia area limited to periodontics, dental implantology, advanced reconstructive case management and Tmj. Having been in private practice for 15 years, DiGiallorenzo works with more than 60 referring doctors in Pennsylvania. He teaches at the University of Pennsylvania, Department of Periodontics and lectures both nationally and internationally. He is active with the American Academy of Periodontology, the American Academy of Osseointegration and the International Congress of Oral Implantology. He can be reached at dmdseminars@aol.com and www.perioimplants.us.
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Excellence in dentistry has never made more sense or been more affordable.
The practice within a practice

By Roger P. Levin, DDS

What would you say if someone asked you to run two dental practices? Guess what? You already do! Essentially, implant dentistry is an entirely separate practice within your practice.

Once you realize that, you are on your way to greater implant success—even in a turbulent economy.

What makes implants different?

Your two “practices” are vastly different. One is a business with need-based procedures and dental insurance, while the other is a business that deals with fee-for-service elective procedures.

The implant segment of your practice requires different protocols and systems for the following areas:

• Communication. Implant treatment involves a high level of collaboration between the restorative and surgical practices. This level of communication is one of the reasons Levin Group recommends that surgical practices hire an implant treatment coordinator (ITC). This individual acts as a point person, guiding patients through the implant process and coordinating communication with restorative practices. In addition, the ITC works with the implant sales representative to ensure that the practices have the proper supplies, including component parts.

• Patient decision-making. The implant patient has different motivations than most other dental patients. Dental patients generally accept basic treatment on broken or decayed teeth. On the other hand, implants are a completely elective service that no one has to buy. Most dental patients who lose teeth will seek treatment, yet the majority will opt for more traditional services unless practices have the right implant systems in place.

• Case presentation issues. Many clinicians choose patients based on initial interest in implants. This pre-selection severely limits the potential pool of implant patients. Levin Group recommends that every partially or fully edentulous patient be educated on the benefits of implants. In fact, all patients, even if not missing any teeth, should be made aware of implants.

Most patients do not immediately think of implants as the treatment of choice for missing teeth until practices build value for this treatment option. Implants are an emotional choice for patients, and the case presentation needs to be tailored accordingly.

Emphasizing the enhanced quality of life implants deliver is one benefit that resonates with patients, especially in today’s economy.

How can I grow my implant practice?

If you are committed to growing the implant segment of your practice, Levin Group recommends these four action steps:

1) Improve collaboration with your referring doctors.

Co-education involves the implant surgeon stepping into the educational process and providing case-specific information and guidance to those restorative doctors who can benefit from this added level of collaboration. The goal of co-education is to make it possible for the restoring dentist to gradually transition into more complex implant restorations.

2) Ramp up patient education.

Most patients are not fully aware of the numerous benefits of implants. Surgical and restorative practices should actively educate patients. As with any other patient communication, conversations about implants should be scripted to deliver concise, clear and consistent messages. Use supporting educational materials, such as brochures, to reinforce what has been discussed about implants.

Patient testimonials as well as “before and after” photos are very powerful, particularly with unfamiliar procedures such as implants.

3) Enhance communication with patients.

Powerful verbal skills help define team effectiveness, practice efficiency and quality of care. Scripting is the logical way to foster and reinforce consistent, effective communication with your implant patients. This results in a higher level of customer service, increased case acceptance and improved patient satisfaction. In addition, when team members know what to do and know what to say, practice stress is greatly reduced.

4) Offer flexible financial options.

You don’t want to see motivated patients suddenly become “un-motivated” when they discover the cost of implant treatment. The current economy makes this an even more important issue. Fortunately, third-party financing is a smart solution for patients and practices alike.

Even though they often have third-party patient financing as an option, many doctors have mixed feelings about it because they are hesitant to give up a very small portion of the fee as part of the financing arrangement. Levin Group has been reminding clients for years that the small portion of the fee retained by the patient financing company is insignificant compared with the return to the practice in higher case acceptance rates and overall production.

Conclusion

Implants can be an important growth center for practices with the right attitude and knowledge to make it happen. Taking a “practice-within-a-practice” approach is the best strategy for increasing implant production in both surgical and restorative practices. This concept provides the correct framework for achieving ultimate implant success.

Implant Tribune readers are entitled to receive a 20 percent courtesy discount on Dr. Levin’s latest Implant Success seminar being held Feb. 18-19 in Las Vegas. To receive this courtesy, call (888) 973-0000 and mention “Implant Tribune” or e-mail customerservice@levingroup.com with “Implant Tribune” in the subject line.

About the author

Dr. Roger P. Levin is founder and chief executive officer of Levin Group, Inc., the leading implant practice management firm. Levin Group provides Total Implant Success, the premier comprehensive consulting solution for lifetime success to implant doctors in the United States and around the world. For more than two decades, Dr. Levin and Levin Group have been dedicated to improving the lives of implant doctors.

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- Flap Design, Flap Management and Suturing Methods
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- Soft Tissue Autografts and Allografts
- Abutment Design Modifications
- Peri-Implant Papilla Support

**HANDS-ON PORCINE LABORATORY (1/2 Day)**
- Full and Partial Thickness Flap Management
- Apical Repositioned Flap and Soft Tissue Graft Harvest
- Tunneling Procedure and Graft Placement
- Soft Tissue Autograft and Allograft Management
- Suturing Methods

**COURSE DATES**
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- July 15, 2009
- October 7, 2009
- December 9, 2009

### BONE, RIDGE & SOCKET GRAFTING

**2-DAY LECTURE, HANDS-ON & LIVE SURGERY**

**DAY 1: AM INTERACTIVE LECTURE (1/2 Day)**
- Treatment planning and patient selection for grafting procedures
- Concepts and techniques in bone grafting from incision to suturing
- Extraction site management: immediate versus delayed implant placement with bone and soft tissue grafting
- Prosthetic steps to assist in grafting and implant procedures
- New technology using rhBMP-2 / INFUSE bone grafts
- Resorbable and non-resorbable membranes for vertical and horizontal ridge augmentation

**DAY 2: AM HANDS-ON PORCINE LABORATORY (1/2 Day)**
- Tooth extraction with a simultaneous implant placement and bone grafting with membranous placement
- Horizontal ridge augmentation with simultaneous implant placement, sandwich bone grafting with resorbable membrane placement
- Vertical ridge augmentation with rhBMP-2 / INFUSE graft, Timesh, bone blocks and bone fillers

**COURSE DATES**
- March 5-6, 2009
- July 16-17, 2009
- October 8-9, 2009
- December 10-11, 2009

### DAY 1: PM LIVE SURGERY OBSERVATION (1/2 Day)

During this 4-hour session 2 live surgery cases will be demonstrated. The first case is a posterior case of ridge and sinus augmentation. The second case is an anterior esthetic case where details for optimal implant placement and site development will be demonstrated. The live surgery session is video taped through a high quality 7-camera angle live audio feed for interaction between participants and the clinical team.

### DAY 2: PM INTERACTIVE LECTURE (1/2 Day)

- Potential intraoral donor sites, as well as techniques
- Bone filler materials and rhBMP-2 growth factors
- Resorbable and non-resorbable membranes for vertical and horizontal ridge augmentation
- rhBMP-2 / INFUSE grafting and protocol results

**COURSE DATES**
- March 17, 2009
- July 10, 2009
- October 10, 2009
- December 12, 2009

### SINUS ELEVATION AND GRAFTING

**1-DAY LECTURE & HANDS-ON WORKSHOP**

**INTERACTIVE LECTURE (1/2 Day)**
- Patient Selection, CT/Diagnosis, Pre-modification
- Decision making and clinical protocol in osteotomy versus lateral window approach
- Bone Graft levelling protocol with Autogenous, Xenograft and barrier membranes
- New protocols using rhBMP-2/INFUSE and bone fillers
- Choice of implant system and when to stage the sinus bone graft
- Diagnosis of problems and management of sinus complications

**HANDS-ON LABORATORY WITH GOAT MAXILLA MODEL (1/2 Day)**
- Lateral window approach using bone cutting instruments
- Internal sinus elevation using Osteotome techniques
- Bone graft levelling technique with barrier membranes
- rhBMP-2/INFUSE bone graft and filler protocol
- Implant placement techniques
- Extraction and sinus treatment
- Flap management and suturing methods

**COURSE DATES**
- March 17, 2009
- July 10, 2009
- October 10, 2009
- December 12, 2009

### COURSE FEES

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<th>Course Description</th>
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<td>1-DAY Soft Tissue Management &amp; Grafting Around Dental Implants</td>
<td>$995</td>
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<tr>
<td>2-DAY Bone, Ridge &amp; Socket Grafting</td>
<td>$1995</td>
</tr>
<tr>
<td>1-DAY Sinus Elevation &amp; Grafting</td>
<td>$1195</td>
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<tr>
<td>All Three Courses</td>
<td>$4185</td>
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Register for our courses online at [www.gidedental.com](http://www.gidedental.com) or Contact Christiane at christiane@gidedental.com or 310.696.9025
Nobel Biocare Customers
Why use "NobelActive with an Internal Hex (Niznick 1990 Pat. #4,960,381) when you can use ReActive™ Tri-lobe Implants and Save 65-70%"

ReActive™ Tri-Lobe Implant
Platform Shifting, Micro-threads, Deeper Threads, Round Apex
All-in-one Packaging: Cover Screw, Transfer & Straight Abutment
ReActive @ $200; NobelActive @ $656

Tri-lobe Generation II - IV Implants
Select Type of Threads & Abutment

II RePlant with Temporary Titanium Abutment
III RePlus with Straight "Snappy" Abutment
IV ReActive with Straight Preparable Abutment

RePlant®:
Body Dimensions: Matches Replace®
Body Taper: For Bone Expansion

RePlus®:
Body Threads: For Increased Surface

ReActive™

Free Implants for Nobel Biocare Customers
3 Surgically Compatible, RePlant® Implants with Titanium
Transfer/Temporary Abutments plus 2 Contoured Abutments

US List Price for 3 Implants, Abutments and Prosthetic Components:
RePlant = $620
NobelBioCare = $1907

FREE Introductory Offers at www.implantdirect.com

Cost Savings: 49% 61% 62% 57% 49% 61% 53%
**Zimmer Dental Customers**

Why use Screw-Vent Generation I Implants (Niznick 1990 Pat. #4,960,381) when you can use Legacy™ or Spectra-System and Save 65-70%?

**Straumann Customers**

SwissPlant Launch 4Q08
All-in-1 Packaging: $200
Implant plus Cover Screw, Straight Solid Abutment, Snap-on Cap, 2mm HC

---

**Spectra-System® Generation III**

Application-Specific Implants include Abutment, Transfer, Cover-Screw, Healing Collar/Comfort Cap

*Saving $350-$450 Compared to Zimmer Dental

**Two-Piece Implants**

2-Stage

1-Stage

- Abutments
  - *Save 37% - 55%
  - Cost Savings based on US List Price as of 07/08 for Comparable components purchased separately

- ScrewPlant® Internal Hex
- Screw Plus® Internal Hex

**One-Piece Implants**

- ScrewDirect® Straight Snap-on
- ScrewIndirect® Screw-Receiving
- ScrewRedirect® Angled Contoured

---

**Legacy™ Generation II**

Compatible with Tapered Screw-Vent®

Improvements: Precision-Fit™, No Vent, Micro-threads, SBM to Top, Self-tapping

---

**Free Implants for Zimmer Dental Customers**

3 ScrewPlant Implants with Fixture-mount/Abutments
Compatible with Zimmer Dental’s Tapered Screw-Vent® Drills

- US List Price for 3 Implants, Abutments and Prosthetic Components:
  - ScrewPlant = $540
  - Zimmer® = $1178

FREE Introductory Offers at [www.implantdirect.com](http://www.implantdirect.com)
Dental branding, Subway and guided surgery: three truths about what is really important

By James McAnally, DDS

Lots of national consultants spend time talking about “mission statements,” coming up with your “brand identity” and having a pleasant “logo.” You’ll even hear many state that branding will help you perform more complex services like Teeth in an Hour® or help move more ImplantDirect, Nobel, Zimmer, etc. brand of implants off the shelf.

You’ll never hear me uttering those things nor any of our successful member doctors at Big Case Marketing. Why? Because there are fundamental truths about branding and “image” that aren’t getting shared with dentists, and here they are.

Truth No. 1: mission statements

Honestly, patients could care less. Patients, and actually everyone, are tuned to their favorite station whose call letters are WII-FM — What’s in it for me?

Here are five things patients truly want instead of framed mission statements:

1) no pain,
2) to understand what you propose in simple terms,
3) options (but not too many),
4) the “Wizard,” and
5) respect

Truth No. 2: logos and brands

What about logos? The only thing less important to your patient than your logo is your mission statement. If you will feel good spending a month’s advertising budget on your logo, then by all means, spend $5K on the design, but you’d be better off investing those dollars on a well-designed direct response ad to make the phone ring with patients you wish to treat — those needing guided surgery!

More honestly about logos. Logos can be useful if gracing a popular product on a shelf, backed by millions of dollars in advertising. Then it has real value. In fact, when that kind of money is spent on a brand/logo, even when the brand dies, it still has value due to the dollars originally spent.

Brin coffee is an example. It’s slapped for a return years after the product was no longer sold because those millions created a lasting effect. Is that your situation? Is that any dental situation of even the largest group practices or “chains” of clinics? Doubtful.

When that level of money is spent, even when dead, a brand still has value. Is that your situation? Is that the situation of even the largest group practices or “chains” of clinics? Doubtful.

A logo can also be useful when a niche culture or sub-culture wears it on their polo shirt. In triathlons I’ve seen IronMan® logos tattooed on some fellow racers. That’s true power in branding. No one is queuing up to get our logos as tattoos though.

Logos won’t make or break us. Patients don’t lie awake eagerly anticipating your newest logo design or, really, any company’s. The patient simply doesn’t care. Recently, people on the street were shown the Subway® logo — the real one and four fakes all on the same sheet of paper. With millions in franchise fees annually spent on marketing only 6 percent could pick out the real logo! Doctor, do you think your logo backed by a few thousand dollars a year is going to beat that dismal result and actually create cases? If patients actually care about our logo, I’d contend they’re mentally deranged.

Truth No. 3: The doctor is the brand (especially when performing elective or complex cases)

The bigger the dollar amount involved, the more important you become. Patients need who you are, not what you are, and you in the consult room is the brand.

With the right marketing, patients can call a practice, know very little about the doctor and still be powerfully motivated to seek treatment with that office because they were offered solutions to problems, not logos, brands or mission statements. Patients want and need who you are, not what you are. “You” as the brand becomes important after the patient receives promotional information from the practice and schedules a live appointment. Then, the brand of “you,” becomes very important.

Are you offering solutions to problems or simply wasting time, energy and money on logos, branding and mission statements?

About the author

Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turn-key marketing for the complex case patient and in teaching a trademarked sales system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing doctors are on three continents and programs are conducted worldwide. He holds several implant fellowships and maintains a two-day per week part-time practice focusing on reconstructive and implant dentistry in Seattle, Wash. For more information, go to www.bigcasemarketing.com or e-mail info@bigcasemarketing.com.

AD
The Organization for Safety and Asepsis Procedures (OSAP) has announced that its 2009 Symposium in Dallas, will feature a new event: the John Molinari Charity Golf Tournament.

The tournament will be held June 11 at the Tribute Golf Links in The Colony. The tournament honors John Molinari, one of the most widely recognized infection control experts in the world, who is retiring from the University of Detroit Mercy in June 2009.

The John Molinari Charity Golf Tournament will take place at 7 a.m., June 11, immediately preceding the OSAP Symposium, which will be held June 11–14.

The symposium is designed for infection control and safety instructors, lecturers, authors, and consultants; researchers; dentists; hygienists; assistants; lab technicians; nurses in dental clinics; and dental sales and marketing personnel. During the meeting, leading experts on infection control and occupational health and safety share information of critical concern to anyone involved in dentistry.

Tournament participants, who do not have to attend the symposium in order to play, will enjoy the Tribute Golf Links course, which has been named one of America’s top public golf courses by Golf Digest magazine. The course was designed by noted golf architect Tripp Davis to pay homage to the greatest links in Scotland, including St. Andrews, Royal Troon, Carnoustie, Royal Dornoch, Machrihanish, Turnberry, Moray, Muirfield, Prestwick, Nairn, and Western Gailes.

For more information or to reserve a place in the tournament, call (800) 298-OSAP (6727). Check the OSAP Web site (www.osap.org) frequently for additional details on the symposium.

OSAP is the Organization for Safety and Asepsis Procedures. Founded in 1984, the non-profit association is dentistry’s premier resource for infection control and safety information.

(Source: Organization for Safety and Asepsis Procedures)
Osteogenics Biomedical to host inaugural Global Bone Grafting Symposium in Scottsdale

Osteogenics Biomedical is hosting its first ever Global Bone Grafting Symposium at The Westin Kierland Resort & Spa in Scottsdale, Ariz., from April 3-4.

This inaugural symposium will be the highlight of the year for the educational division of Osteogenics Biomedical — Osteogenics Clinical Education. Osteogenics Biomedical, the manufacturer of the Cytoplast family of guided tissue regeneration barrier membranes, has designed this course for specialists and advanced general dentists. Co-sponsors include Exactech Dental Biologics, H & H Company and Piezosurgery.

Symposium faculty includes Henry Greenwell, Eiji Funakoshi, Daniel Callum, Jeffrey Lemler and Barry Bartee.

Lecture topics include the latest research and surgical techniques on a variety of bone grafting techniques including ridge expansion, ridge preservation, implant site development and vertical and horizontal ridge augmentation.

Highlights of the two-day event include presentation of the latest clinical research, live presentation of a ridge expansion technique utilizing new technologies and a non-traditional incision design to preserve the micro-vascular supply to the alveolus, a hands-on vertical and horizontal ridge augmentation workshop using onlay grafts and titanium-reinforced membranes, interactive treatment planning discussions, and an expert panel consisting of the lecturers and other well-known surgeons to create an interactive environment and to field questions on hot topics in bone grafting.

“The goal for all of our educational programs is to create an open, interactive environment for group learning,” said Shane Shuttlesworth, company president. “With attendance expected to be around 150 surgeons both nationally and internationally, the expert panel will help ensure that we maintain our goal of group learning and participation.

“In addition to the educational focus of the meeting, this event promises to be an excellent social networking opportunity as well. The resort is wonderful, the food here is always excellent and the cocktail reception on Friday night is a great opportunity to relax, enjoy the scenery and make new friends. Scottsdale was chosen as the location because of its weather that time of the year. With an average high of 84 degrees in April, this will be an ideal location to enjoy the spring,” Shuttlesworth said.

The Westin Kierland Resort & Spa offers 27 holes of championship golf, a 9,000 square-foot water park including adults’ and children’s outdoor swimming pools, river ride, water slide and sandy beach area and a full-service spa. Additionally, the resort is walking distance from many dining options and the Kierland Commons — 38 acres of upscale specialty retail stores.

Symposium tuition is $595 for doctors and $150 for assistants and office personnel. For more information on this symposium, contact Osteogenics Biomedical at (888) 796-1923, or visit www.cytoplast.com.

(Reprinted by permission of Osteogenics Biomedical)
AMERICAN ACADEMY OF IMPLANT DENTISTRY

58TH ANNUAL MEETING

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NOVEMBER 11-15, 2009

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• Interact one-on-one with the world-class presenters
• Take home clinically practical information you can use immediately
• Discover the latest products and services in implant dentistry

REGISTER BY MARDI GRAS 2009 (FEBRUARY 24, 2009) AND SAVE $200.

WWW.AAID2009.COM
person David L. Guichet, Orange, Calif., reports.

“Each speaker has been carefully chosen to address recent advances in light of existing, scientifically substantiated protocols,” Guichet explains.

The meeting kicks off Thursday morning with AO’s Corporate Forums. These sessions give implant manufacturers an opportunity to present their newest products and latest developments. Attendees will discover the latest in craniofacial implant technology research and development.

Among the meeting’s many highlights, Friday’s “Treatment Approaches to the Partially and Completely Edentulous Atrophic Maxilla: Guided, Unguided or Misguided?” program will feature a distinctive slate of presenters who will address the question, “Do we build the ridge or do we build the bridge?”

For either the partially or fully edentulous maxilla, the session will apply the latest clinical and scientific concepts to this esthetic and functional problem.

Moderated by Dr. Michael R. Norton of London, United Kingdom, topics and speakers include:

- Computer-guided angled implants to avoid maxillary grafting immediate load implants — Dr. Paulo Malo, Lisbon, Portugal
- Fixed rehabilitation of the edentulous maxilla — Dr. Christian Coachman, Atlanta
- Reconstruction of ridge deformities in fixed partial implant restorations — Dr. John Besford, London, U.K.
- Guided surgery in fully edentulous with prefabricated prostheses — Dr. Lambert J. Stumpel, San Francisco
- Use of zygoma for osseointegration anchorages for maxillary dental prostheses — Dr. Edward B. Sevitz, Jr., Orange Park, Fla.
- Mechanics of immediate loading, force distribution and possible concerns — Dr. John B. Brunski, Troy, N.Y., and
- Immediate and/or early loading — Dr. John Beumer, Los Angeles

Focus on ‘catastrophic failures’

Saturday afternoon’s “The Catastrophic Failure: Management Strategies, Sharing the Pain,” will provide honest assessment of the difficulties practitioners face when patients experience the loss of three or more implants, loss of prosthesis or loss of at least three millimeters of bone.

“The underlying message will be centered on patient management, treatment planning, and recovery following a catastrophic failure.,” Guichet said.

The session will feature presentations by Drs. Bainer H. Bergmann, Palm Desert, Calif.; Donal M. Chen, Hi.; Fallston, Calif.; Carl G. Freymiller, Los Angeles; David A. Garber, Atlanta; Stuart L. Graves, Burke, Va.; Kenji W. Higuchi, Spokane, Wash.; Burton Langer, New York, N.Y.; Jay P. Malminquist, Portland, Ore.; Steven M. Parel, Dallas, Texas; and Michael C. Ragan, Miami, Fla.

The program will conclude with a discussion on how failures affect a practice.

Two-Track program highlights clinical aspects of treatment

AO’s “Two-Track” scientific program, held Saturday, Feb. 28, breaks down presentations into “surgical” and “restorative” groupings.

The surgical track, moderated by Dr. Stuart J. Froum, New York, N.Y., will present “Focus on the Posterior Mandibular Reconstruction: Where, When, Why and How.” Each presenter will address a unique approach to dealing with this problem. Topics include:

- Block grafting with titanium mesh and BMPs
- Use of short implants in native bone
- Particulate grafts using a tunneling approach; and
- Navigation technology.

The restorative track will explore “New Technology vs. the Tried and True.”

Sessions to increase speaker/audience interaction

Friday’s round table clinics will offer attendees the opportunity to discuss diverse implant dentistry topics in small, informal settings with presenters.

“In addition to offering timely information on diverse topics, round table clinics provide a greater level of ‘human interaction’ between audience members and speakers,” Dr. Guichet notes.

Subjects range from soft tissue management and cone beam technology to use of gingival colored prosthetic materials and minimally invasive maxillary anterior ridge augmentation.

The meeting’s limited attendance lectures, also held Friday, further seek to increase interaction between Annual Meeting attendees and world-class clinicians.

“Limited attendance lecture presentations will cover topics such as the reliability of bone substitutes, immediate loading in the partially edentulous patient, interdisciplinary therapies, and much more,” Dr. Guichet said.

More information on the 2009 Annual Meeting is available through the Academy’s Web site at www.osseointegration.org.

(Source: Academy of Osseointegration)
Dentistry inspired by the third dimension

Materialise Dental to present its 8th edition of the SimPlant Academy World Conference

The 2009 SimPlant Academy World Conference will be held at the Monterey Marriott in Monterey, Calif., from June 25-27.

The conference’s mission is to provide a comprehensive understanding of the use of 3-D digital dentistry in order to improve implant treatment planning services.

Clinicians who have limited knowledge about SimPlant and SurgiGuide are especially encouraged to join.

During this three-day event, participants will be invited to attend intensive hands-on SimPlant software training workshops for all levels, high-quality lectures by renowned speakers in the field, and hands-on laboratory sessions where participants will learn, for example, how to use SurgiGuide drill guides.

Participants are invited to join an intensive program while visiting some of the most famous beaches in California.

Take in the sunset with the seals and sea otters at the Fisherman’s Wharf, drive the coastline on famous 17 Mile Drive and play golf on one of the legendary golf courses at Pebble Beach. Bring the family and turn it into a trip you’ll never forget.

The conference will begin on June 25 with limited attendance hands-on SimPlant software training; everyone is invited to join, also participants who have no prior knowledge of the SimPlant software and SurgiGuide drill guides!

Participants will have the opportunity to sign up for this session and receive an in-depth hands-on training in an intimate setting with one of the experts. They are also encouraged to bring their own cases for review.

Friday will open with morning lectures stemming from the theme “Dentistry Inspired by the Third Dimension,” followed by SimPlant hands-on software training.

On Friday afternoon, the highlight of the program, rotating labs will be set up so that each participant can learn the ins and outs of how to appropriately incorporate a dental laboratory, (CB) CT technology, SurgiGuide drill guides, and treatment planning management into their practice from industry leaders and conference patrons.

Saturday closes with a full day of hands-on clinical case workshops and lectures with clinicians from all walks of life.

“Materialise Dental is thrilled to offer a fantastic program at the SimPlant Academy World Conference,” said Tom Rogers, general manager of Materialise Dental USA and Canada.

“For this event, we’ve assembled the finest group of implant dentistry experts and industry patrons one could imagine, and those in attendance will be treated to three days of unsurpassed education in our never-ending quest to make implant surgery even more successful.”

(Source: Materialise Dental)
Yankee Dental Congress in Boston this month

The Yankee Dental Congress ’09 will be held from Jan. 28 to Feb. 1 at the Boston Convention and Exhibition Center.

Several members of the Boston University Goldman School of Dental Medicine (BUGSDM) community have assisted in the planning of this exciting event.

BUGSDM Associate Dean for Administration and Director of the Geriatric Fellowship Program Dr. Paula Friedman served on the Yankee Dental Congress ’09 Core Committee as a Scientific Chair, Clinical Assistant Professor Deedee Gurin and alumn Debbie Eisen DMD served as Allied Scientific Chairs, and Professor Gennaro Cataldo and Professor Deedee Gurin have assisted in the planning of this exciting event.

BUGSDM will be sponsoring several exhibits in the exhibit hall, open Jan. 29–31.

BUGSDM Alumni relations will be located at LG 24 in the northwest corner. The lounge will offer visitors an opportunity to connect with BUGSDM while enjoying breakfast, snacks, and a chance to participate in a raffle for one of several great prizes. On Jan. 30 alumni, faculty, staff, and students are also invited to attend an alumni cocktail reception from 5:30–7:00 pm at the Seaport Hotel Plaza Ballroom. Those planning to attend the reception should RSVP to Jackie Gerhold, 84891.

The Dental Career Network will be located at booth 210. The booth will feature free job postings and giveaways. Dental Career Network staff will be on hand to answer questions and assist with resume preparation.

The Division of Continuing Education (CE) will be located at both 2353. CE will display a slide show of all upcoming events and courses as well as distributing information including their Spring 2009 Course Catalog.

In addition, eight BUGSDM students will be presenting posters as part of the Yankee Dental Congress ’09 Poster Session Competition on Saturday, January 31 from 11 a.m. to 1 p.m. and 1:50 to 5:30 p.m. in the exhibit hall.


(Source: BUGSDM newsletter)

Upcoming dental implant events

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
<th>Details</th>
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<tr>
<td><strong>Yankee Dental Congress ’09</strong></td>
<td>Jan. 28–31</td>
<td>Boston, Mass.</td>
<td>Held at the Boston Convention and Exhibition Center. Several members of the Boston University Goldman School of Dental Medicine (BUGSDM) community have assisted in the planning of this exciting event.</td>
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<tr>
<td><strong>American Academy of Periodontology and American Association of Orthodontists Mid-Winter Conference</strong></td>
<td>Feb. 6-8</td>
<td>Orlando, Fla.</td>
<td><a href="http://www.perio.org/meetings">http://www.perio.org/meetings</a></td>
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<tr>
<td><strong>Chicago Dental Society Midwinter Meeting</strong></td>
<td>Feb. 27–March 1</td>
<td>Chicago, Ill.</td>
<td><a href="http://www.cdso.org">www.cdso.org</a></td>
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<td><strong>Academy of Osseointegration Annual Meeting</strong></td>
<td>Feb. 26–28</td>
<td>San Diego, Calif.</td>
<td><a href="http://www.osso.org">www.osso.org</a></td>
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<td><strong>Pacific Dental Conference Canadian Dental Association</strong></td>
<td>March 1–7</td>
<td>Vancouver, British Columbia</td>
<td><a href="http://www.pdcf.org">www.pdcf.org</a></td>
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<td><strong>Thomas P. Hinnman Dental Meeting</strong></td>
<td>March 19–21</td>
<td>Chicago, Ill.</td>
<td><a href="http://www.hinman.org">www.hinman.org</a></td>
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<tr>
<td><strong>American Academy of Implant Dentistry Northeast District</strong></td>
<td>April 28–30</td>
<td>Boston, Mass.</td>
<td><a href="http://www.aaid.org">www.aaid.org</a></td>
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<td><strong>CDA Presents the Art and Science of Dentistry</strong></td>
<td>May 14–17</td>
<td>Baltimore, Md.</td>
<td><a href="http://www.cda.org">www.cda.org</a></td>
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<tr>
<td><strong>American Academy of Oral and Maxillofacial Surgeons Annual Meeting</strong></td>
<td>May 23–26</td>
<td>Chicago, Ill.</td>
<td><a href="http://www.aaoms.org">www.aaoms.org</a></td>
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<td><strong>CDA Presents the Art and Science of Dentistry</strong></td>
<td>June 26–27</td>
<td>Baltimore, Md.</td>
<td><a href="http://www.cda.org">www.cda.org</a></td>
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<td><strong>American College of Prosthodontists 59th Annual Session</strong></td>
<td>Nov. 10–15</td>
<td>San Diego</td>
<td><a href="http://www.prosthodontics.org">www.prosthodontics.org</a></td>
</tr>
<tr>
<td><strong>American Academy of Implant Dentistry Annual Meeting</strong></td>
<td>Nov. 21–24</td>
<td>New Orleans</td>
<td><a href="http://www.aaid-implant.org">www.aaid-implant.org</a></td>
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The Roots Summit has joined the Implantology Summit to create the education event of the year. Connect with peers from all over the world as we come together in one of the most important cities in Europe, to learn about the latest techniques, products and innovations within our industry!

Enjoy a combination of:
- Premium Lectures
- Intensive hands-on workshops
- Open panel discussions
- Social events & entertainment

ask about our EARLY BIRD SPECIAL

June 26 & 27th 2009
Berlin, Germany
Register online www.TheBerlinMasters.com
Smile Reminder aids doctors in disaster recovery

Patient communication service proves effective during floods, fires and hurricanes

Emergencies, disasters and accidental damage can have crippling effects on health care practices. Smile Reminder, a comprehensive patient communication service, aids health care professionals with the preservation of patient information and the ability to communicate with patients during times of difficulty. Leveraging off-site data storage, SMS text and e-mail technology, both patient information and lines of communication can be maintained even during power and telephone failures.

While Smile Reminder’s core service is aiding health care professionals in their day-to-day operations, its value during times of distress is exceptional.

When Hurricane Wilma hit Miami, Dr. Daniel A. Del Castillo discovered the power of Smile Reminder’s service in a disaster. Using the Smile Reminder software, he was able to consistently update his patients with real-time alerts.

“I was also able to send e-mails and text messages to doctors regarding office closures and re-openings,” Del Castillo said. “When people were without power, the only way to communicate was via cell phones. Smile Reminder made it easy to contact people in such a crazy time.”

With alternate channels of communication accessible to doctors and health care professionals, reconnecting with patients during emergencies and disasters becomes effortless and effective.

Hurricane Ike recently affected the practice of Dr. Kathy Frazar of Houston, Texas.

“During the hurricane and power outage, we did not have access to our server or network,” she said. “I called Smile Reminder who communicated with all of our patients daily, letting them know the status of our office and our appointment schedule. Their customer service team was fantastic in responding to our needs.”

Most important, Smile Reminder’s software system also automatically backs up patient information on an off-site server. The server is accessible via the Internet, ensuring that valuable patient information remains secure during fire, flood or any other threat to the precious data.

“It is not uncommon for an office to call us in a panic when a serious event has happened at their location,” remarks Tennli Toole, VP of customer service at Smile Reminder. “They are always relieved to know that a back-up copy of all the patient contact information is kept on our secured servers.”

In addition to aiding customers in times of disaster, Smile Reminder also allows offices to streamline their daily routine and strengthen doctor/patient relationships. The service is also filled with useful features such as automated appointment reminders, personalized birthday greetings, electronic newsletters and post-appointment surveys.

Messages can be sent — on pre-scheduled times or at a moment’s notice — to all patients or select patients using a number of mobile and electronic devices. More health care professionals are turning to Smile Reminder’s software system to engage patients in an improved level of interaction and customer service.

Hectic times call for support and reassurance. While nature occasionally creates unavoidable obstacles, Smile Reminder’s convenient service acts as a valuable tool in keeping communication lines open all the time, even during times of uncertainty — just one of the many ways in which Smile Reminder helps doctors and patients remain connected.

About Smile Reminder

Smile Reminder, a pioneer in text and e-mail messaging to patients, is the clear leader in providing patient communication and interaction solutions for health care providers.

Smile Reminder’s patent-pending solution enables practices to increase revenue, streamline efficiencies and build patient loyalty.

Based on purpose-driven technology, Smile Reminder equips practices with a “high-tech” solution that does not sacrifice the “high-touch” personalization when communicating with patients. Smile Reminder messaging solutions include every type of personalized patient e-communication including appointment reminders, confirmations, recare/recall, new patient referrals, birthday wishes, holiday wishes, surveys, newsletters, customized promotions and more.

For more information, please visit www.smilereminder.com.

(Source: Smile Reminder)

New KOMET USA product catalog now available

KOMET USA, a recognized worldwide leader in the production of highly specialized and precise dental rotary instruments, announced its new 2009 bilingual product catalog is now available.

The 384-page catalog replaces all prior KOMET USA catalogs and contains some of the newest, innovative dental rotary instruments manufactured in the industry.

“KOMET customers will be amazed with some of the products now offered in our new catalog that weren’t included in our first catalog,” said Warren White, KOMET USA’s chief operating officer of sales and marketing. “KOMET takes great pride in the specialized and precise dental rotary instruments we manufacture. Quality is extremely important to us. KOMET is one of the few dental manufacturers that can sell direct and ship product across the Atlantic Ocean, with virtually no back orders, proving that it is truly a global company.”

“We’re also proud to publish the first bilingual dental rotary instrument catalog for our Spanish speaking customers.”

Some of the products KOMET would like to highlight in the new catalog are:

- CerABur® KISM — high efficiency, ceramic round bur for excavation and cutting in cavities, soft dentin
- Crown Prepping Carbides — allow for precise and controlled tooth reduction while providing a finished surface comparable to that achieved by using a diamond finisher
- Q-Finisher — for efficient working on composite filling with optimal results, reducing the working steps from three to two
- S-Diamonds — designed with special staggered surfaces creating a multiple edge structure, which assures increased material reduction, good chip removal and better cooling
- Composite Polishing System — a kit that is composed of several disposable polishers designed for creating smooth and natural looking composite restorations

KOMET would like to remind all its customers that while they review the product catalog, they will be ordering directly from the manufacturer, not a distributor. All orders are shipped directly from KOMET’s plant in Lemgo, Germany and, in most cases, KOMET delivers your orders within 48 hours with virtually no back orders.

About KOMET USA

KOMET is a recognized worldwide leader in the production of highly specialized and precise dental rotary instruments. KOMET operates in the United States under the name KOMET USA and sells direct to practitioners and dental laboratories. For more information about KOMET USA or to order your new catalog, call (888) 566-3887 or visit www.komet-usa.com.

(Source: KOMET USA)
38th ANNUAL MEETING
OF THE ORDRE DES DENTISTES DU QUÉBEC

CANADA’S LARGEST ANNUAL
SCIENTIFIC AND DENTAL EXHIBITION
MAY 23 – 26, MONTREAL, QUEBEC, CANADA

FEATURING

• Over 75 scientific sessions in English and in French presented by top clinicians from around the world
• Over 240 exhibitors occupying more than 475 booths representing Canada’s largest dental trade event
• Hands-on workshops and seminars covering all aspects of dentistry on May 23 and 24
• All scientific sessions and access to the exhibit floor included in one low registration fee on May 25 and 26
• CERP approved continuing dental education credits for all sessions
• Class reunions of the Quebec Dental Faculties
• and much more

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StemSave™, Inc., a market leader in the field of stem cell recovery and cryo-preservation, has been recognized by world renowned doctors on CBS’s nationally syndicated hit series, “The Doctors,” as an ideal service to recover stem cells for families who did not bank their children’s cord blood.

On the episode that aired Jan. 8, James Sears, M.D., a board-certified pediatrician, explains that stem cells offer the potential for the future treatment of serious ailments. And furthermore, the banking of stem cells found in teeth provides parents with a new way to have access to the powerful medical applications of stem cells, particularly for those parents who missed the opportunity to bank stem cells from umbilical cord blood.

“We are thrilled to be recognized by the world-renowned physicians who host ‘The Doctors’,” said Dr. Gregory Chotkowski, DMD, and president of StemSave. “We make harvesting stem cells from teeth easy and affordable; this way everyone can benefit from the powerful medical applications of stem cells.”

StemSave is a collaborative effort between stem cell researchers and the dental community to provide families, individuals and stem cell researchers a cost-effective, non-invasive methodology for the recovery and cryopreservation of powerful and valuable adult stem cells residing within baby teeth, wisdom teeth and permanent teeth for future use in personalized medicine and regenerative medical therapies. The stem cells are recovered as part of routine dental procedures, so patients don’t need to have any special appointments or surgeries.

StemSave’s network of dentists is the largest in the United States and continues to expand rapidly. Through StemSave, dentists are now able to play a greater role in the overall health of their patients by participating in groundbreaking stem cell recovery.

The science and application of stem cells to treat today’s most difficult diseases and injuries is no longer science fiction. With news of the first organ transplant grown from an individual’s own stem cells, and the U.S. Army’s $250 million investment in regenerative therapies, the promise of stem cells is being recognized today.

About StemSave, Inc.

StemSave provides an affordable and non-invasive method for the recovery and cryopreservation of the powerful adult stem cells found in teeth by teaming up with dentists to harvest stem cells during routine dental procedures.

For more information, see www.stemsave.com.

(Source: StemSave, Inc.)
Problem getting your patients comfortable?

Crescent Products has the solution

How often have your patients experienced neck or back problems during their visit to your practice? How often have you experienced discomfort because the patient is not positioned in the dental chair properly? If either of those questions brings a common scenario to mind, you will be pleased to know that there is a very simple, inexpensive solution for you.

Crescent Products, Inc. developed a memory-foam comfort product line specific for the dental chair. These products enable the patient to experience comfort unlike any they've ever had in a dental chair, and they enable you to properly position the patient for treatment — making your job easier.

It is astounding to see the difference these products make to the patients — they love them! Perhaps that's why these products are in thousands and thousands of practices all over the world. Dr. Parsa Zadeh of the Beverly Hills Center for Reconstructive and Cosmetic Surgery has this to say: “We have spent tens of thousands of dollars from flat screen TVs to warm towels to pamper our patients while they are in our office.

Most amazingly, this relatively small addition was noticed by every patient and they invariably verbalized their satisfaction and their improved comfort in the chair. We have since purchased a set for every chair and we enjoy hearing our patients thanking us for their comfort.

What, specifically, are Dr. Zadeh’s patients so excited about? The dental headrest, dental backrest and premium chair pads are made with memory foam, allowing the patient to conform to the product, providing them much needed support and eliminating tension during their procedure.

The headrest allows the patient's head to angle back, bringing the chin upwards and allowing for easier access during treatment. The backrest is a memory foam pillow that supports the lumbar area, eliminating strain to the lower back. In conjunction with the headrest and backrest, the patient receives additional hip and lower back pain relief with the Crescent Products' knee support. When the knees are elevated, the tension is immediately eliminated in those areas.

When performing lengthy procedures, you know all too well that the longer the patient is in the chair, the more uncomfortable he or she can become.

That is why the premium chair pad is a must-have for all your dental chairs. This dental chair cushion is a full-body memory foam pad that relieves the pressure points on the entire body, relieving tension and providing the patient with a feeling of luxury. If you haven't yet tried these products, it is time to experience them today!

You can view all the products at www.crescentproducts.com/dental.htm or call Crescent Products at (800) 989-8085.

(Source: Crescent Products)

Pulpdent Corporation has announced it is continuing its support for children's oral health by donating sealants and other materials to the National Children's Oral Health Foundation, an organization that works to provide dental care to economically disadvantaged children. The donation provides enough materials to seal 12,000 teeth.

In celebration of its 60th anniversary in 2007, Pulpdent donated 60,000 sealants to public health organizations serving underserved and underprivileged populations. Pulpdent increased its participation in these programs in 2008 and will continue its strong support of public health initiatives in 2009.

The donation to the National Children's Oral Health Foundation includes Embrace WetBond Pit and Fissure Sealant, Etch-Rite Dental Etching Gel, Flecta disposable mouth mirrors, informational handouts for parents, posters and “Embracelets,” which are colorful bracelets for children to wear that are printed with the message “embrace oral health.”

Pulpdent donates sealants to National Children’s Oral Health Foundation

Embrace the only sealant that bonds to the moist tooth. A five-year clinical study shows unsurpassed results for retention and caries prevention. Embrace contains no Bis-GMA, and therefore there is no possibility of bisphenol A (BPA). Among the leading pit and fissure sealants, only Embrace can make this claim. Media reports about the possible harmful effects of bisphenol A have created public concern with regard to the presence of Bis-GMA and bisphenol A in many pit and fissure sealants.

Pulpdent manufactures high-quality products for the dental profession, including adhesives, composites, sealants, cements, etching gels and bonding accessories. For more information call (800) 343-4542 or visit www.pulpdent.com.
Kaleidoscope masks by Crosstex have a fluid-resistant outer layer that is beautiful and colorful, but inside, next to your skin, is a white, extra soft, hypoallergenic cellulose inner layer that is void of all inks, dyes and chemicals. These masks will not lint, tear or shred, and are designed specifically for people with sensitive skin.

Contact your Zimmer Dental sales consultant or customer service at (800) 854-7019, (760) 929-4300 (for outside the U.S.), or visit www.zimmerdental.com.

Zimmer Dental Inc., a leading provider of dental and oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., is pleased to announce the availability of Puros® Demineralized Bone Matrix (DBM) Putty and Puros® Demineralized Bone Matrix (DBM) Putty with Chips — the latest additions to its extensive line of successful regenerative products.

The first of its kind to be made entirely from human allograft material, the ready-to-use Puros DBM Putty, with and without chips, offers excellent handling and time-saving convenience for optimum bone regeneration. Clinicians will benefit from the pre-mixed, moldable putty, which is packaged in a handy dispenser for easy extrusion and/or delivery. In addition, the pliable putty maintains its form and resists migration in a fluid environment.

Zimmer Dental has built a solid reputation of offering clinicians and patients innovative products, and the trend continues with the availability of Puros DBM Putty. The regenerative product is sterilized to SAL 10-6 using low-temperature, low-dose gamma irradiation. Furthermore, every donor lot of DBM powder used to manufacture the putty is tested for osteoinductive (OI) potential in an in vivo rat assay*, and only lots of DBM powder demonstrating bone formation and no significant inflammatory response are utilized for processing.

*Rat disclaimer findings from an animal model are not necessarily predictive of human clinical results.

Zimmer Dental adds allograft putty to regenerative portfolio

Crosstex Kaleidoscope Facemasks

Kaleidoscope masks by Crosstex have a fluid-resistant outer layer that is beautiful and colorful, but inside, next to your skin, is a white, extra soft, hypoallergenic cellulose inner layer that is void of all inks, dyes and chemicals. These masks will not lint, tear or shred, and are designed specifically for people with sensitive skin.

Contact Crosstex at Phone: (631) 582-6777 or (888) CROSSTEX
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