Annual meeting to focus on ‘Technology and Biology’


The AAID’s 62nd Annual Meeting, titled “Technology and Biology Converge in the Valley of the Sun,” will explore how biology and technology converge to improve the treatment options available to doctors to solve ever more difficult and complex issues for patients.

An International Symposium, titled “International Excellence in Implant Dentistry — The Spanish Connection,” complete with simultaneous translation, will lead off the main podium programs.

Four live surgery presentations in the operatory and 19 intensive courses, most with hands-on components, will be offered as well.

The office team can look forward to two intensive days of programming on Thursday and Friday. Clinical and hands-on courses will be included.

One distinction that sets AAID’s meetings apart is the opportunity to interact directly with its world-class experts and presenters, according to organizers. You will be able to text your questions during the main podium presentations, and the presenter will be given those questions to answer live, at the end of the program.

All main podium lectures will take place in the Grand Saguaro, Ballroom Level.

Main podium schedule: Wednesday
- 1:30 p.m.: “Tissue Bioengineering in Complex Prosthetic Rehabilitation” by Hector Alvarez-Cantoni, DDS, MSc, PhD
- 2:15 p.m.: “Key Factors on Peri-Implant Marginal Bone Loss” by Pablo Galindo-Moreno, DDS, PhD
- 3:30 p.m.: “Smile Design Incorporating Dental Implants” by Guillermo Bernal, DDS
- 4:45 p.m.: “An Innovative Technique for the Management of the Maxillary First Molar Site with Grafts and Implants” by Cesar Ortiz-Campos, DDS, MScD

Main podium schedule: Thursday
- 8 a.m.: “Implant Dentists Converge to Provide Humanitarian Aid” by Steven Hewett, DDS, AAID, DABOI/ID
- 8:30 a.m.: “Understanding Implant Interface and Bone Physiology in Immediate Extraction Sites” by Mauricio Araujo, DDS, MSC, PhD
- 11 a.m.: “The Immediate Implant Does Not Have to Lose the Buccal Bone” by Arthur Novaes, DDS, MScD, PhD
- 1:30 p.m.: “Implant Placement Adjacent to Natural Teeth: Prosthetic Strategies for Tissue Preservation” by Stephen Chu, DMD, MSD, CDT
- 4 p.m.: “Long-Term Evaluation of Immediately-Loaded Implants in the Severely Atrophic Maxilla and Mandible” by Paulo Malo, DDS, PhD

Main podium schedule: Friday
- 8 a.m.: “CAD/CAM Abutment and Framework Fabrication” by Lyndon Cooper, DDS, PhD, and Charles Goodacre, DDS, MSD
- 11 a.m.: “Computer-Assisted Implant Dentistry and Predictable Success” by David Guichet, DDS

Main podium schedule: Friday
- 8 a.m.: “CAD/CAM Fabricated Complete Dentures: Benefits and Clinical

See AAID, page 2
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Applications” by Charles Goodacre, DDS, MSD
• 1:30 p.m.: “BMP-2-Induced Alveolar Augmentation/Osseointegration: A New Standard?” by Ulf Wikesjö, DDS, DMD, PhD
• 2:15 p.m.: “Scientific Rationale and Practical Clinical Applications of PRP, PRF and Recombinant Growth Factors” by James Rutkowski, DMD, PhD, FAAID, DABOI/ID
• 4 p.m.: “Innovations for Esthetic Implant Surgery with Growth Factors” by Marc Nevin, DDS, MMScc

Main podium schedule: Saturday
• 8 a.m.: “Restoratively Driven Implant Complications: Implant Dentistry’s Dirty Little Secret” by Alfonso Piñeyro, DDS
• 9 a.m.: “Peri-implantitis Etiology and Treatment — An Evidence-Based Approach” by Hom-Lay Wang, DDS, MS, PhD
• 11 a.m.: “Clinical Realities and Complications of Zirconia-Based Restorations” by Howard Chasolen, DMD, FAAID, DABOI/ID
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* FREE Dispenser limited to one per customer. Not to be combined with any other promotions or discounts. Offer valid through December 31st, 2013.
AAID courses focus on variety of new trends, techniques and technologies

By AAID staff

At its annual meeting, the AAID will offer the following corporate-sponsored courses to give attendees the opportunity to learn about the latest innovations in implant dentistry directly from those developing the newest techniques and technologies.

Although the sessions for the following “New Trends, Techniques and Technologies” program are provided through grants from various companies, the purpose is to provide significant educational content and value and not to simply promote the companies supporting the program.

All corporate-sponsored courses take place in the Grand Saguaro, Ballroom Level.

Corporate-sponsored courses: Wednesday
• 8:20 a.m.: “Short Implants and Metal-Free Restorations” by Drauseo Speratti, DDS
• 8:40 a.m.: “Technological Advances for Everyday Private Practice” by Barry Franzen, DDS
• 9 a.m.: “Replacing Those Missing Single-Teeth in Your Practice” by David Dalise, DDS, AFAAAD
• 9:20 a.m.: “Hey, Do You Do Block Grafts?” by David Resnick, DDS, FAAID, DABOI/ID
• 9:40 a.m.: “From Temporary to Final – Simplifying the Restoration on Edentulous Patients” by Gordon Leonard, DDS
• 10 a.m.: “Evolution of Internal Conical Connection Implants” by Gerald Niznick, DMD, MSD, FAAID
• 10:40 a.m.: “Simplicity in Computer-Guided Implantology: The MGUIDE MORE System” by Andrew Spector, DMD
• 11 a.m.: “Closing the Window of Negative Opportunity … Quickly” by Scott Ganz, DMD
• 11:20 a.m.: “Bi-Phasic Calcium Sulfate (BondBone®): Biology and Application” by Daniel Brunn MD, DDS
• 11:40 a.m.: “Innovations in Peri-implant Tissue Manipulation and the Maxillary Sinus” by Jin Kim, DDS, MPH, MS, FAAID

AAID’s Dental Industry Marketplace helps clinicians seeking to shop online

By AAID staff

The American Academy of Implant Dentistry’s online Dental Industry Marketplace is the profession’s leading source of information for practitioners seeking to purchase services or supplies.

Available from a link on the AAID homepage (www.aaid.com), the Dental Industry Marketplace features industry-specific product and service listings designed to aid AAID members and the implant dentistry community with their purchasing decisions.

The 2013 edition of the buyers’ guide includes request for information (RFI) functionality that allows users to contact participating suppliers with a click of their mouse. With a downloadable desktop search application available, visitors also have the ability to search for items directly from a small search window on their desktops – making the search process convenient and time-efficient.

There is even an app for your Apple device so that you can access the Dental Industry Marketplace on the go. Visit the Apple Store to download the AAID mobile app or scan the QR code at right.

For more information, visit www.dentalindustrymarketplace.com or www.aaid.com.
Discover ATLANTIS™ ISUS
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In addition to ATLANTIS™ patient-specific abutments, the ATLANTIS™ ISUS solution includes a full range of implant suprastructures for partial- and full-arch restorations. The range of standard and custom bars, bridges and hybrids allows for flexibility in supporting fixed and removable dental prostheses.

For more information, including a complete implant compatibility list, visit www.dentsplyimplants.com.
Welded titanium needle implants in treatment of bone atrophy

Indications, techniques and statistics

By Luca Dal Carlo, DDS, Venice, Italy, Marco E. Pasqualini, DDS, Milan, Italy, Pier Maria Mondani, DDS, Genova, Italy, Franco Vannini, DDS, Rome, Italy and Michele Nardone, Medical Officer, Ministry of Health, Rome, Italy

The needle implants were designed and presented in the early 1960s by the French dentist Scialom. He understood that, using biomechanical properties related to implant divergence, thin cylinders of metal could ensure implant prosthetic structure reliability. Initially, needle implants were made of tantalum. In 1972, thanks to Paoleschi, titanium became the material of choice for needle implants.

- See NEEDLE, page 8

Fig. 1: Needle implant 1.3 mm wide with its proper mandrel.

Fig. 2a: Scheme of intra-oral welding of a three-needles implant.

Fig. 2b: Picture after 20 years of a clinical case treated in the esthetic zone.

Fig. 2c: X-ray after 20 years of a clinical case treated in the esthetic zone.
Custom tissue contouring around implants — because teeth aren’t round

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with ceramic crown (delivered separately)

Inclusive® Tooth Replacement System

The patient presented with a fractured root on tooth #9. The patient wore a flipper, which served as a transitional appliance throughout the healing phase.

After extracting the tooth and placing an Inclusive® Tapered Implant, a custom healing abutment was installed to create an optimal emergence profile.

Following four months of integration, the soft tissue had healed nicely around the custom healing abutment, exhibiting optimal margins and gingival contours. The crown on tooth #8 was removed.

Removal of the custom healing abutment revealed an anatomically correct transitional contour between the implant and the restoration.

The matching gingival contours of the zirconia custom abutment conformed well to the emergence profile established during the healing phase.

The optimal esthetics, margins and emergence profile of the final IPS e.max® restoration were set up by the patient-specific contours of the custom healing abutment.

Clinical dentistry by Timothy F. Kosinski, DDS, MAGD

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Needle implants are cylinders of titanium provided with a tip that ends with an obtuse angle, as to gently enter the bone tissue (Fig. 1). They are mainly used in diameters between 1.2 and 1.5 mm and lengths from 25 to 40 mm.

At the coronal end, there are two fins used for mounting on the mandrel that must be mounted on the surgical hand-piece. The mandrel is provided with two grooves through which the fins of the needle enter. Needle implants go inside the bone tissue with a slow, swirling motion, using a surgical handpiece at low speed (double green ring, 25-30 rpm). The descent into the bone tissue is completed with a concave surgical chisel and hammer, stopping as soon as one hears the typical sound of the cortical bone reached in depth.

Needle implants require reliable means, which allow them to join together stably. During the ’70s, Pier Luigi Mondani invented the intraoral welding machine, that allows an immediate connection of titanium implants. This apparatus was conceived to weld needle implants but can be successfully used as well to connect any titanium implant: emerging, submerged, endosseous or subperiosteal. The connection can be made either by welding a titanium bar to the implants or welding the implants directly to each other.

**Indications**

Welded titanium needle implants have some specific indications in cases of bone deficit, where the residual bone is sparse and therefore the stability of the implant system is entrusted to the cortical anchorage. The stability provided by anchoring to the cortical bone allows immediate loading. In particular, welded needle implants give very good results in the following situations of bone defect:

- upper anterior esthetic zone, as immediate post extraction implants (Figs. 2a-c);
- posterior inferior district characterised by rarefied bone (D3-D4) (Figs. 3 and 4);
- area below the maxillary sinus, exploiting the space between palatal and sinusal cortex (Fig. 5);
- as a support to other implants.

**Statistical data**

Between January 1996 and December 2012, we used 351 bicortical needle implants (ø 1.3 mm) in the posterior (behind the fourth) atrophic lower sector, during 77 surgical interventions, with immediate welding and loading. The implants were inserted in atrophic ridges of the D3-D4 bone.

In this study, 85.7 percent of the patients were female, while male patients represented just 14.3 percent of the group. The average age of patients was 61.4 years, in a range from ages 26 to 83. The first evaluation of the patients was done using first-level X-ray examinations (intraoral and panoramic). For safety, we also used a TC to decide the direction of the implants along the side of the inferior alveolar canal.

After piercing the bone crest surface, the needle implant was mounted on the mandrel, and by a slow rotary motion, we arrived at the deep cortical bone. If you...
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are treating the lower back area and need to go along the inferior alveolar nerve side, it is advisable to be careful using a slow rotation (25-30 rpm), reversing the direction of rotation several times, which makes the descent of the implant much smoother and more accurate. When we arrived at the deep cortical bone, a gentle percussion allowed for affirmation of the typical “cortex sound,” which gives the diagnostic confirmation that the implant has been placed accurately. The correct implant placement was verified by intraoperative X-ray.

The needle implants were put immediately in retention after insertion by intraoral welding of a titanium wire or bar. Actually, the welding of a series of deep bicortical needle implants guarantees immobility of the prosthesis on implants also when the bone is rarefied (Fig. 4).

Overall success of the implants studied during the 1996-2012 time period was 97.1 percent (341/351). Five-year success rate was 99 percent (296/299) and 10-year success rate was 95.8 percent (198/204).

Conclusions

The titanium needle implant is a valid therapeutic device, useful for dealing with immediate loading cases of atrophy in the esthetic zone, in the lower back area, in the seat below the maxillary sinus and as a support to other implants.
Zimmer Dental offers space-maintaining resorbable porcine membrane

CopiOs Extend Membrane can be used in guided tissue regeneration and guided bone regeneration

Zimmer Dental Inc., a leading provider of dental rehabilitative products and a subsidiary of Zimmer Holdings Inc., is pleased to announce the availability of the CopiOs Extend™ Membrane—a biocompatible and resorbable, collagen-based membrane, derived from porcine dermis—for use in a variety of dental surgical procedures, including guided tissue regeneration (GTR) and guided bone regeneration (GBR).

CopiOs Extend Membrane offers clinicians the synergy of space and time—promoting optimum resorption and space-maintaining conformance. Lasting six to nine months, the membrane’s extended resorption profile is designed to allow implant placement while subsequently providing ample time for unhindered regeneration. In addition, CopiOs Extend Membrane has been designed to conform to the defect with enough structural integrity for necessary space creation. Its cell occlusive nature allows nutrients to permeate while blocking epithelial cells, thereby creating an environment more suitable for successful GTR and GBR procedures, for example.

Clinicians can feel confident in the safety and performance of the easy-to-use CopiOs Extend Membrane. The biocompatible membrane is comprised of highly purified, intact dermis. Supplied sterile, it can be implanted dry or slightly hydrated. Once applied, the membrane is malleable and easy to reposition.

“Zimmer Dental continues to demonstrate a strong commitment to improving patients’ lives and providing clinicians with safe and effective products,” said Harold C. Flynn Jr., Zimmer Dental president. “With the launch of CopiOs Extend Membrane, we have further expanded our industry-leading regenerative portfolio, which complements our innovative dental implants and tried-and-true restorative offerings. Clinicians can rely on this long-lasting, resorbable membrane for a range of oral surgical procedures—from localized ridge augmentation and alveolar ridge reconstruction to filling bone defects, GBR and GTR—for manageable and predictable regenerative outcomes.”

For more information regarding this regenerative option, contact a Zimmer Dental sales consultant or customer service at (866) 854-7019, or visit www.zimmerdental.com.
A Legacy of Innovation

**Legacy™4 Implant**

All-in-1 Packaging includes implant, fixture-mount, abutment, transfer, cover screw & healing collar — **$225 SBM, $250 HA surface**

- Torque-safety feature prevents damage to implant interface
- Square top detaches with impression for metal to metal transfer accuracy
- Two-Piece fixture-mount (patent pending) with preparable abutment
- Concave transgingival profile matched with healing collar to shape soft tissue for improved esthetics
- Quadruple-lead micro-threads
- Progressively deeper buttress threads
- Three long cutting grooves

**A Legacy of Innovation from Dr. Gerald Niznick**

Legacy 4 – the culmination of 30 years of evolution

Introducing a revolutionary 2-piece fixture-mount/abutment that provides the accuracy of an open-tray transfer with the simplicity of a closed-tray transfer.

- Square top detaches with the impression, providing a snap attachment for abutment/analogue.
- The abutment portion of the fixture-mount snaps onto the transferred top for the accuracy of a metal-to-metal connection

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Unless noted price components do not apply US list prices as of January 2023. All trademarks are property of their respective companies.

1. Non-progressive models
2. US list price for Legacy 4 fixture, abutment and transfer as of August 2023.
3. US list price for Legacy 4 fixture, abutment, transfer, and implant as of August 2023.
Legacy™ 6mmL Implants
Short in Length, Long on Stability

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Save up to $317 with Legacy3
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Legacy™ 6mmL Advantages:
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More Choices
Six widths (3.7, 4.2, 4.7, 5.2, 5.7 or 7.0mm)
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Legacy2: $175 Fixture-mount is transfer and can be sectioned for use as temporary abutment
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Reduce treatment time with digital dentistry

By Dean H. Saiki, DDS, and Grant Bullis, Glidewell Laboratories director of implant R&D and digital manufacturing

A 72-year-old female patient complained of a loose lower denture that was painful to wear and chew with. A routine examination revealed a pronounced lack of bone volume in the lower ridge in conjunction with a relatively high floor of the mouth, making relines ineffective. The decision was made to proceed with a screw-retained, provisional fixed denture supported by four implants. The restorative protocol for this case used state-of-the-art techniques to improve the accuracy of implant placement, optimize the function and esthetics of the provisional, and reduce the time required for treatment.

Treatment objectives

The objective of the treatment plan was to improve patient comfort and chewing function by replacing the patient’s existing mandibular denture with a screw-retained fixed implant bridge. The provisional denture and final restoration would be designed with digital implant software, using the setup from the existing denture.

Treatment planning

The patient’s existing denture was modified with fiduciary markers to serve as the CBCT scan appliance. To ensure maximum accuracy of the surgical guide, an intraoral scan of the denture and the bite were taken to verify passive fit of the surgical guide, the provisional prosthesis in place, and, finally, the framework and setup were processed into acrylic at the lab to produce the final denture.

Once the datasets were accurately merged in the treatment-planning software, the implants were virtually selected and placed at the optimal positions and angulations for the available bone volume and prosthesis support. Multi-unit abutments were used to correct the angle of the two posterior implants and to provide a common restorative platform across all implant sites (Fig. 1). The DICOM data was segmented for density, and models of the patient’s mandibular arch were 3-D printed and articulated, so the entire surgical and prosthetic stack could be examined and the surgical index fabricated on the articulated model between the guide and maxillary cast.

The digital impression for the provisional and final fixed implant denture was delivered (Figs. 4a–d). At the lab, the articulated model was used to help ensure accurate positioning of the surgical guide, the provisional prosthesis in place, and, finally, the framework and setup were processed into acrylic at the lab to produce the final denture.

Guided surgery and dental CAD/CAM are complementary technologies that can make the surgical and restorative phases of implant therapy more efficient and predictable.

At AAID

To learn more about Glidewell Laboratories products, please visit booth No. 815 at the AAID annual meeting.

Final restoration

The final restoration protocol made use of intraoral scanning, dental CAD/CAM and 3-D printing to deliver the final prosthesis in just three appointments.

• First appointment: The patient’s provisional prosthesis was used to guide the design of the final restoration. First, a scan was taken of the provisional in the mouth, taking care to capture adjacent anatomical landmarks. Next, the opposing denture was scanned extraorally. Two additional scans were taken of the lower denture seated in the mouth as well as the edentulous arch. At the laboratory, technicians used the scan data to design the final prosthesis, which included the milled titanium bar.

• Second appointment: The denture setup was placed with one screw tightened on the milled bar, and radiographs were taken to verify passive fit of the substructure. After making a minor fit adjustment, the provisional was reinstalled and the verified denture setup was sent back to the lab.

• Third appointment: The lab processed the denture to the titanium bar with acrylic to finish the final prosthetic (Figs. 3a–c). The provisional was removed and the final fixed implant denture was delivered (Figs. 4a–d).

Conclusion

Guided surgery and dental CAD/CAM are complementary technologies that can make the surgical and restorative phases of implant therapy more efficient and predictable. Because we can predict the implant position using guided surgery, prosthetic design can be done presurgically.

Advanced treatment protocols that leverage digital impressions, treatment planning, guided surgery and dental CAD/CAM technology are transforming implant therapy, shortening treatment times and improving prosthetic outcomes.
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Leveraging ATLANTIS patient-specific CAD/CAM solutions for your implant-supported restorations

By DENTSPLY Implants staff

The continued advancements in technology and product design further reinforce the simplicity and effectiveness of implant-supported restorative therapy. An excellent example of this is the ATLANTIS™ brand of patient-specific, CAD/CAM solutions, which includes cement-retained and single-tooth, screw-retained abutments, as well as the latest ATLANTIS ISUS suprastructures, including bars, hybrids and bridges for fixed and removable implant-supported prostheses for partially- and fully-edentulous patients.

Available for all major implant systems, ATLANTIS abutments are designed and produced for the specific edentulous spaces in relation to the surrounding teeth and soft tissue, taking biology, anatomy and engineering principles into consideration. Unlike traditional pre-fabricated abutments that are circular in shape, the unique anatomical shape and emergence profile of ATLANTIS Abutments for cement-retained restorations help to promote long-term soft-tissue management and provide optimal support and retention of the final restoration, the company says.

In addition, for cases where the implant is placed deeper subgingivally, an ideal margin height can be customized and individually designed and manufactured for easy and safe removal of excess cement. ATLANTIS Abutments are available in titanium, gold-shaded titanium and four shades of zirconia for full versatility to meet all clinical preferences and patient-specific demands for function and esthetics.

For single-tooth restorations where the flexibility of a retrievable solution is desired, an ATLANTIS Crown Abutment is available in five different shades of zirconia, including a translucent option in white.

All ATLANTIS abutments are supported by the ATLANTIS Abutment Bio-Design Matrix™, which consists of four key features (ATLANTIS VAD™, Natural Shape™, Soft-tissue Adapt™ and Custom Connect™) that work together to support soft-tissue management for ideal function and esthetics. For single-tooth restorations, where the flexibility of a retrievable solution is desired, an ATLANTIS Crown Abutment is available in five different shades of zirconia, including a translucent option in white.

All ATLANTIS abutments are supported by the ATLANTIS Abutment Bio-Design Matrix™, which consists of four key features (ATLANTIS VAD™, Natural Shape™, Soft-tissue Adapt™ and Custom Connect™) that work together to support soft-tissue management for ideal function and esthetics. Incorporating ATLANTIS abutments also helps to eliminate the need for inventory management of stock components and simplify the procedure for implant-supported restorations, the company says.

With DENTSPLY Implants’ recent introduction of ATLANTIS ISUS suprastructures, the ATLANTIS portfolio is further expanded to also include a full range of bar, hybrid and bridge suprastructures for all major implant systems.

ATLANTIS ISUS suprastructure options are available for cement-retained restorations, as well as the latest ATLANTIS ISUS Hybrid suprastructures, which includes bars, hybrids and bridges for fixed and removable implant-supported prostheses options are available.

Whether it is an abutment or a suprastructure solution needed, incorporating ATLANTIS can be easy for both the clinician and the dental laboratory. All a clinician needs to do is to take an implant-level impression and send it to his or her laboratory of choice with a request for ATLANTIS. In addition to its simplicity, an ATLANTIS solution is often more cost-effective than a technician-milled abutment.

For more information about ATLANTIS solutions, visit www.dentsplyimplants.com or contact your local DENTSPLY Implants representative.

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Fascinating ergonomics

Surgical straight and contra-angle handpieces

By W&H staff

The new W&H straight and contra-angle handpieces not only make working more pleasant but also more flexible and less tiring, the company says. And all that with optimal visibility and perfect hygienic conditions.

Innovative performance features

The W&H product portfolio for surgical straight and contra-angle handpieces has been expanded and particularly impresses with its ergonomics, a Mini LED+ with daylight quality, flexible cooling with replaceable spray clips, a scratch-resistant surface coating and the first surgical contra-angle with a 45-degree head. All straight and contra-angle handpieces can be fully dismantled for superior cleaning.

Fatigue-free working

The ergonomic shape makes work less tiring. The handpieces were specially designed for a wide range of users, regardless of whether they are right- or left-handed.

Perfect light with Mini LED+

The surgical straight and contra-angle handpieces are now equipped with a Mini LED+. This offers optimal illumination as the Mini LED+ can be integrated very close to the handpiece tip, thanks to its being half the size of a normal LED. For the first time, the WS-56 (1:1), WS-92 (1:2.7) contra-angle handpieces and the S-9 (1:4) straight handpieces are now available with light.

With their integrated generator, the straight and contra-angle handpieces can create the energy for the LED light all on their own. As soon as the straight or contra-angle handpiece goes into operation, the integrated generator produces the electricity needed autonomously and supplies the LED.

Flexible cooling

For the first time, cooling can now be individually adapted with replaceable spray clips, so the coolant is always in the right place, the company asserts. The spray clips (for WS-75, WS-75 LG, WS-56 and WS-56 LG) allow attachment of the coolant tubes for external cooling and the internal bur cooling (Kirschner-Meyer) on the left or the right.

Perfect hygiene

The new scratch-resistant coating on the surface of the straight and contra-angle handpieces offers the optimal basis for improved cleaning and hygiene, the company says. In addition, the new surgical straight and contra-angle handpieces can also be completely dismantled, thermo washer disinfected and sterilized up to 135 degrees C.

The first surgical contra-angle handpiece with a 45-degree head

The new WS-91 and WS-91 LG contra-angle handpieces with a 45-degree head unite the advantages of straight and contra-angle handpieces for the first time. The 45-degree angle allows considerably better access and better visibility of the treatment site. This makes palatinal access to the maxillary molars much simpler, even with a small mouth opening.

In contrast, in buccal applications, there is more space between the cheek and operating site. At the same time, the view is barely affected.

A ratio of 1:2.7 makes it possible to work quickly and effectively, allowing rotating instruments to achieve speeds of up to 125,000 revolutions per minute. A three-port spray guarantees sufficient cooling of the bur as well as the tooth and bone. According to the company, the contra-angle handpiece with a 45-degree head is ideal for surgical extractions of wisdom teeth, tooth separations and apical resections.

For more information on the all W&H products, visit www.wh.com/na.
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<td>Soft Tissue Surgery</td>
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<td>Laser Soft Tissue Contouring</td>
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<td>Calculus Removal</td>
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<td>Multi-Quadrant Dentistry in a Single Visit</td>
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<td>Cuts as Fast as a High-Speed</td>
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<td>Purchase Price</td>
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DoWell Dental Products focuses on quality and customer satisfaction

By DoWell staff

Since 2006, DoWell Dental Products has been growing rapidly in the dental industry. With our commitment to quality, many oral surgeons, periodontists and general dentists have taken notice and have chosen us to provide them with the materials and instruments needed for their practices.

The mindset of our company is to abide by basic fundamentals, providing quality products at competitive prices with great customer support and service. DoWell Dental Products uses only genuine manufacturer parts; we are obsessed with quality and attention to detail, and our products will speak for themselves.

DoWell Dental Products uses only genuine manufacturer parts; we are obsessed with quality and attention to detail, and our products will speak for themselves.

Our products vary from your basic equipment to dentistry’s most popular and traditional instruments. For instance, we carry the PiezoART surgical unit. Our PiezoART surgical unit is a machine that utilizes piezoelectric vibrations. By adjusting the ultrasonic frequency of the device, it is possible to cut hard tissue while leaving soft tissue untouched by the process. We also carry biological bone-grafting materials such as bone, restorable membrane, pericardium and others.

Our instruments are made from the finest stainless steel by skilled craftsmen and are subject to strict quality controls during the inspection process. Our instruments are guaranteed to be free from defects in workmanship and material. Any DoWell Dental Product instrument that proves defective will either be repaired or replaced at our discretion without charge.

The superior quality of our products did not happen overnight. It came about because of sheer enthusiasm coupled with years of experience and an unprecedented passion in dental instrument manufacturing.

Caring for the future of the dental industry is very important to us, and that is why we support many colleges and universities throughout the country with courses, lectures, continuing education courses and hands-on workshops. We also support key clinicians whose techniques and procedures are considered cutting edge and innovative in the dental field.

Here at DoWell Dental Products, we are also keeping up with the dental field by following new technology and techniques. The industry is always changing, and we are constantly changing along with it. Our goal is to specialize in manufacturing the highest quality dental instruments for our customers by employing excellent technicians and utilizing advanced production and equipment.

We offer an advanced website at www.dowelldentalproducts.com, where every item we carry is available to order. You can also find a variety of live surgery videos to see our products in action.

Our product line is always growing to cover new areas and procedures while some existing products are always being modified for superior use and ease.

Building customer relationships is the essence of our company’s success. At DoWell Dental Products, part of delivering great customer service and support is having knowledgeable representatives to help you with any questions you may have.
The MGUIDE System by MIS goes beyond the guided surgical procedure

By MIS staff

With the MGUIDE Guided Implantology System, only a single CBCT scan is required in order to start the planning immediately.

The stone model and diagnostic wax-up of the patient can be displayed digitally on the CBCT scan data within the implant planning software. This allows us to see the current soft-tissue contour, the future prosthesis plan, the patient’s bone volume, the implants and even the abutments. With this information, we can now create the ideal treatment plan.

In fact, by using the surgical template, we can create a model of the post-operative condition, complete with analogs, prior to the surgery.

By doing this, we can fabricate temporary components to be immediately loaded after implant placement, so the patient can go home having his or her teeth.

The surgical template is printed with the latest 3-D printing technology without any human intervention. It features a unique open design, which allows an optimal line of sight, as well as excellent irrigation.

Within a few days, we can have the surgical template in your practice, ready for surgery.

Case planning

The latest CBCT scan data is used for case planning, allowing the location of the implant to be positioned with the precision of one tenth of a millimeter. This reduces the risk of error tremendously, and also the risk of damaging any proximal anatomical structures.

Because of the precise orientation, any bone replacement may be avoidable. In situations where bone grafting is unavoidable, then the primary fixation of the implant can be strengthened with correct placement in the existing bone. Clinical deci-

See MIS, page 22

At AAID

For more information on MGUIDE and other MIS offerings, please visit the MIS booth No. 501.

MGUIDE Implantology System. (Photos/Provided by MIS)
Planning for implant placement with our system allows informed decisions to be made prior to the surgical procedure. This preparation helps ensure that the implant survival rate remains extremely high. By way of prosthetic-driven planning, actual surgery time can be reduced, and optimal implant placement results in simpler prosthetic work.

Why? Because you can analyze the bone, the soft tissue and the proposed tooth placement during the planning stage. The ideal solution can be realized right from the beginning.

In overdenture cases, the axial positioning of the implants can be automatically made parallel. This allows better fixation of the prosthesis, resulting in better comfort and durability.

Surgery

Our newly designed MGUIDE Guided Surgical Kit and Tools Kit work seamlessly within our system. Unlike traditional guided surgical kits, our system has eliminated the need for guidance keys or spoons. The drills and sleeves work together to center and stop at the precise depth and positioning that was planned. Our innovative drills are sequenced according to our implant lengths, so sleeve heights are not required to be raised or lowered to achieve accurate depth. These features not only allow you to change implant lengths at the time of surgery, but also ensure that clearance is never a problem.

Raising the flap is not required, as tissue punches are provided to perform minimally-invasive procedures. This means minimal or no suturing, faster healing time and esthetically pleasing restorative results, all of which lead to greater patient and clinician satisfaction.

The MGUIDE System goes beyond the guided surgical procedure, providing you with tools specifically designed to place the implants through the template. This ensures that the actual treatment goes precisely as planned, from pilot drilling to placement.

What makes the MGUIDE so special?

We have created a system that simplifies the workflow for everyone involved. The clinician now has the ability to responsibly plan his or her case using all of the resources available. Bone quality, tissue height and prosthetic plan information aid us in treatment planning, taking most of the guesswork out of the surgical procedure.

We know going in what the final outcome should resemble, and from that knowledge, we create a precise and safe surgical plan that can be executed with the utmost ease. Our tools are designed to allow you the most comfort and control during the procedure, vastly shortening the actual surgery time.

This can allow greater patient satisfaction, minimal pain and the opportunity to treat more patients in one day. Shorter chair time equals more turnaround. Being able to conceptualize the treatment plan and present it to your patients allows you to keep them informed about what is going to happen. This increases their comfort and enables them to be on board.

Our system allows you to map out the road to success. The collaborative efforts of MCENTER USA, the clinician and his or her lab allows all avenues to be explored and agreed upon with precise knowledge.
Meisinger’s
HIGH ALTITUDE BONE MANAGEMENT WINTER CAMP

February 5th – February 8th 2014
Beaver Creek, Colorado, USA

Speaker Lineup:

Dr. Michael A. Pikos
Meisinger Arch Reconstruction:
Single Tooth to Full Arch

Dr. Bach Le
Implants in Compromised Sites

Dr. Daniel Cullum
Sinus Elevation with Crestal Approach

Dr. John Russo
Soft Tissue Autografts and Allografts

Dr. George Dello
Conservative Strategies for the Esthetic Zone: Implant Placement

Dr. Robert Gellin
Soft Tissue Autografts and Allografts

Dr. Avi Scheritt
Soft Tissue Grafting for Implant Success

Dr. Sascha Jovanovic
CBR from Ostmixed Esthetic Implant Therapy to Parti-
implanteas: Facts, Myths and Limitations

Dr. Dwayne Karastezew
Assisting: Complications... The Digital Workflow

Dr. Micra Sadrameli
Bonegrafting: CBCT

Dr. Scott Ganz
The Digital Workflow

Dr. Giles Horrocks
Controlled Assisted Ridge Expansion: the Next Generation

Dr. Michael S. Block
Horizontal Ridge Augmentation of the Anterior Maxilla and Posterior Mandible

Dr. Dan Holtzclaw
Understanding and Application of Amnion Chorion Allograft: A Protein Enriched Barrier.
to Reduce Surgery Times, Minimizing Patient Trauma, and Enhances Esthetics Outcomes
and Predictability in Regenerative Procedures

Dr. Robert J. Miller
Alogenic Growth Factors for 7 Days Plus a Bioactive Implant System for Better Esthetics
MIS | Booth #501

GUIDED IMPLANTOLOGY SYSTEM

New Trends, Techniques, and Technology Program
Grand Saguaro Ballroom, Ballroom Level

Wednesday, 10/23
10:40am
Computer Guided Dentistry: The MGUIDE System
Andrew Spector, DDS

Wednesday, 10/23
11:20am
Bi-Phasic Calcium Sulfate: Biology and Application
Daniel Brunner, MD, DDS

Hands-on Workshops
Grand Sonoran Ballroom A & B; Ballroom Level

Thursday, 10/24
8am–12pm
Immediate Implant Placement and Socket Preservation Using BondBone®
Daniel Brunner, MD, DDS

Friday, 10/25
8am–12pm
Implant Site Preparation and Bone Augmentation in the Maxilla
Jay Sison, DDS

SPACE IS LIMITED! REGISTER TODAY!

A COMPLETE, YET SIMPLE, SOLUTION
MCENTER USA is proud to announce MGUIDE, our virtual implant planning and guided implantology system designed to enhance simplicity, accuracy and safety, for a worry-free guided surgical procedure. This efficient system combines modern 3D implant planning with an innovative surgical template, as well as a unique keyless guided surgery kit. The result is a simple guided implantology procedure that benefits the clinician and the patient.
To learn more about MIS, visit our website: www.misimplants.com or call us: 866-797-1333 (toll-free)