ATLANTIS abutments are uniquely designed based on the final tooth shape.
Unlike other CAD/CAM options, there is no manual procedure, such as a wax-up, required in the design process. Instead, the abutment design is fully initiated and manufactured with customer input and supported by engineering principles in a virtual environment.

Available for the widest range of interfaces, including that of all major implant systems, and biocompatible material options, including titanium, gold-shaded titanium and up to five shades of zirconia, ATLANTIS makes it simple to achieve optimal functional and esthetic results. For added flexibility, ATLANTIS is available for both cement-retained and single-tooth, screw-retained implant-supported restorations.

Other digital product solutions designed to support implant therapy, such as its Facilitate™ implant treatment-planning software and surgical guides are available to ensure accuracy and predictable outcomes. DENTSPLY Implants has also recently introduced Symbios, which includes a full range of quality allograft, xenograft and alloplast bone graft and membrane products.

In addition to its comprehensive product portfolio, DENTSPLY Implants also provides tools and services to support the practice and business development of its clinical and laboratory customers. It also collaborates with leading associations, reputable educational institutions and industry leaders to develop the congresses, courses and training needed to support its customers in learning the latest advancement and technologies available for implant therapy.

“Our goal is to be the leading provider of implant products and services that deliver the highest level of simplicity, reliability and customer satisfaction,” Root said. “With the strength and support of our parent company (DENTSPLY International) and the partnership and expertise of our customers, it is with enthusiasm and commitment that we work toward achieving this goal.”
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BIOMET 3i marks 25th anniversary

_BIOMET 3i_, a world leader in oral reconstructive devices, is pleased to announce its 25th anniversary.

Founded as Implant Innovations Inc. (“3i”) on May 27, 1987, by Dr. Richard Lazzara, a periodontist, and Keith Beaty, an engineer, the company has grown to 1,000 employees with its global headquarters located in Palm Beach Gardens, Fla.

BIOMET 3i is recognized, the company says, for its cutting-edge product innovations in the development of biologically driven implants; winning worldwide acclaim for the microtextured surface of the OSSEOTITE® Implant, which has more than 15 years of documented research.

More recently, BIOMET 3i introduced a Bone Bonding® NanoTite™ Surface with a complex architecture at the nano-scale, which produces a mechanical interlocking of the newly formed cement line matrix of bone with the implant surface.

BIOMET 3i has also been recognized, the company says, for its contributions to new dental technologies, such as digital dentistry, with the development of its patented BellaTek™ Encode® Impression System. At the core of this system is the BellaTek™ Encode® Healing Abutment, which incorporates special codes embedded on the occlusal surface that translate the dental implant information needed without the clinician having to make an implant level impression. In addition, the impression of the BellaTek Encode Healing Abutment can now be taken with an intraoral scanner allowing for a quicker, more comfortable impression process for the patient.

Superior customer service and supporting continuous learning for dental health care providers have been at the core of the BIOMET 3i Business, the company says. This includes the recent launch of the new Institute for Implant and Reconstructive Dentistry (IIIRD®), a state-of-the-art learning facility that combines leading-edge technology with evidence-based dentistry. It is located in Palm Beach Gardens, Fla., with affiliated locations in Mexico and Italy.

BIOMET 3i has been a leader in the dental industry for 25 years through continuous innovation, education, new market expansion and long standing relationships with global dental schools and societies. BIOMET 3i will continue to focus on treatment solutions that help to optimize dental care for patients, continuing to make implant dentistry a more widely accepted form of treatment.

"My dream to better the lives of patients through scientific, evidence-based research has now been fully realized. At BIOMET 3i, our primary goal is to provide clinicians and their patients the simplest, most esthetic outcomes. I couldn’t be more proud of what we’ve accomplished throughout the past 25 years," Lazzara said.

BIOMET 3i will be celebrating this milestone at key events throughout 2012.

"It’s a pleasure to continue Dr. Lazzara’s vision," President Maggie Anderson said. "The strategies and mission of the founders continue to resonate in everything that we do. We look forward to another 25 years of successful innovations."

For more information on BIOMET 3i, visit www.biomet3i.com or contact (800) 342-5454; outside the United States, dial (561) 776-6700.
SAVE THE DATE

Yankee Dental Congress 2013 will bring together thousands of brilliant minds to learn about the most innovative approaches, practices, and resources in dentistry.

Here is a sneak peak at a few education highlights:

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Loretta LaRoche
PERSONAL DEVELOPMENT

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ENDODONTICS

Roger Levin, DDS
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Cherilyn Sheets, DDS and
Jacinthe Paquette, DDS
RESTORATIVE/ESTHETICS

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The **InterActive**

**evolution of conical connection implants**


The Core-Vent (1982) internal hex implant (Niznick G. US Pat. No. 4,431,416) with cemented abutments brought versatile prosthetics to implant dentistry, but it was the Screw-Vent® (1986) internal thread connection with a lead-in bevel (Niznick G. US Pat. No. 4,960,381) that brought together stability and detachability.

This connection facilitated the design of narrow-diameter implants, and its stability made cementation in partially edentulous jaws the treatment of choice.

This type of implant-abutment connection became the cornerstone of modern implant design and is today referred to as a conical connection in the most popular implant systems. Before the patent’s expiration in 2007, this connection was licensed to eight different implant companies and since has been incorporated into most implants, including the NobelActive™ and NobelReplace™ Conical Connection implants.

Whether the lead-in bevel is 45 degrees above an internal hex, as in the original Screw-Vent (Zimmer Dental), MIS or BioHorizons implants; 82 degrees above an internal octagon (Straumann®); 79 degrees above an internal double-hex (Astra™); or 78 degrees above an internal hex (NobelActive™), “conical” connections provide lateral stability to reduce the occurrence of screw loosening in comparison to butt join connections (tri-lobe and external hex implants).

One problem with increasing the slope of the lead-in bevel is that it moves the anti-rotational feature (internal hex) farther down the internal shaft, often requiring X-rays to verify full seating of the abutments. It also thins the walls of smaller diameter implants, increasing the risk of fracture under lateral load.
The new InterActive™ system of conical connection implants and abutments from Implant Direct (anticipated launch 4Q12) provides a platform compatible to the NobelActive and NobelReplace Conical Connection. The InterActive abutments incorporate design modifications to help ensure full seating of the abutments without the necessity of confirming radiographs.

This is accomplished by lengthening the hex and shortening the bevel so that a lack of full seating is readily apparent, as the hex will be visible above the implant. Two other features also assist full seating. A piloting feature has been added to the bottom of the abutment’s hex to help guide insertion, and an internal thread has been added to the abutment shaft to retain the screw while the abutment is rotated to a full seat in the implant’s deep hex. The contours of the InterActive abutments, transfers and healing collars have been designed for improved soft-tissue management with a concave emergence profile.

The InterActive implant is available in four diameters with the same platform for the 3.2 mm and 3.7 mm implants as the NobelActive 3.5 mm implant, and the same platform for the 4.3 mm and 5.0 mm implants as used with the NobelActive implants of these diameters.

The platforms are color-coded for easy identification with matching anodized cover screws, healing collars and transfers.

The body of the InterActive implant matches that of the successful Legacy™2 implant with double lead body threads over the tapered two-thirds of the implant for faster insertion.

These threads are flat-based and become progressively deeper toward the apex for increased surface area. Three long vertical cutting grooves and tapered body with a round apex ensure the implant will follow the trajectory of the osteotomy and allow self-tapping insertion using dense-bone drills without the need for a bone tap.

An additional design improvement incorporated into these new implants is the combination of coronal quadruple-lead micro-threads (Niznick Pat. No. 7,677,891) with micro-grooves (Niznick Pat. Pending) for enhanced crestal bone preservation and initial stability.

The InterActive’s revolutionary two-piece fixture-mount (Niznick Pat. Pending) serves as a transfer and final preparable abutment. The square top is friction retained in the top of the abutment and, when used as a transfer, releases with the impression. The abutment (attached to an implant analog) then snaps into the impression, mating metal with metal for accuracy.

The square top also offers a torque safety feature, stripping when over-torqued to prevent damage to the implant’s interface.

The All-in-1 Packaging of the InterActive further includes a cover screw that can be used for submerged healing or with a 2 mm extender/healing collar (Niznick US Patent No. 7,396,231) for added value and simplicity.
First used in 2000 and granted FDA approval in 2004 for long-term use as determined by health-care providers, the 1.8, 2.2 and 2.4 mm diameter ANEW implants from Dentatus have met the most precise implantology standards having undergone rigorous testing, research and clinical use by the profession.

ANEW Implants are widely recognized by clinicians and universities worldwide. These narrow-body implants provide effective remedy for many because they are ideal for patients who have limited interdental spaces, insufficient bone or require provisionalization during augmentation procedures. ANEW Implants should also be considered when financial constraints might delay or prevent treatment.

Nearly 25 percent of patients who come in for implant treatment will not have enough bone to place a conventional diameter implant, Dentatus said. Practitioners placing implants should consider including ANEW in their armamentarium so that all patients might take advantage of the benefits that implants afford.

ANEW Implants are the only one-piece narrow-body implants that have restorative options for screw-retained prosthesis, Dentatus said. ANEW boasts a number of features that set it apart from other implants, including a short-threaded external connector that tolerates substantial abutment angulation without stress.

ANEW’s prosthetic components provide patients with a cosmetic, fixed chairside restoration at the time of placement so they never have to go without teeth. There are a variety of platforms available for restorative ease, presenting flexibility for optimal esthetic solutions.

For instances of single tooth replacement in narrow spaces, the availability of ANEW Implants provides patients who might have to proceed with a fixed or resin-bonded bridge the luxury of dental implants without preparation and/or reduction of the adjacent natural dentition. Another advantage to this modality is the maintenance of alveolar bone, which is documented to undergo resorption with other restorative options.

In 2012, Dr. Francois Fisslier and Dr. Carlos Munoz from the New York University Department of Implant Dentistry presented the following findings about papilla regeneration at the Academy of Osseointegration’s 27th annual meeting:

“In this case series, nine patients received 10 [ANEW Narrow Diameter Implants (NDIs)] which were loaded for periods of six months to 10 years post-insertion. No implants or prosthesis had to be removed or replaced during the follow-up period. Neither a surgical or prosthetic complication was seen on any of the 10 NDIs. The average mesial [Papilla Index Score (PIS)] was 2.4 and the average distal PIS was 2.7, indicating that the NDIs regenerated at least 50 percent of the papilla in all cases (20/20 papilla).”

The non-hygrosopic screwcap allows for retrievability, so that during the healing period the restoration contours can be easily modified to the tissue architecture, thereby eliminating a final “black triangle” result, Dentatus said. Its effective adaptation and integration in bone has been shown to be on par with conventional implant
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fixtures and provide excellent support and retention. In 2007, Dr. Stuart Froum and his colleagues published a study in the International Journal of Perio and Restorative Dentistry stating "40 Anew Implants in patients for one to five years post-loading. No implant failures were reported, yielding a 100 percent survival rating."

In 2005, the Journal of Oral and Maxillofacial Implants published Dr. Michael Rohrer's histology study on Dentatus implants. Rohrer determined that the percentage of bone in contact with the body of Dentatus implants was in "the same range and sometimes higher than what is usually seen with conventional implants."

The recommended surgical techniques allow for minimally invasive flapless placement and immediate loading. This eliminates most postoperative challenges and dramatically reduces the total time in treatment. These implants solve the problems of time, money and perceived pain for most patients who otherwise do not proceed with care, Dentatus said.

Other indications for use are noted below.

_**Atrophic and thin ridges**_

For patients with atrophic and thin ridges who cannot or do not want to undergo lengthy augmentation procedures based on age, systemic disease or inadequate volume of bone, Anew Implants are an economical and viable long-term solution.

_**Emergency repairs**_

One of the most difficult situations for the practitioner is the emergency intraoral repair of a broken bridge. With ANEW Implants on hand, those difficulties are a thing of the past, Dentatus said. Once the bridge is removed, the implant can be placed in the interceptal bone, stabilizing the bridge, returning the patient to a dentate state while a long-term treatment plan is determined.

_**Bone augmentation**_

Many implant treatment plans include some type of bone augmentation procedure. It may involve a sinus lift, replacement of the buccal plate and/or widening or heightening a ridge. Selling an implant case involves overcoming a patient's concerns; one of the major roadblocks is the patient's perception of a long, drawn out treatment period. Anew implants will give patients teeth during the entire treatment and avoids transmucosal loading of the graft while the patient is able to function with a fixed restoration.

For more information and to see other areas of use, visit www.DentatusUSA.com.
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Zimmer Dental Inc., a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., is pleased to announce the availability of the Zimmer® Angled Tapered Abutment—a line extension that provides clinicians with the flexibility to place implants off-axis (i.e., tilted) and choose from multiple surgical protocols, including immediate-load, screw-retained restorations, to best meet the specific restorative needs of their patients.

Available in 15- and 30-degree angle configurations, the Zimmer Angled Tapered Abutment promotes angulation correction for off-axis implant placement, repositioning the restorative platform to facilitate insertion of the prosthesis.

The abutment’s 1.2 mm low-profile cone is ideal for use in cases with limited interocclusal space, while the cone’s 15-degree taper allows for additional angulation correction. The ability to place implants off-axis aids in maximizing the use of available bone, avoiding the alveolar nerve and sinus, and minimizing the cantilevers for the prosthesis in multi-unit, partially and fully edentulous screw-retained restorations, the company says.

The user-friendly Zimmer Angled Tapered Abutment’s multiple cuff heights enable the clinician to select the size that best meets the patients’ soft-tissue measurements.

Furthermore, this new abutment has exhibited exceptional strength and durability in testing compared to other popular brands1, and is fully compatible with Zimmer Dental’s existing restorative components and the renowned Tapered Screw-Vent® Implant System, for greater convenience.

“These new Angled Tapered Abutments broaden our restorative portfolio and give clinicians even more flexibility in choosing surgical protocols to best meet the needs of their patients, restore their mouth function, and enhance their quality of life,” said Harold C. Flynn, Jr., Zimmer Dental president. “At the end of the day, our focus, first and foremost, is on giving our customers the tools they need to improve their patients’ lives.”

For decades, Zimmer Dental has gained the trust of thousands of clinicians worldwide who count on its comprehensive line of products to deliver successful patient outcomes.

For more information on integrating the Zimmer Angled Tapered Abutment into your practice, contact a Zimmer Dental sales consultant at (800) 854-7019, (760) 929-4300 (for outside the U.S.), or visit www.zimmerdental.com.

1) Data on file

(Photo/Provided by Zimmer Dental)