**Main podium debates draw attendees as speakers argue it out over a variety of topics in implant dentistry**

By Sierra Rendon, Dental Tribune

- The debates continued Thursday as a host of educated and well-known speakers took to the podium to defend their viewpoints at the 61st American Academy of Implant Dentistry’s annual meeting in Washington, D.C.

  “We hope you are as excited as we are to hear and participate in debates on 10 different topics in implant dentistry,” said AAID President Larry Bush.

  “This should be one of the liveliest and most provocative AAID meetings ever!”

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**Get Implant Insight for free**

- Become one of more than 5,000 subscribers to AAID’s free weekly electronic newsletter, AAID Implant Insight. Anyone with an interest in the field of implant dentistry, regardless of membership in the American Academy of Implant Dentistry, may subscribe.

  Each week, AAID Implant Insight features at least a half-dozen articles containing clinical news, scientific news or other information you can immediately use in your practice. To subscribe to AAID Implant Insight, visit the AAID website at www.aaid.com and click on “News and Publications.” You can also access the archives of past editions.

  To contribute news to the AAID Implant Insight, contact Katina Smallwood, content editor, at ksmallwood@multibriefs.com or by phone at (469) 420-2675.

  If you are interested in advertising in the AAID Implant Insight, contact Ben Maitland, director of advertising sales, at bmaitland@multibriefs.com or by phone at (972) 402-7025.
AAID leads profession with Dental Industry Marketplace

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 2012 edition of the Buyers’ Guide includes a 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 more convenient and time-efficient.

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

For more information, visit www.dentalindustrymarketplace.com or www.aaid.com.
What’s on tap at AAID?

Today: Main Podium
- Debate No. 5: “Grafting – Plain and Simple vs. Bells and Whistles,” Alfred “Duke” Heller, DDS, vs. Edgard El Chaar, DDS
- Debate No. 8: “Block Grafts – Autogenous vs. Allogenic,” Fouad Khoury, DMD, PhD, Prof., vs. John Russo, DDS

Today: Hands-on Workshops
The following sessions are from 8 a.m.–noon.
- “Dental Photography, How to Take Great Dental Images: Essentials in Preparing for Board Examinations,” John Carollo, DMD
- “Autogenous Bone Graft: Secure Harvesting and Augmentation Procedures,” Fouad Khoury, DMD, PhD, Prof.

The following sessions are from 1:30–5:30 p.m.
- “Plastic Periodontal Therapy: Soft-Tissue Manipulation Around Natural Teeth, Dental Implants and the Art of Suturing,” Edgard El Chaar, DDS
- “Boost Your Practice with Social Media,” Jason Lipscomb, DDS
- “Bone Allografting for Implant Dentistry,” John Minichetti, DMD, Lawrence Naillt, DDS, and Matthew Young, DDS

Today: Global Symposium
The following sessions are from 8 a.m.–noon.
- “It’s All About Space,” Nitish Surathu, BDS
- “Advanced Tissue Reconstruction. Is BMP2 the New Gold Standard?” Nicholas Caplanis, DDS, MS
- “Influence of Implant Macro-design on the Peri-implant Tissues,” Jihad Abdallah, BDS, MScD
- “Make an Impression: Go Digital!” Natalie Wong, DDS
- “Face-to-Face Surgery and Prosthetics,” Sergio H. Cacciacane, DDS
- “A Unique Perspective on Implants “Screwless & Cementless,” John Stowell, FDSRCS

The following sessions are from 1:30–5:30 p.m.
- “Repair of Sinus Membrane Perforation,” Jaehyun Shim, DDS
- “Predictable Bone Regeneration with Allografts,” Bernee Dunson, DDS
- “Short Implants – Does Length Matter?” Pares Cale, MDS
- “Approaching 30 Years with Implants: Long-term Cases and Recent Techniques,” Yasunori Hotta, DDS, PhD

Live surgery from Russia
“Vertical and Horizontal 3-Dimensional Bone Reconstruction,” Maxim Kopylov, DDS, and Sergey Zorin, DDS

Saturday: Main Podium
The following sessions are from 8 a.m.–noon.
- Debate No. 9: “Vertical Augmentation – Vascularized Osteotomies vs. Guided Bone Regeneration,” Itzivan Urban, DMD, MD, vs. O. Hilt Tatum, Jr., DDS
- Debate No. 10: “Prosthetics – Glass Ceramics vs. Metal Ceramics,” Christian Stappert, DDS, PhD, vs. Christian Coachman, DDS

Saturday: Hands-on Workshops
The following sessions are from 8 a.m.–noon.
- “Implant Site Development – Hard Tissue Manipulation Around Natural Teeth, Dental Implants and the Art of Suturing,” Edgard El Chaar, DDS
- “Electrifying Presentations,” Tom Mucciolo

AAID Foundation’s new moniker reflects its expanded mission

Although “Research” is no longer in the name of the AAID Foundation, research will not be slighted by the foundation.

The foundation board voted in June to expand the mission of the foundation beyond research to include such activities as support for humanitarian efforts, grants for education, development of an implant training center and more.

According to Dr. Jaime Lozada, chair of the AAID Foundation, “Removing the name ‘research’ will not impact the foundation’s role in supporting research grants. It will allow the foundation to expand to include other areas of support. Individual members and dental companies will now have additional programs and projects to support with their contributions to the foundation. Those wishing to honor the memory of Dr. Norman Goldberg, AAID’s founder who recently passed away, may want to make a memorial contribution to the AAID Foundation.

Contributions can be sent to the foundation at AAID’s headquarters, attention Afshin Alavi, at 211 E. Chicago Ave., Suite 750, Chicago 60611.
Scenes from the AAID

Photos by Sierra Rendon, Dental Tribune

Anthony Grassa, left, and Tim Ritchey of ACE Surgical Supply are available for questions at booth Nos. 215/217.

The team at BioHorizons, booth No. 201, includes, from left, Michael Smith, Marcus Himes, Karen Mack and Jon Berger.

A crowd of AAID attendees gathers at the Impladent booth, Nos. 417/419.

Tyler Ong talks with an AAID attendee at the OCO Biomedical booth, Nos. 413/415.

Blake Baucom of Osteogenesis Biomedical, booth No. 416, introduces an attendee to the company’s Cytoplast product.

Matthew Topl, left and Kevin Kim in front of the DoWell booth, Nos. 131/133.

Justin Stefanick of Piezosurgery offers tips and advice to an AAID attendee at the company’s booth, Nos. 331/333.
Attendees visit the Zest Anchors booth, No. 520, to learn more about the company’s Locator attachment.

DENTSPLY Implants, booth Nos. 313/315/317/319, offers dental products for all major implant systems.

Dr. Gerald Niznick, president of Implant Direct, at the company’s booth, Nos. 412/414. Stop by to learn more about its products.

Emiko Ota, marketing director at Osada, demonstrates to an attendee the company’s piezoelectronic ultrasound system with the help of an egg at booth No. 328.

Bobak Izad at the Hiossen Implants booth, No. 620, is available to provide information about the company’s latest products.

AAID attendees flock to the MIS booth, No. 301, to learn more about the company’s innovative products.

From left, Art Micheli, Tom Brell and Jeff Bierks smile at the Imaging Sciences booth, Nos. 211/213.

Denise Manekas and James Espinoza can show you all the benefits of the ANEW Implant at the Dentatus booth, No. 420.
AAID stands for excellence in education, scientific development and patient care. The academy provides bona fide credentialing in implant dentistry through the associate fellow and fellow membership examinations.

The associate fellow and fellow credentials are recognized by numerous state boards and, most recently, by the state court in Florida and the United States Federal Court in California. One of the remaining states that prohibited the announcement of credentials, Texas, is in the process of amending its rules to allow such advertising. More information is available at www.aaid.com or by contacting Joyce Sigmon at joyce@aaid.com or (312) 335-1550.

**Associate fellowship membership**

If you wish to substantiate your expertise in implant dentistry through a verifiable credentialing process, the associate fellow membership is where you begin. Your associate fellow certificate will let patients know you are an experienced, credentialed implant professional.

To become an associate fellow, you must meet the educational and experiential requirements and pass a two-part examination. Part one is a written examination, and part two includes an oral examination and the defense of three cases that meet the criteria specified in the case requirements section of the “Requirements for the Associate Fellow Membership Examination.”

Beginning in 2013, those who have passed Part 1 of the associate fellow examination may choose to take the oral/case examination for either associate fellow or fellow membership. In either case, the oral/case examination must be completed successfully within four years after passing Part 1, and candidates for the oral/case examination must be general members of the academy in good standing.

For more information, visit the credentialing section of the AAID website (www.aaid.com).

**Fellow membership**

Fellow membership is the next step in validating your expertise and proficiency in implant dentistry. Your fellow certificate and medallion will be tangible representations of your achievements that you can display to your patients.

Any member who is an associate fellow of the academy in good standing, starting in 2013, who has passed Part 1 of the associate fellow examination, has five or more years of experience in the practice of implant dentistry and provides both the surgical and prosthetic phases of implant treatment is eligible for election as a fellow.

All applicants for fellowship must have completed at least 100 hours of continuing education in implant dentistry in addition to the 300 hours required for associate fellow membership, i.e. a total of 400 hours, and have attended an annual scientific session or educational course offered by the AAID or one of its districts within the two years before the examination. Proof of attendance must be submitted with the application.

All applicants must also meet the professional and leadership requirements specified in the “Requirements for the Fellow Membership Examination.”
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- Bold indicates sponsor of AAID Annual Meeting
- Pink indicates today AAID advertiser
St. Kitts
Dental Implant Experience

DATES:  
January 23-26, 2013
TUES:  
8:00am-5:00pm
CE UNITS: 32 hours

LOCATION:  
St. Kitts Marriott & The Royal Beach Casino
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Shawn P. Lottier, DDS, MAGD, DICOi
Shawn P. Lottier is a graduate of the Baltimore College of Dental Surgery. He maintains a private practice in Atlanta, GA where he provides cosmetic, implant, comprehensive and sedation dentistry along with orthodontics. Dr. Lottier has designed and taught numerous implant and bone grafting classes for dentists.

Andrew W. Kelly, DDS, FAGD, FAAID, DABOI
Dr. Kelly is a graduate of Howard University College of Dentistry. He maintains a private practice in Clemmons, NC where he provides cosmetic, implant, comprehensive and sedation dentistry. Dr. Kelly is an accomplished educator, mentor, and author. He has been placing and restoring implant since 1988 and continues to inspire dentists.

Duanne W. Jones, DDS, MICOI, DADIA
Duanne W. Jones is a graduate of the Baltimore College of Dental Surgery. He practices in St. Thomas & St. Croix, U.S. Virgin Islands and in St. Kitts.

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• Introduction to prosthesis design and surgical guide fabrication participants will evaluate patients for implant surgery, plan the patient's final prosthesis, and place an implant with the help of course directors and faculty

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Presented by Dr. Gerald Niznick

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*Facial contour results based on U.S. Fda approval studies as of February 2011.

*Results and satisfaction vary. Individual results not guaranteed. No claim made.*

*Manufacturer’s Data as of September 2013. Comparison is based on U.S. Fda approval studies as of February 2011.*

*Implant Direct’s New Las Vegas Training Center.*

*The Changing Reality of Implant Dentistry.*

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<th>Product</th>
<th>Laboratory Abutment</th>
<th>Straight Short-On</th>
<th>Straight Conical</th>
<th>15° Angled Conical</th>
<th>Ostial Plastic</th>
<th>Zirconia/Titanium Abutment</th>
<th>Angular Zirconia/Titanium Abutment</th>
<th>Retainer Temporary Abutment</th>
<th>Bull Attachment</th>
<th>GPS™ Attachment</th>
<th>Angled GPS™ Attachment</th>
<th>Angled GPS™ w/Cup &amp; Transfer</th>
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The evolution of sinus lift techniques

By Andrew Kelly, DDS

When Dr. O. Hilt Tatum performed his sinus lift technique in 1979, I wonder if he had any idea of how it would evolve or the controversies that would surround this procedure. I can say there exist as many techniques as there are opinions on how the procedure should be performed and who should perform it.

A sinus lift is a surgery that adds bone to the maxilla in the area of the molars and premolars. It’s sometimes called a sinus augmentation. The bone is added between the floor of the maxillary sinus and the Schneiderian membrane. To make room for the bone, the sinus membrane has to be moved upward, or “lifted.” Any dentist who is trained to do it can do a sinus lift. Tatum, the originator of the procedure, is a general dentist.

There are two basic methods for performing the sinus lift technique. The first method is the Lateral window technique, which was described by Boyne in 1946. The procedure was used by Boyne to achieve an optimal intercrestal distance needed for denture making.

The sinus lift techniques have undergone numerous modifications through the years. In 1979, Tatum was the first to perform the lateral window technique in conjunction with autogenous bone grafting for the purpose of placing dental implants in the newly formed bone. Although the lateral window technique is highly invasive, it is a necessary procedure. In 1994, Summers, who was in pursuit of a less invasive sinus lift method, made the surgical protocol easier by offering crestal approach or osteotome technique.

Initially, the osteotome technique was used for compressing the soft maxillary bone to improve primary stability of implants and to increase success rates of implants placed in the posterior maxilla. After a period of success using the technique for bone compression, Summers started floor dilatation of the sinus, thus increasing the length of his implants. When the technique was first introduced, there were two significant disadvantages that limited this technique’s indications.

The first disadvantage was the limited height that the sinus could be raised. Initially, Summers was able to successfully lift the membrane 1–3 mms. The second limitation was the inability to directly visualize the membrane. The technique was initially performed with convex osteotomes by using the sinus floor to lift the membrane. After the membrane is lifted, bone grafting material is the used to hydraulically lift the Schneiderian membrane.

Today, using modern technologies such as piezoelectric handpieces by using the sinus floor to lift the Schneiderian membrane. Today, using modern technologies such as piezoelectric handpieces such as piezoelectric units and balloons as well as crestal approach kits, which use saline, we are now able to achieve height gains that rival those of the lateral window technique, with little concern for membrane perforation.

Lastly, with the evolution of safer and more predictable sinus lift methods, more dentists are able to successfully perform the procedure, which allow more patients to have implants in the posterior maxilla.

Implant dentistry is a discipline that requires the practitioner to possess a wide range of skills. As the technology improves, it will open the door to a wider dissemination of implant dentistry into our society and help to increase the quality of life for many patients that need our help. Technology will never replace knowledge and skill; however, it can and will lower the learning curve and help more practitioners provide state-of-the-art services to their patients.

About the author

Andrew Kelly, DDS, is a graduate of California State University, Long Beach, and received his DDS degree from Howard University. He received his advanced implant training from the Core-Vent Institute in Encino, Calif., and the Medical College of Georgia in Augusta, Ga. He is a diplomate of The American Board of Oral Implantology/Implant Dentistry, a fellow of the AAID, a fellow of the AGD and a member of the ECOI, the AACD and the AD. Kelly owns and operates Dental Center of the Carolinas, a private cosmetic and implant dental practice. He is also co-owner of Dental Office Solutions, a dental staffing, consulting and training center for cosmetic and implant education.

Contact

To attend one of Dr. Andrew Kelly’s educational seminars, visit www.dentalofficeolutions.com.
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Stop by our booth #313 to learn more.

*The newly created business will actively market and sell products as DENTSPLY implants beginning with North America, effective April 2012. Transition to the new business in all other geographic locations around the globe will follow.
ANEW meets ‘most precise’ standards

Narrow-body implants ideal for patients who have limited inter-dental spaces, insufficient bone or require provisionalization during augmentation procedures

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 inter-dental spaces, insufficient bone or require provisionalization during augmentation procedures.

Nearly 25 percent of patients who come in for implant treatment will not have enough bone to place a conventional diameter implant, Dentatus said. ANEW implants should also be considered when financial constraints might delay or prevent treatment. Every practitioner placing implants should consider including ANEW in his or her 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 prostheses, 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. François Fissler 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 prostheses had to be removed or replaced during 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 the NDIs regenerated at least 50 percent of the papilla in all cases (20/20 papilla).”

The non-hygroscopic 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.

Their effective adaptation and integration in bone has been shown to be on par with conventional implant fixtures and provide excellent support and retention.

In 2007, Dr. Stuart Froum and his colleagues published a study in the International Journal of Periodontics 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 is “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:

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 intercemental 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.
The Tapered Plus implant system offers all the great benefits of BioHorizons highly successful Tapered Internal system PLUS it features a Laser-Lok treated beveled-collar for bone and soft tissue attachment and platform switching designed for increased soft tissue volume.

**platform switching**
Designed to increase soft tissue volume around the implant connection.

**Laser-Lok® zone**
Creates a connective tissue seal and maintains crestal bone.

**optimized threadform**
Buttress thread for primary stability and maximum bone compression.

**prosthetic indexing**
Conical connection with internal hex; color-coded for easy identification.

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Clinical benefits of the Inclusive Tooth Replacement Solution

By Darrin W. Wiederhold, DMD, MS, and Bradley C. Bockhorst, DMD

With the new Inclusive® Tooth Replacement Solution from Glidewell Laboratories, the clinician receives all the components necessary to place, provisionalize and restore an implant. Custom-designed temporary components allow for immediate provisionalization specific to each patient, and a matching custom impression coping communicates the final gingival architecture to the laboratory. The Inclusive Tooth Replacement Solution supports a streamlined workflow that ensures predictability and long-term success.

With this solution, experienced and novice clinicians alike can place and restore dental implants with greater confidence than ever before. Once you’ve selected a diameter and length of implant, forward the diagnostic materials (impressions, models, bite registration, shade, implant size) to Glidewell for fabrication of the custom components.

The laboratory will pour and articulate the models and assemble the components, delivered to you in an all-inclusive box, including a prosthetic guide, custom temporary abutment, BioTemps® provisional crown, custom healing abutment, custom impression coping, surgical drills and Inclusive Tapered Implant (Glidewell).

On the day of surgery, place the box contents alongside your usual surgical armamentarium. Confirm the fit of the prosthetic guide prior to beginning the procedure (Fig. 1).

After placing the implant and verifying its position (Fig. 2), decide based on the level of primary stability whether to place the custom healing abutment (Fig. 3) or custom temporary abutment and accompanying BioTemps crown.

Either option will begin sculpting the soft-tissue architecture around the implant to develop the future emergence profile.

Upon successful osseointegration, the restorative phase begins. Contours of the custom impression coping match those of the custom abutment, so it’s simple to remove, seat the impression coping and take an accurate full-arch final impression.

At final delivery, remove the temporary abutment. Try in the final Inclusive Custom Abutment (Glidewell) and BruxZir® (Glidewell) (Fig 4) or IPS e.max® (Ivoclar Vivadent; Amherst, N.Y.) crown. Check the contours, contacts and occlusion, and adjust as needed.

In response to the dental implant market embracing the importance of soft-tissue contouring, Glidewell Laboratories’ Implant department has now expanded the Inclusive Tooth Replacement Solution to accommodate all implant systems compatible with the Inclusive Custom Implant Abutment product line. This creates the opportunity for more clinicians to offer their patients the advantages of the tissue-contouring system contained within the Inclusive Tooth Replacement Solution.

Whatever implant system you use, you and your patients can now benefit from the tremendous effects of training tissue from the time of implant placement.

GPS Abutments for Overdentures

GPS® abutments are available in both straight and angled (15 degrees and 30 degrees) options for many of the most popular implant systems. This abutment is compatible with Zest Anchors’ LOCATOR® attachments and is provided with an improved internal cap attachment that maintains 100 percent retention at 10-degrees rotation.

According to Implant Direct, GPS was recently rated “excellent” for “tolerance of non-parallelism” with use of its angled abutments in an independent CR study. All-in-one packaging includes abutment, transfer, metal housing with nylon liner, spacer, processing male and comfort cap.

For more information, visit www.implantdirect.com, call (888) 649-6425 or stop by the Implant Direct booth, Nos. 422/424, here at the AAID.

(Photo/Provided by Glidewell Laboratories)

Here at the AAID

For more information on the Inclusive Tooth Replacement Solution, stop by the Glidewell Laboratories booth, No. 526.

(Photo/Provided by Implant Direct)
DoWell 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, periodontist 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 a quality product at a competitive price 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. 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, resorbable membrane, pericardium and others.

DoWell Dental Product’s 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 community and future of the dental industry is very important to us, and that is why we support many colleges and universities throughout the country with maxi courses, lectures, continuing education courses and hands-on workshops. We also support key clinicians whose techniques and new 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 superior technicians and utilizing advanced production and equipment.

We offer an advanced website — www.dowelldentalproducts.com — where every item we carry is available to order 24 hours a day. You can also find on our website a variety of live surgery videos to see DoWell 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, smile after smile, is having friendly, knowledgeable representatives to help you with any questions you may have.

Above: DoWell’s team includes, from left, Kevin Kim, Tim Ohlsson, Nick Sanchez and David Fong. (Photos/Provided by Douglass Tolleson, DoWell Dental Products)

At left: DoWell Dental Products’ building in Rancho Cucamonga, Calif.

Here at the AAID

For more information, visit www.dowelldentalproducts.com or stop by the DoWell Dental Products booth, Nos. 131/133.
The morning began with a debate on esthetics with speakers Dr. Brahm Miller and Dr. Sonia Leziy and continued with Drs. Carl Misch and Paulo Malo debating treatment planning (bioengineering vs. design engineering). Finally, Dr. Maurice Salama and Dr. David Garber presented varying treatment options, comprehensive vs. concomitant, in the afternoon.

In addition to the debates, which were the main podium program, a variety of workshops took place throughout the day, centering on topics such as Botox and dermal fillers; extraction site management; classic bone augmentation; ridge expansion; and laser implant dentistry.

Two live surgeries via broadcast took place Thursday beginning with Dr. Joel Rosenlicht performing an interpositional bone grafting surgery and ending the day with Dr. Alan Herford offering the reconstruction of an atrophic ridge after rhBMP2 augmentation.

In addition to the excellent educational opportunities available to AAID attendees, a host of exhibitors filled the aisles in the Implant World Expo with the latest and most innovative products available on the market today.

Today’s schedule offers a continuation of the debates with topics such as grafting, placements, esthetics and block grafts filling the day. Hands-on workshops and the Global Symposium are also scheduled. The Global Symposium will feature 10 presentations by speakers from around the globe and will culminate with a live surgery from Russia, in which Dr. Maxim Kopylov and Dr. Sergey Zorin will tackle “Vertical and Horizontal 3-D Bone Reconstruction” from 4:30 to 5:30 p.m.

Be sure to attend the Implant World Expo Reception from 5:30 to 7 p.m. today in the exhibit hall. This will be a great opportunity to visit with your colleagues and make new friends while scoping out the new implant products you want to take back to your practice.
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- Tori Removal,
- Bone Contouring,
- Periodontal Surgery,
- Crestal Sinus Lift,
- Lateral Sinus Lift,
- Ridge Expansion,
- Bone Block Harvesting,
- Bone Chip Harvesting,
- Retrograde Endodontics,
- Accelerated Orthodontics,
- Dysgnathic Surgery,
- Distraction Osteogenesis,
- Cyst/Tumor Removal

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Complete case includes:
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- Inclusive Tapered Implant and final drill
- BioTemp® Tissue Contouring Solution
  - Custom healing and temporary abutments
  - Custom provisional crown
  - Custom impression coping
- Inclusive® Custom Abutment and BruxZir® Solid Zirconia or IPS e.max® crown (delivered separately)

USE YOUR OWN IMPLANT
- AstraTech® OsseoSpeed®
- Biomet 3i® Certain® & External Hex (4.1mm)
- Nobel Biocare® Bränemark System®, NobelActive® & NobelReplace®
- Straumann® Bone Level®
- Zimmer® Screw-Vent®

In the event that your implant needs replacement, we include a backup Inclusive Tapered Implant and final drill for your peace of mind.

The Inclusive Tooth Replacement Solution now supports most major implant systems, enabling you to take advantage of its many benefits with your implant of choice. This all-in-one, restorative-based solution includes everything needed to restore a missing tooth. Patient-specific healing, temporary and impression components ensure ideal soft tissue contours are created from the day of implant placement.

*Price does not include shipping. # Not a trademark of Glidewell Laboratories. The implant shown is NobelReplace.

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