More than magical

By Kristine Colker, today Staff

It’s a good time to be involved in implant dentistry. New techniques and technologies are changing the industry at a rapid pace. Things that weren’t possible before—like growing human tissue—are now becoming a lot closer to reality.

This year’s American Academy of Implant Dentistry’s Annual Educational Conference, its 63rd, explores some of the magic that can be found not only in the new parts of implant dentistry but in the everyday parts as well.

On Wednesday, keynote speaker Dr. Nina Tandon gave us a peek into the future with her presentation, “Body 3.0,” in which she described a future that is all about growing our own body parts. Following her session, there were even more glimpses into the future with Dr. Peter E. Murray’s “Generation of Teeth Using Stem Cells” and Dr. Tomas Albrektsson’s “Future of Biomaterials and Osseointegration.”

Free subscription to weekly AAID Implant Insight

- Become one of more than 5,000 subscribers to AAID’s free weekly electronic newsletter, AAID Implant Insight. Anyone with an interest in 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 news of clinical, scientific or other information you can immediately use in your practice.

To subscribe to AAID Implant Insight, simply 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.

Check out the current issue of AAID Implant Insight and the archives by scanning this QR code.
Thursday’s sessions turned attention back to the present as digital dentistry took center stage. From not too long ago when the only X-rays were two-dimensional to today’s systems that can capture a degree of accuracy, predictability and precision never before available, 3-D dentistry is offering a type of magic that can enhance one’s practice.

Drs. Jay R. Beagle (“Digital Planning for the Implant Surgeon”), Frank L. Higginbottom (“Digital Implant Dentistry: New Technology for Teeth and Implants”) and German Galluci (“Digital Approach to Implant Dentistry”) were just three of the five speakers on hand to discuss how this new technology fits into implant dentistry and how you can make sure it works for you and not against you.

Today, the focus will turn to soft-tissue strategies as Dr. Serge Dibart discusses the piezo-implant, Dr. Anthony Sclar demystifies esthetic implant therapy and Dr. James Rutkowski gives an update on the use of platelet-rich plasma and fiber and recombinant growth factors.

Of course, the main sessions aren’t the only place magic is happening here at the AAID. The educational sessions are endless, including the concurrent sessions being held this afternoon. There are 10 different 90-minute programs that will be presented between 1:30 and 3 p.m. (See Page 8 for full details). Then after enjoying a refreshment and networking break from 3 to 4 p.m., you can choose a different program to attend from 4 to 5:30 p.m.

In addition, don’t forget about the array of companies waiting for you in the exhibit hall. You can catch them all day long or during the designated networking and refreshment breaks from 9:30 to 10:30 a.m. today and Saturday and from 3 to 4 p.m. today.
Improve the gingival esthetics of your implant cases

NEW! Now using titanium custom healing components


The titanium custom healing abutment was placed in order to mimic the gingival tissue contours of the original tooth and help maintain them during the healing phase.

Following four months of healing, the patient returned for the final impression. The custom healing abutment was removed, revealing anatomically correct contours that would facilitate an ideal emergence profile.

The final BruxZir® Solid Zirconia crown was cemented into place. Note how the interdental papillae created by the custom healing abutment allow for a natural emergence profile and ideal crown margins.

Clinical dentistry by Timothy F. Kosinski, DDS, MAGD

The Inclusive® Tooth Replacement System is a convenient and effective method of promoting and preserving the ideal tissue contours throughout the implant treatment process. It includes treatment options for these clinical situations:

- Single-stage implant placement with custom healing abutment
- Immediate loading with custom temporary abutment and BioTemps® provisional crown

Inclusive® Warranty

With Inclusive, your entire restoration is covered for 20 years including the implant, the custom abutment AND the final crown. Even if you’ve used another company’s implant, we’ve got you covered with a free Inclusive® Tapered Implant.

Inclusive® Tapered Implants

For more information

888-786-2177
www.glideweldental.com

GLIDEWELL LABORATORIES
Premium Products - Outstanding Value
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.

More information is available on the AAID website, www.aaid.com, or by contacting Carolina Hernandez at carolina@aaid.com or (312) 335-1550.

Associate fellow membership
Requirements
• Dedication to providing the best possible dental implant treatment.
• Experience in surgical placement of dental implants and/or the replacement of teeth.
• A licensed dentist.
• Complete at least 300 hours of postdoctoral or continuing education related to implant dentistry during the past 12 years.
• Have one or more years of experience in the practice of implant dentistry.

The examination process
• Part one, written: 150 multiple-choice examination.
• Part two, oral/case: Demonstrate competency through five standardized case discussions (oral exam) and the presentation and review of your own patient cases (case exam).

Once elected
• Attend the next AAID Business Meeting to be inducted as an associate fellow.
• Maintain an associate fellow credential by attending at least one of every three consecutive AAID annual scientific meetings.
• Keep your membership in good standing.

Fellow membership
Requirements
• Be a licensed dentist.
• Be an AAID member in good standing.
• Complete at least 400 hours of postdoctoral or continuing education related to implant dentistry.
• Have five or more years of experience in the practice of implant dentistry.
• Provide both surgical and prosthetic phase of implant treatment.
• Attend an AAID annual meeting, district meeting or educational course in the past two years.
• Complete at least 50 cases of dental implant treatment.
• Demonstrate professional and leadership activities in implant dentistry.

The examination process
• Oral/case examination demonstrating competency in all phases of implant dentistry cases, through five standardized cases and in-depth discussion of 10 of one’s own patient cases, including placing dental implants in challenging situations and in patients with jawbone deficiencies, among others.
• Review of professional credentials, such as implant dentistry presentations and publications for peers; holding offices in an implant dentistry organization or local or state dental society; board certification; or successful completion of a full-time advanced education program in implant dentistry, oral and maxillofacial surgery, periodontology or prosthodontics.

Once elected
• Attend at least one of every three consecutive AAID annual scientific meetings.
• Keep your membership in good standing

Learn more
Opportunities will be available for you to find out more about the process and the requirements.

Visit the A & C Board’s area near the entrance to the exhibit hall between 9:30 and 10:30 a.m. today and Saturday during the morning break. There you will have the opportunity to talk with some of this year’s new credentialed members and see how they implemented the guidelines for the preparation of case reports.

Representatives of the A & C Board will also be present.
MEISINGER PRESENTS
5th ANNUAL HIGH ALTITUDE COMPREHENSIVE IMPLANT SYMPOSIUM
(Formerly High Altitude Bone Management® Winter Camp)

Vail Mountain Marriott
January 28th – February 1st, 2015
Vail, Colorado, USA

Speakers:
Dr. Michael Piluso
Dr. Istvan Urban
Dr. Sacha Jovanovic
Dr. Daniel Callum
Dr. Scott Gunz
Dr. John Rasso
Dr. Dwayne Karabow
Dr. Michael Black
Dr. Brian Butler
Dr. Robert Getlin
Dr. Robert Miller
Dr. Mira Salameh

Master-Pin-Control
ALL YOU NEED!

Hybrid Pin System - developed with Dr. Istvan Urban

The Bone Management® system Master-Pin-Control is especially designed for the fixation of reabsorbable, non-reabsorbable and titanium membranes. Since the pins have an extra mini-thread, they are a hybrid between a screw and a pin. The sharp tip and the sturdy construction allow the pins to be inserted into very compact cortical bone. In addition, the pins can easily and safely be removed especially after a successful healing period due to its thread and unique head design.

At a glance
- Fixation of membrane with pins
- Removal of pins and gentle tapping with pin holder
- Twist drilling can be performed depending on indication
- Placement of bleeding points with twist drill as required
- Pre-graing possible with rotating pilot drill hand instrument

*Offer expires December 4, 2014. To take advantage of the AAD Special discount, insert pin code F7414 when registering.
Scenes from the AAID

- Mike Parker, left, and Juan Carlos Fernandez of BTI of North America (booth No. 207).
- Henry Moyal, from left, Mindy Spielman and Jim Schmidt of MIS Implants Technologies (booth No. 401).
- Attendees mill around the exhibit hall on Thursday evening.

- Aaron Joseph, left, and Jimmy Ruiz of Glidewell Laboratories help out attendees at the booth, No. 518.
- Scott Berger of Ellman International (booth No. 214).
- A group of doctors takes a short break outside the exhibit hall. From left, AAID President Elect Dr. John Da Silva of Boston, Dr. Natalie Wong of Toronto, Dr. Paul Schnitman of Wellesley Hills, Mass., and Dr. Sydney Reyes of Toronto.

- Adam Schildkraut, from left, Adam Driggers and Damon Sementilli of Carestream Dental (booth No. 603).
- Kevin Kim, from left, Kazu Tanji, Chris Shin and David Fong of DoWell Dental Products (No. 811).
Eryn Bakewell, from left, Nicole Short, Dr. Alexandre Molinari of Brazil, Greg Essenmacher, Ben Benjaminsen and Amy Saladin at the Neodent USA booth, No. 301.

Chris Kucharik, from left, and Joe Johnson of DENTSPLY Implants (booth No. 410).

Dr. Lambert J. Stumpel speaks on ‘Digital Implant World — Real or Hype’ on Thursday during a main podium session.

Chris Totty, from left, Mike Graham and Greg Slayton at the Salvin Dental Specialties booth Nos. 415/514.

Dr. Fred Slete, from left, Jessica Rando, Dr. Salah Huwais, Eric Meyer and Paul Olin at the Versah booth, No. 507.

Catch the poster sessions outside the exhibit hall.

Andrew Zeichner and Emiko Ota of Osada (booth No. 409).

Dale Brant, from left, Judy Nicol, RDH, and Diane Sharp, RDH, at the Millennium Dental Technologies booth, No. #16.

Catch the poster sessions outside the exhibit hall.

Photos by Anna Kataoka, today Staff
Today, 10 concurrent 90-minute programs are being offered. Each program will be repeated, so you can attend two. There is no additional cost, and no other programs will compete for your time and attention. The sessions will be held from 1:30 to 3 p.m. and from 4 to 5:30 p.m.

- **C1:** “Periodontal Plastic Surgery — Restoring the Loss of Interdental Papilla,” Peter Nordland, DMD, MS, Plaza International Ballroom D, Convention Level
- **C2:** “Avoidance and Treatment of Maxillary Sinus Complications,” Stephen Wallace, DDS, Plaza International Ballroom E, Convention Level
- **C3:** “Guided Full-Arch Immediate Implant Reconstruction: 2014,” Michael Pikos, DDS, AFAID, DABOI/ID, Plaza International Ballroom F, Convention Level
- **C4:** “Managing Implant Prosthetic Complications,” Natalie Wong, DDS, FAAD, DABOI/ID, Celebration Ballroom 12–13, Convention Level
- **C5:** “Growing and Managing the Modern Dental Implant Practice,” David Schwab, PhD, Celebration Ballroom 14–15, Convention Level
- **C6:** “The Full-Arch, Fixed, Screw-Retained Porcelain-to-Metal Restoration: A New Look at a Proven Technology,” Jack Piermatti, DMD, FAAID, DABOII/ID, Celebration Ballroom 1–2, Convention Level
- **C7:** “Growth Factors and Biologics,” Alan Herford, DDS, MD, Celebration Ballroom 9–10, Convention Level
- **C8:** “Managing Implant Prosthetic Complications,” Natalie Wong, DDS, FAAD, DABOII/ID, Celebration Ballroom 12–13, Convention Level
- **C9:** “Sub-Crestal Implant Position: Histological and Clinical Advantages of Morse-Taper Prosthetic Connection,” Dr. Carlos Araujo, Celebration Ballroom 3–4, Convention Level
- **C10:** “Innovations in Implant Dentistry,” abstract presentations, Regency Ballroom P, Convention Level

**Main podium: Today**

Sessions take place between 8 a.m. and noon.

- **“Soft-Tissue Management around Dental Implants — A New Implant Design: The Piezo-Implant,”** Serge Dibart, DMD
- **“Soft-Tissue Augmentation for Implants,”** W. Peter Nordland, DMD, MS
- **“Demystifying Esthetic Implant Therapy: Strategies to Attain Harmonious Papillae and Facial Gingival Margins at Single, Multiple and Full-Arch Esthetic Implant Restorations,”** Anthony Sclar, DMD

**Main podium: Saturday**

Sessions take place between 8 a.m. and noon.

- **“Is the Choice Clear to Extract and Replace?”** Amir H. Khatami, DDS
- **“Retain through Root Canal Treatment or Replace Using an Implant? (The Endodontist Point of View),”** Shane White, PhD, BDSc, MS, MA
- **“Remember, We Can Save Teeth,”** Michael Sonick, DMD

**AAID leads profession with Dental Industry Marketplace**

The American Academy of Implant Dentistry’s online Dental Industry Marketplace is a 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 purchasing decisions. 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 their desktops.
Salvin Renovix®
Guided Healing Collagen Membrane

- Resorbable Porcine Collagen Membrane For Guided Tissue & Bone Regeneration
- Optimal Mechanical & Elastic Handling Characteristics
- Biocompatibility With No Inflammatory Response
- Easily Sutured Or Tacked Over Your Surgical Site
- Easily Cut & Shape To Your Desired Size
- Compare To Ossix™ Or Bio-Gide®

Ossix™ is a registered trademark of Johnson & Johnson
Bio-Gide® is a registered trademark of Geistlich

15mm x 25mm
Extra 5mm Length Allows Buccal-Lingual Coverage

20mm x 30mm

30mm x 40mm

Socket Graft Without Primary Closure
Salvin Renovix® + OraGRAFT® Mineralized Cancellous

Grafted Extraction Socket
Renovix® Draped Over Surgical Site
Sutured Without Primary Closure
4 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. Steve Wallace, Periodontist, Wilmington, NC

Socket Graft Without Primary Closure
Salvin Renovix® + Mineralized Cortical / Cancellous

Grafted Extraction Socket
Renovix® Placed Double Layer
Sutured Without Primary Closure
16 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. James Woodard, Periodontist, Newburgh, IN
NEW InterActive™
NobelActive™ Compatible Conical Connection
with Simply Smarter Surgical & Restorative Design

Simply Smarter Surgery
Neck Matched to Major Diameter
• Seals opening at crest of ridge reducing need for bone grafting

Micro-threads and Grooves
• Micro-grooves to improve tissue attachment and micro-threads to increase stability and reduce stress in crestal bone area

Cutting Edge of Grooves
Face Clockwise
• Three long grooves for self-tapping insertion

Apical 1/3rd Tapers
• Slight body taper increases initial stability without over-compression and facilitates self-tapping insertion in dense bone

Rounded Apex
• Reduces risk during insertion of implant diverging from path created by drilling and the risk of sinus perforation

IQ'ty Impression Technique™
Patent pending fixture-mount design provides:
• The ease of a closed-tray impression
• The accuracy of an open-tray impression
• The versatility to create impression at either implant-level or abutment-level

Simply Smarter Restorations
Matched Concave Transgingival Profile on Abutments & Components
• Shape soft tissue for improved esthetics

Compatible Abutments with Longer Hex/Shorter Bevel
• Reduce the need to confirm seating with X-rays

Two Color-coded Implant Platforms for Four Implant Diameters
• Restore more implants with a smaller prosthetic inventory and easily identify the correct size

Reality Check
Nobel Customers
Save $553!

All-in-1 Packaging
Includes implant, cover screw, healing collar & new fixture-mount that provides simply accurate impression taking as well as functions as a preparable abutment
• $225 SBM, $250 SBActive™ surface

AAID Booth #407
Innovation often follows the straightest path. In bone grafting, attention to basic fundamentals has always been the key to the best and most predictable clinical outcomes. Historically, bone itself is the best substrate for new bone formation. This is the philosophy behind DirectGen Putty, which is simply comprised of human bone and buffered water.

DirectGen Putty is:

- **Made from 100% human bone** – nothing added that may get in the way of bone healing
- **Osteoconductive** – DBM provides an ideal scaffold that directs and supports bone formation
- **Osteoinductive** – the osteoinductive potential of DBM is well established
- **Excellent handling characteristics** – will shape and conform to fill unique bony voids, retains shape and resists wash-out, or migration, from graft site
- **Easy to store and use** – stores at ambient room temperature, long three-year shelf life, and ready for immediate use; no prep time or reconstitution required
- **Sterile** – gamma irradiated to SAL $10^{-6}$
- **Safe** – donor recovery and screening performed according to AATB and FDA guidelines
- **Clinically versatile** - available in a flowable putty or as a flowable putty plus mineralized chips

Ask about our 2+1 Intro Offer!

Schedule Smart – Don’t Miss This Lecture!

**Friday**
Booth #407
12:30PM

Minimally-Invasive Techniques for Implant Dentistry: A Novel Approach to Soft Tissue Management

Presented by Timothy F. Kosinski, DDS, MAGD
Fellow of the American Academy of Implant Dentistry

www.implantdirect.com | 888-649-6425
From edentulous to temporaries in just a few steps

By MIS Staff

The MIS MCENTER offers custom solutions for both the surgical and restorative aspects of implant dentistry. The MGUIDE and CAD/CAM 360 can take you and the patient from edentulous to temporaries and abutments in a few easy steps.

Beginning with the planning and surgical phase, the MCENTER makes the process simple and affordable. First, the doctor submits digital (CIMAG) data and models or impressions of the patient’s mouth. Instructions to determine the type of impressions of the patient’s mouth. Information to submit can be found on www.aaid.com. MIS MCENTER professionals upload the data into the MGUIDE software. With the MGUIDE surgical stent right in the proper position, the clinician can have the position of the implant altered. Once the surgical plan is approved, a customized surgical stent is designed and manufactured using the latest 3-D printing technology. The surgical stent is packed with the appropriate implants and usually shipped two days after final approval.

The MCENTER's surgical stent system offers the ability to access and easily irrigate the osteotomy site without the need for awkward drill guide keys that are used in traditional guided surgery systems. MCENTER provides a full range of zirconia restorative solutions for dentists and dental labs, as well as custom-milled zirconia abutments, full-contour crowns, copings and bridges.

Temporary restorations can be created to be delivered with the surgical stent at the doctor's request. With state-of-the-art CAD/CAM milling machines and high-quality raw materials, the MCENTER is able to deliver meticulously designed and crafted components to the restorative dentist. Whether you utilize the MCENTER for your entire case, or just for a portion of it, we believe you will enjoy being a part of the team.

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>BOOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3D DEX</td>
<td>221</td>
</tr>
<tr>
<td>3D Diagnostic</td>
<td>416</td>
</tr>
<tr>
<td>All Dental USA</td>
<td>315</td>
</tr>
<tr>
<td>ACE Surgical Supply Company</td>
<td>609</td>
</tr>
<tr>
<td>AD Surgical</td>
<td>419</td>
</tr>
<tr>
<td>Adel Dental Plants</td>
<td>204</td>
</tr>
<tr>
<td>Advantage Technologies Consulting</td>
<td>109</td>
</tr>
<tr>
<td>Advicenews</td>
<td>220</td>
</tr>
<tr>
<td>Alliance Global Technology Co.</td>
<td>721</td>
</tr>
<tr>
<td>American Academy of Implant Dentistry</td>
<td>110</td>
</tr>
<tr>
<td>American Board of Oral Implantology/Implant Dentistry</td>
<td>117</td>
</tr>
<tr>
<td>American Dental Software</td>
<td>122</td>
</tr>
<tr>
<td>Anatomeye</td>
<td>419</td>
</tr>
<tr>
<td>Aesthetic</td>
<td>311</td>
</tr>
<tr>
<td>Aicon Dental Implants</td>
<td>509</td>
</tr>
<tr>
<td>BioHorizons Implant Systems</td>
<td>608</td>
</tr>
<tr>
<td>Blumenthal</td>
<td>201</td>
</tr>
<tr>
<td>Blatchford Solutions</td>
<td>207</td>
</tr>
<tr>
<td>Brasseler USA</td>
<td>211</td>
</tr>
<tr>
<td>BTI of North America</td>
<td>207</td>
</tr>
<tr>
<td>Burbank Dental Laboratory</td>
<td>603</td>
</tr>
<tr>
<td>Cadheron</td>
<td>621</td>
</tr>
<tr>
<td>Camlog</td>
<td>709</td>
</tr>
<tr>
<td>Care Credit</td>
<td>121</td>
</tr>
<tr>
<td>Carestream Dental</td>
<td>603</td>
</tr>
<tr>
<td>Cellia North America</td>
<td>820</td>
</tr>
<tr>
<td>Consult-Pro</td>
<td>505</td>
</tr>
<tr>
<td>Cool Jam by Medico International</td>
<td>318</td>
</tr>
<tr>
<td>Cosmetic Dentistry Grants Program</td>
<td>317</td>
</tr>
<tr>
<td>Cyberamed</td>
<td>108</td>
</tr>
<tr>
<td>daVinci Dental Studios</td>
<td>105</td>
</tr>
<tr>
<td>Dental Laboratory Milling Supplies</td>
<td>421</td>
</tr>
<tr>
<td>Dental USA</td>
<td>115</td>
</tr>
<tr>
<td>DenturZ</td>
<td>420</td>
</tr>
<tr>
<td>Dentus USA</td>
<td>206</td>
</tr>
<tr>
<td>Dentus USA</td>
<td>204</td>
</tr>
<tr>
<td>Denture Implants</td>
<td>410</td>
</tr>
<tr>
<td>Design for Vision</td>
<td>814</td>
</tr>
<tr>
<td>Diomandent</td>
<td>901</td>
</tr>
<tr>
<td>Doctor.com</td>
<td>720</td>
</tr>
<tr>
<td>DoWell Dental Products</td>
<td>811</td>
</tr>
<tr>
<td>Einstein Medical</td>
<td>242</td>
</tr>
<tr>
<td>Elmian International</td>
<td>214</td>
</tr>
<tr>
<td>Exactech</td>
<td>702</td>
</tr>
<tr>
<td>Geistlich Biomaterials</td>
<td>807</td>
</tr>
<tr>
<td>Genex Dental Systems</td>
<td>411</td>
</tr>
<tr>
<td>Georgia Regents University MaxiCourse</td>
<td>119</td>
</tr>
<tr>
<td>gIDE Institute</td>
<td>517</td>
</tr>
</tbody>
</table>

Save money by using AAIID’s Member Advantage Program

The AAIID has negotiated with several companies to provide discounts available only to members. Be sure to tell these vendors you are a member of the AAIID and provide them with your code to receive the best benefits. Details about the offers are available on the AAIID website, www.aaid.com, and the code is available in the members' section.

Participating companies include Alamo, CAMLOG, Henry Schein Dental, Herzl, Hu Friedy, National Car Rental, On the Mark, Smoosis Medical, Trebor & Heisel, Tatum Surgical and Zimmer.

If you know of companies you regularly buy products or services from, let Scott Brewer at AAIID know so he can negotiate additional discounts for all members of the academy.

Take advantage of the program and save when buying from the Member Advantage Program participants.

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>BOOTH</th>
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<tbody>
<tr>
<td>On The Mark Payments</td>
<td>925</td>
</tr>
<tr>
<td>Osan Dental</td>
<td>409</td>
</tr>
<tr>
<td>Osseon</td>
<td>809</td>
</tr>
<tr>
<td>Osteogenics Biomedical</td>
<td>302</td>
</tr>
<tr>
<td>Osteo Health</td>
<td>216</td>
</tr>
<tr>
<td>Paediatric Dentist</td>
<td>918</td>
</tr>
<tr>
<td>Palisades Dental</td>
<td>617</td>
</tr>
<tr>
<td>Patient Marketing Specialists</td>
<td>319</td>
</tr>
<tr>
<td>Patterson Dental Supply</td>
<td>107</td>
</tr>
<tr>
<td>PeriOptix</td>
<td>908</td>
</tr>
<tr>
<td>Physics Forceps</td>
<td>805</td>
</tr>
<tr>
<td>Piezosurgery Incorporated</td>
<td>519</td>
</tr>
<tr>
<td>Pikos Implant Institute</td>
<td>804</td>
</tr>
<tr>
<td>Pannecusa</td>
<td>815</td>
</tr>
<tr>
<td>PFAyceucartein</td>
<td>215</td>
</tr>
<tr>
<td>Precion</td>
<td>819</td>
</tr>
<tr>
<td>Process for PRF</td>
<td>601</td>
</tr>
<tr>
<td>Proteus Dental Studio</td>
<td>706</td>
</tr>
<tr>
<td>Puerto Rico MaxiCourse/The Advanced Dental Implant Institute</td>
<td>903</td>
</tr>
<tr>
<td>Quintessence Publishing</td>
<td>100</td>
</tr>
<tr>
<td>Renesee Dental</td>
<td>806</td>
</tr>
<tr>
<td>RDP Dental</td>
<td>314</td>
</tr>
<tr>
<td>Rocky Mountain Tissue Bank</td>
<td>714</td>
</tr>
<tr>
<td>Root Laboratory</td>
<td>515</td>
</tr>
<tr>
<td>Rose Micro Solutions</td>
<td>620</td>
</tr>
<tr>
<td>Salvin Surgical Specialists</td>
<td>414</td>
</tr>
<tr>
<td>Sirona Dental</td>
<td>108</td>
</tr>
<tr>
<td>Snap On Optics</td>
<td>914</td>
</tr>
<tr>
<td>Smoosis Medical</td>
<td>318</td>
</tr>
<tr>
<td>SolutionsReach</td>
<td>738</td>
</tr>
<tr>
<td>Springfield Patient Financing</td>
<td>618</td>
</tr>
<tr>
<td>Sterngold</td>
<td>615</td>
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<tr>
<td>Straumann USA</td>
<td>107</td>
</tr>
<tr>
<td>Tandem Dental Supply</td>
<td>715</td>
</tr>
<tr>
<td>TaPe Oral Health Care</td>
<td>718</td>
</tr>
<tr>
<td>Tischler Dental Laboratory</td>
<td>321</td>
</tr>
<tr>
<td>Treloar &amp; Heisel</td>
<td>801</td>
</tr>
<tr>
<td>Ultralight Optics</td>
<td>111</td>
</tr>
<tr>
<td>Unicare Biomedical</td>
<td>203</td>
</tr>
<tr>
<td>Valech America</td>
<td>607</td>
</tr>
<tr>
<td>VersaBus</td>
<td>505</td>
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<tr>
<td>Weave</td>
<td>916</td>
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<td>XPandent Corp</td>
<td>902</td>
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<tr>
<td>Yodle</td>
<td>616</td>
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<tr>
<td>ZEST Anchors</td>
<td>408</td>
</tr>
<tr>
<td>Zimmer Dental</td>
<td>604</td>
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<tr>
<td>Zoll-Dental</td>
<td>315</td>
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EFFICIENCY through SIMPLICITY
Single abutment connection is used for all implant diameters (IMPLANTUM \& SuperLine\textsuperscript{\textregistered}).
One abutment screw fits all abutments and fixture platforms.
Collagen membrane a great fit for pre-implant grafting procedures

By Salvin Dental Staff

The Renovix® Guided Healing Collagen Membrane from Salvin Dental is getting excellent reviews from doctors using it for pre-implant grafting procedures, including socket preservation, ridge augmentation and sinus lifts. It combines the ability to drape and conform to the specific anatomy of a grafted defect while maintaining structural integrity and elasticity. This combination of ideal handling characteristics helps to make grafting procedures easier and more predictable.

When it comes to selecting the perfect membrane for guided bone and tissue regeneration, there are many choices. However, most clinicians are still looking for the ideal barrier that combines the best handling and performance characteristics.

Some collagen membranes remain stiff, even after being hydrated, making it difficult to manipulate and conform to the shape of the defect. Other membranes have no memory and resemble wet tissue paper, making it extremely difficult to manipulate during surgery. Renovix was originally created for use in repairing pediatric cardiac defects. Cardiac surgeons needed a resorbable membrane to protect the surgical site without migration and have it cross-linked in a way that significantly reduces the chance of an inflammatory response.

Based on these specific requests, the material used for Renovix was developed. Renovix is fabricated from Type 1 porcine collagen, known to be one of the purest forms of collagen available. It is cross-linked with polysaccharide, a naturally occurring sugar with excellent biocompatibility.

The combined performance and handling characteristics of this membrane, along with specific requests from many implant surgeons, encouraged Salvin Dental to introduce Renovix for guided bone regeneration procedures. Case reports and clinical documentation are an important part of the decision process when determining how regenerative products will perform. Steve Wallace, DDS, MHS, from Wilmington, N.C., has used Renovix in more than 25 cases as a guided regeneration barrier after extraction and grafting of maxillary first and second molars in preparation for implant placement.

Wallace made the following statement detailing his clinical experience with Renovix: “Primary flap closure over maxillary molar extraction sites is always difficult to achieve. I have been using Renovix as my barrier over these grafted sites to exclude soft-tissue in-growth. I have seen that Renovix remains intact up to 13 weeks and consistently promotes soft-tissue closure over it with minimal inflammation.”

When it is first removed from its sterile packaging, Renovix is transparent and fairly rigid. Once hydrated, Renovix becomes opaque, making it easy to identify when brought into the surgical field, and it is very easy to manipulate. Doctors have said they get their best results when trimming it after it has been hydrated. Renovix is very thin, yet it has remarkable tensile strength. This characteristic provides several clinical advantages.

First and foremost, it can easily be tacked or sutured to the surgical site if needed. Next, it can be tucked into small tunnel incisions using a micro periosteal elevator without concern that the instrument will easily puncture through the membrane. Finally, the fact that Renovix is thin and resilient enables the clinician to elevate smaller flaps, leaving more of the periosteum and blood supply undisturbed for faster healing and less patient discomfort.

James Woodyard, DMD, MS, from Newburgh, Ind., made the following statement regarding his experience with Renovix: “The thinness and excellent tensile strength of Renovix allow me to create small tunnel incisions and tuck it under the tissue without tearing the membrane. With thicker membranes that I used in the past, I had to create large, full-thickness flaps, and many of the other thin membranes had a tendency to tear when I tried to tuck them.

“When I decrease the size of the flap elevated and exposure of bone, I decrease postoperative swelling, pain, bone loss and discomfort for the patient. The less invasive I can be, the less complications I have. I am extremely pleased with the results that I have seen when using Renovix.”

“Renovix is available in three sizes and is individually packaged sterile for immediate use. Many doctors like the 15-mm-by-25-mm size because it will typically fully cover a grafted extraction socket from the buccal to the opposing lingual plate, maintaining full coverage over the ridge. This unique size reduces waste and saves money by often eliminating the need to select the next larger size.

Implant Direct offers new InterActive system

By Implant Direct Staff

With the introduction of the InterActive Implant System, Implant Direct’s portfolio of implant solutions featuring simply smarter design and industry compatibility has expanded to include a 12-degree conical connection that is compatible with NobelActive®.

This new system with four implant diameters (3.2, 3.7, 4.3, 5.0 mm), six lengths (6, 8, 10, 11.5, 13 and 16 mm) and a range of prosthetic options offers several design advantages to simplify both surgical and restorative procedures.

The InterActive implant design incorporates several features, including flat-based buttress threads. A combination of micro-grooves and micro-thirds improves tissue attachment and increases stability, which aids in reducing crestal stress.

Three long cutting grooves facilitate self-tapping insertion while the rounded apex reduces risk of sinus perforation. Included in the all-in-one packaging is a cover screw, 2 mm extended healing collar, final abutment fixation screw and a fixture-mount.

References available upon request.
OSADA Enac Model: OE-F15

Long awaited Bone Cutting Specialist with Extended Boosting Power

OSADA Enac
Model: OE-F15
Piezoelectric
Ultrasonic System

SE15 Handpiece
With ST 106
Serrated
Cutting Tip

Serrated cutting tips

Scrapers & Separators

Piezo powered ultrasonic scalpels

Diamond ball tips

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American Academy of Implant Dentistry, Nov. 6-8
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Fixed hybrid dentures have been used to successfully restore fully edentulous patients for decades. Their durability, however, leaves room for improvement.

The BruxZir® Full-Arch Implant Prosthesis (Glidewell Laboratories; Newport Beach, Calif.) provides a restoration that is more durable in the long term, while sacrificing nothing when it comes to esthetics.

Case report
The patient is a 58-year-old male with no contraindications for implant treatment. The patient had a total of 11 BioHorizons® Internal Hex implants (BioHorizons; Birmingham, Ala.) placed, including six in the maxilla and five in the mandible (Figs. 1, 2). The implants integrated for more than six months, and the patient presented for restoration of his edentulous arches.

First, preliminary impressions of the implants were made. After removing the healing abutments, closed-tray impression copings were seated. The impressions were made in stock plastic trays, and the impression copings were placed back into the impressions before the case was sent off to the laboratory.

The laboratory poured casts from the initial impressions and fabricated bite blocks and occlusal rims for the centric jaw relationship (CJR) records. Each bite block contained two screw-retained temporary cylinders that allowed the wax rims to be screwed down, producing a very accurate CJR. The contoured rims were returned to the laboratory with the initial casts.

Upon receiving the wax rims and jaw relation records, the laboratory and dentist decided the patient required four multi-unit abutments in the anterior maxilla to ensure the screw access openings were within the confines of the planned prosthesis. At the next appointment, the patient’s healing abutments were removed, and the multi-unit abutments were transferred to the patient’s mouth and torqued into place. Later, wax setups were tried in and evaluated for proper esthetics, phonetics, contours, occlusion and tooth arrangement.

The implant verification jig (IVJ), which precisely captures the depth and angulation of the implants in the final impression, was seated and tightened into place. After bonding the individual sections of the IVJ together, a final impression was made.

The final restoration was fabricated using the CAD design that was confirmed during the provisional trial period. The final prostheses were delivered without complication, exhibiting excellent fit, occlusion and esthetics (Fig. 4). The patient was exceptionally pleased with the function offered by this fixed restoration, which he should be able to enjoy for a great number of years given the extraordinary durability of BruxZir Solid Zirconia.
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BOOTH #401

MIS USA | MGUIDE
PART OF THE MCENTER GROUP
The new i-CAT FLX MV: Fit for a wide range of dental practices

By KaVo Kerr Group Staff

There’s a new 3-D cone-beam system in booth No. 708 in the exhibit hall here at the AAID.

i-CAT™, a brand member of the KaVo Kerr Group, is proud to announce the launch of the newest member of the award-winning family of cone-beam 3-D imaging products: the i-CAT MV, for general dentists and specialists who wish to place and restore implants or perform oral surgery, periodontics, prosthodontics and endodontics with greater confidence and lower radiation.

The innovative features of the i-CAT MV will deliver greater clarity, ease-of-use and control for those clinicians who need a medium field-of-view and a range of image sizes to fit a variety of needs.

From scan to plan to treat, i-CAT MV offers these features to provide information and control:

- Medium field of view captures both arches and the temporomandibular joints in 3-D.
- Visual iGuity™ advanced image technology provides i-CAT’s clearest 3-D and 2-D images.
- Lower dose scan options, including QuickScan+*, are available.
- Easy-to-use SmartScan STUDIO™ touchscreen allows for selection of the appropriate scan for each patient.
- i-PAN lets you capture traditional 2-D panoramic images.
- Integration with CAD/CAM programs is offered.
- i-CAT MV offers a balance between image quality and ALARA (as low as reasonably achievable) radiation dose for clinical control and optimized patient care.

High-resolution, volumetric images provide complete 3-D views for more thorough analysis of bone structure and tooth orientation.

QuickScan+ settings allow for full-dentition 3-D imaging at a dose comparable to a 2-D panoramic*.

Powerful, clinically driven, comprehensive planning tools streamline workflow and help you move from scanning to consultation and treatment planning in less than one minute.

i-CAT FLX MV features the Tx STUDIO™ 5.3, the latest version of exclusive treatment planning software with enhanced tools for implants, oral surgery, endodontic procedures, airway analysis and TMJ.

Detailed 3-D images combined with powerful imaging software aid in giving you the confidence to accurately plan an entire implant treatment, from surgical placement of the implant and abutment all the way to final restoration.

Enhance practice efficiency with immediate access to integrated treatment tools for implant planning as well as CAD/CAM applications, such as digital models and surgical guides.

3-D scans from i-CAT allow practitioners to perform more advanced procedures with greater predictability — from implants to surgical guides and restorations. i-CAT’s open software architecture seamlessly integrates with orthodontic systems, CAD/CAM programs, imaging software and practice management programs, expanding your practice’s capabilities.

* Image quality is proportional to radiation dose.

The new i-CAT FLX MV.

(Photo/Provided by KaVo Kerr Group)
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The Innovation That Makes Osseodensification Possible

Introducing Densah Bur Technology for implant osteotomy preparation from Versah™ LLC. Densah Burs have a non-excavating proprietary flute design that, when rotating at 800 – 1500 rpm in reverse, densifies bone. This technique, known as Osseodensification, autografts bone along the entire length of the osteotomy through a hydrodynamic process with the use of irrigation. When rotating clockwise, Densah Burs also precisely cut bone. The result is a consistently cylindrical and condensed osteotomy leading to improved implant stability and potentially earlier loading.

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Surface concept evolution

A solution for reliable bone neoformation

Bone regeneration in association with biomaterials

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