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Happy



Independence Day

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Integrating Cosmetic Restorative Techniques with Comprehensive Dental Implant Reconstruction

by Dr. Christopher J. Catalano

As an associate in David Hornbrook's world class cosmetic practice in San Diego, I have had the opportunity to practice with a master in cosmetic dentistry and participate in many hands-on courses in cosmetic reconstruction. I would like to share an interesting case study with everyone.

In 2002, Susan came to our office seeking a cosmetic consultation [fig1]. She was 52 years old and in good physical health. She was a non-smoker and had no significant medical history. From a dental perspective, she had many significant problems and had not seen a dentist in over ten years due to anxiety from previous "bad dental experiences." She had chronic advanced periodontitis, as well as significant recurrent decay.

Her motivation to seek dental care was driven by esthetics and the desire for a "smile make-over" [fig.2]. She had seen an article in a local magazine that featured our office and the services we provide. To better meet our patient's cosmetic dentistry goals, we ask a specific question on our health history

form: *If you could wave a magic wand and change anything about the appearance of your smile, what would you like to do?* Susan responded *"restore my smile and maintain what's left in my mouth."* By addressing this chief concern and establishing rapport, it is much easier to enroll the patient in treatment recommendations. I then offer the patient the very best in treatment options and let them make the decision.



Fig. 1 - Susan full-face before.



Fig. 2 - Susan's smile before.

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Editorial

Implant News & Views

"Keeping you up-to-date on
implant dentistry"

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Editor
Keith Rossein, DDS

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Dental Education Publications

Out Sourcing Implant Treatment

Recently, I came across a series of press releases from *Sahaj Dental Clinic* in India that were promoting the concept that Americans could travel to India for a vacation and, at the same time, have their mouths reconstructed with implant-supported restorations. Here's what they were saying, "Dental Tourism is a budding concept for a planned vacation along with a total Dental solution and care. Health problems and treatment are very costly in most of Europe and America compared to this part of the world. We provide an excellent package to meet your treatment expenditure and, at the same time, guide you to spend the vacation. You can enjoy your holidays and receive services related to Dentistry such as Dental Implants at a very affordable price."

Cost Factor

They went on to show the difference in cost to potential patients. "A dentist can charge \$300 to \$400 for a Dental Filling in USA & Europe. It costs only \$20 to \$40 in India. A Root Canal is \$3,000 in the West but only \$100 to \$200 in India. Dentures can cost \$1000 overseas but only \$200 in India."

Look what they said about implants! "Ours is the most cost-effective destination for Dental Implants with World Class Dental Care at both the Centers. Recently we placed 3 implants in our patient from Ireland at our Allahabad Centre. Along with dental treatment she enjoyed the stay at Varanasi a lot. She is planning to return for second phase of her treatment after 4-5 months along with her boyfriend. It was really cost-effective for her, as she was supposed to pay 5000 Euros for one single implant in her own country & here at Sahaj Dental Clinic, she paid only \$3150 US for all three implants."

Entrepreneurial

At first glance, I thought to myself, "This is an excellent marketing concept from an entrepreneurial dentist." But then I got to thinking about it in more depth. I remembered an instructor of mine from NYU Dental School, Arthur Brisman. Back in the late 60's, he did the same thing in Greenwich Village, NY. His group bought a brownstone on Washington Square Park. They renovated some of the rooms into apartments, and they had their own dental lab on premises. People could fly in from anywhere and stay with them; have full mouth rehabilitation and vacation in New York as part of a dental care/holiday package.

My question is this. **Are we going to let dental clinics outside the US steal away our patients and potential patients?** For most, it has nothing to do with vacations – but with the majority of American GP's not providing implant therapy as an alternative treatment plan for their own patients.

It's critical that we turn it around. The general practitioner must take control; he/she must become trained in implant placement [check out the *Implant News & Views* extensive CE section online]; the GP must do many more implant case presentations.

Whether the restorative dentist places implants or just provides the prosthetic portion of the treatment, it is the GP's responsibility to offer implant therapy as an alternative and to insure that the appropriate protocol is in place to accomplish a successful outcome.

Keith Rossein

Treatment of the Atrophic Edentulous Maxilla with Zygomatic Implants

by Dr. Jack G. Zosky

Patients rendered edentulous in either arch combined with protracted denture wear inevitably have significant atrophic changes in bone volume. This leads to non-retentive and unstable dentures. The atrophic maxilla presents a more difficult challenge to treat due to the "softer" quality of this bone and the anatomical limitations evidenced by the nasal floor and maxillary antra.

A frequent treatment to rehabilitate the atrophic maxilla is with autogenous bone graft augmentation. After a period of healing time for graft incorporation, dental implants are placed and an implant-borne restoration is ultimately utilized. However, some patients are not candidates for grafting procedures due to various factors which include: (1) Age (2) Medical status (3) Patient aversion to morbidity of autogenous bone graft harvest sites.



fig 1



fig 2

Alternative

An effectual treatment alternative to grafting is the utilization of Zygomaticus implants (Nobelbiocare, Yorba Linda, CA). The effectiveness of this protocol requires at least two anterior positioned conventional implants to be combined with the Zygomaticus implants, so a rigid bar can be connected for cross-arch stabilization. The final prosthesis is an implant-supported, full arch fixed prosthesis or palateless overdenture.

Treatment Planning

The workup for this procedure necessitates obtaining the following information. (1) Evaluation of patient's general health and healing capacity and status as it relates to tolerating I.V. sedation or general anesthesia. (2) Determining the availability of anterior maxillary bone to accommodate at least two implants. (3) Radiographic imaging is used to determine healthy antra with lack of any pathology. Also C.T. Scans to evaluate Zygoma morphology and determine the length of the Zygomaticus implants are required. The implants are 35-50mm long and 3.75mm diameter.

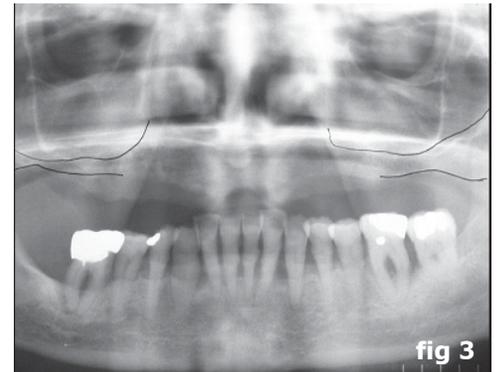


fig 3

Case Report

This 77 year-old female patient had 25 years of maxillary edentulism [figs. 1-2]. Significant residual ridge atrophy had ensued and her full upper denture was non-retentive and unstable [fig 3]. Despite recent attempts at relines she had to use abundant amounts of denture adhesives and was complaining of pain on function and halitosis.

The treatment plan was placement of two anterior conventional implants (Nobel Biocare, Replace Select, Yorba Linda, CA) and two Zygomaticus implants (Nobel Biocare, Yorba Linda, CA.). The patient did not want to have autogenous bone or allogenic bone sub-antral grafts. The final prosthesis was a bar/clip palateless overdenture. This treatment completely satisfied the patient's expectations.

Surgical Protocol

The incision is made in the tuberosity area and carried mid-crestal to the mid-line into the vestibule. The osteotomy is done on one side of the maxilla at a time [fig 4]. The contra-lateral soft tissue reflection

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Treatment of the Atrophic Edentulous Maxilla with Zygomatic Implants

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is done next. The muco-periosteal flaps are full thickness and reflected to the facial side with slight reflection of the palatal muco-periosteal tissue. Broad reflection is required to expose the lateral wall of the sinus with identification of the zygomatic arch with exposure of the medial superior aspect of the Zygoma [fig 5]. A window is made in the lateral wall of the antrum and slight reflection of the Schneiderian membrane is done [fig. 6]. The implant osteotomy is performed with specific drills through the alveolar process passing trans-antral up into the frontal process of the Zygoma [fig 7]. Coronally the implant positions are at the level of the second premolars. Two to four conventional anterior maxillary implants are then placed [figs 8-9].

This author has not performed immediate load of these implants but has used a two-stage approach with four months of a healing period prior to implant exposure and commencement of prosthetic rehabilitation [figs. 10-11]. Immediate splinting and early load of these implants is recommended, however, in order to reduce torsional forces on the implants.

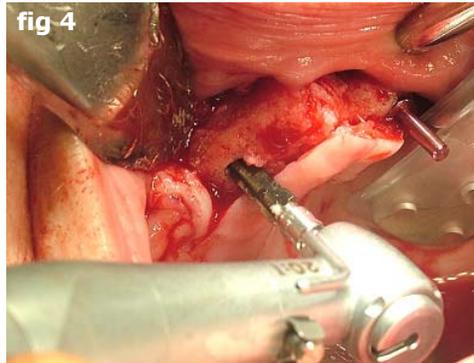


fig 4

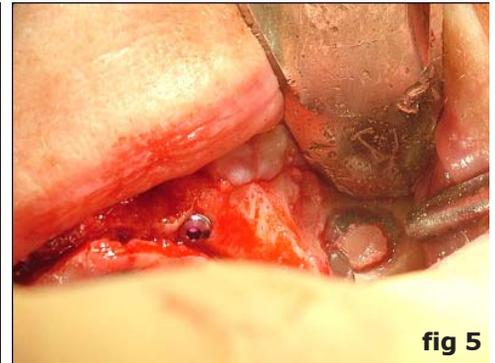


fig 5

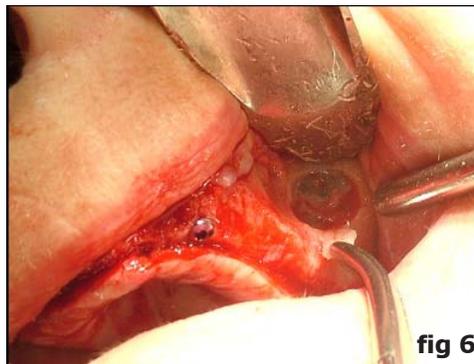


fig 6

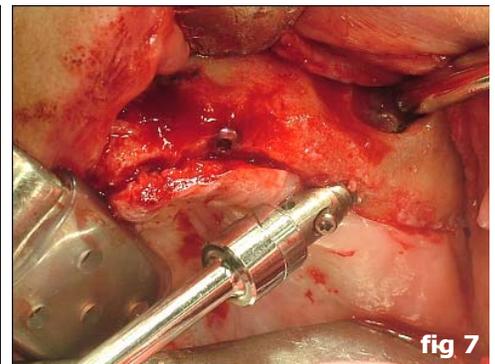


fig 7



fig 8

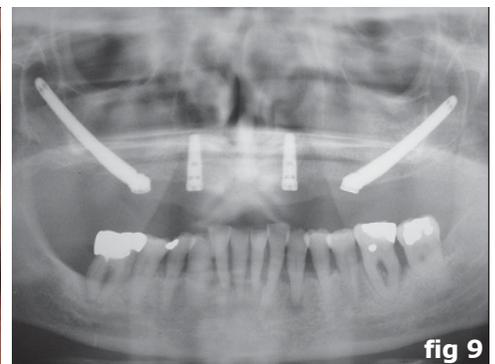


fig 9



fig 10

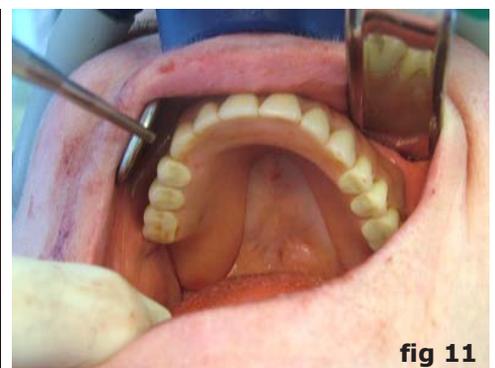


fig 11

Jack G. Zosky, D.D.S., F.R.C.D.(C) F.I.C.D. is a Fellow of the International Association of Oral and Maxillofacial Surgeons. He is a member of the International Congress of Oral Implantology, the American Academy of Implant Dentistry and a Fellow in the

Academy of Osseointegration. Dr. Zosky has authored several implant-related articles and a chapter in the W.B. Saunders textbook: "Endosseous Implants in the Maxillofacial Reconstruction". He is past president of the Canadian Association of Oral and Maxillofacial Surgeons and past President of the Academy of Osseointegration Foundation. Dr. Zosky is an Associate in Dentistry, University of Toronto. He can be reached at jzosky@bellnet.ca.



Tibits Tibits Tibits



Millennium Research Group [MRG 416-364-7776 x101] reports that in the first quarter of 2006, more than 20 different manufacturers were selling dental implants across the country. MRG's new Dental Implant Marketrack project surveys more than 300 implant practitioners on a quarterly basis about their use of implants and implant-related products. The survey sample is geographically segmented and comprised of general practitioners, oral maxillofacial surgeons, periodontists, and prosthodontists.

In the past several years, the US dental implant industry has been dominated by the big four competitors: **Nobel Biocare, Straumann, 3i, and Zimmer Dental**. In 2004, these four companies held 73.7% of total market revenues. By comparison, in the first quarter of 2006, the big four garnered 70.1% of all revenues. The tremendous success that these companies have had, combined with accelerated market expansion, has opened the door for new competitors to enter the market. **Astra Tech (AZN), Lifecore Biomedical (LCBM), Bicon, and BioHorizons** are a few of the small- and medium-sized companies that have experienced considerable success going up against the big four competitors.

In order to capture valuable market share, some of the smaller competitors are offering their products at lower prices relative to the premium-priced implants offered by the big four. Leading the pack of such companies is **Implant Direct**.

Lifetime Guarantee

The dentists at this practice, <http://www.dentalimplantsusa.com>, are offering the following. "Because of our proven track record of clinical success, our doctors and the dental implant manufactures we use are proud to lead the dental industry by offering a **Lifetime Warranty** on our dental implants. This program is designed to give our patients the added security

of knowing that only the best treatments and products are being used. If the implant does not osseointegrate and causes prosthetic failure, the implant will be replaced at no additional charge, providing the patient is compliant with the recommended maintenance 'cleaning' schedule." **How do you feel about this?** Let us know!

What do You Think?

Here are some views about connecting implants to natural teeth that were expressed on the ACEsthetics@lists.acesthetics.com discussion group.

I feel a bit embarrassed by the question, but is it something to avoid? I have a case, male adult, late 40's, athletic, bruxer, is going to receive an NTI after chewing thru full arch nightguards. He is missing only teeth # 24, 25, 26 with an intact #27 molar. No 8's present. The oral surgeon wants to place 2 implants in the premolar position, but there is a pneumatized sinus in the 1st molar position with about 2 mm of bone here. He also told my patient he should have a bridge from one or both implants to the 1st molar. I assume this excludes the possibility of a sinus lift. I am not up on the current pros literature, but I wonder if implant-to-tooth bridges are risky?
Robert Zaichick, D.D.S.

Why not a sinus lift and three implants? If not, then it would be better to consider a bicuspid sized cantilever or extracting the second molar and placing an implant in that position for a bridge abutment. If you choose to extract, I would consider doing the two implants, letting them integrate and provisionalizing them prior to extracting the second molar and placing that implant. It would take longer but you would maintain bilateral support. It would also be a good idea to very carefully mount a set of models and take a look at this patients occlusion.

Dr. Grant Chyz

The general rule is to avoid connecting implants to teeth whenever possible. If you HAVE to, then you'd want to place a gold coping on

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Treatment Plan

Susan wanted veneers to achieve a new smile, but due to generalized advanced periodontal disease, most of her teeth had a hopeless prognosis [fig. 3]. I informed her that the only teeth we could save were her lower anterior incisors and one lower bicuspid. After explaining this to Susan, we discussed different treatment options including dentures and implants. She explained that she wanted to replace each tooth with individual implants. Susan expressed a desire to floss between each tooth. I recommended 21 individual implant crowns to replace her missing teeth and seven veneers for the remaining mandibular anterior teeth [fig. 4].

Fees

I presented the restorative treatment plan and fees to the patient and she agreed. I estimated about a year-and-a-half of treatment time due to the two surgeries that would be needed and the comprehensive restorative plan. I charged Susan \$3000 per implant crown and \$1250 per veneer. The restorative fee was based on the lab cost for each unit. The fee was approximately four times the lab cost of the implant crown and custom abutment fee estimated by the lab.

I knew this case would involve a significant amount of my time to complete and I intended to provide the very highest level of patient care while giving Susan the smile of her dreams. Implant fees are always challenging to estimate, especially large cases. I knew that fees for this case were significant, but I felt that they were fair and reasonable for the amount of time I would spend with her. Susan has since expressed that this was one of the best investments she has ever made and it shows in her new found confidence. She raves about the changes in her life that have come with her beautiful new smile and continues to recommend and help other patients agree to implant restorative care.

CMR Dental Lab in Idaho gave me two estimates. One estimate included restorations with the manufacturer's abutments and the other estimate included custom abutments. He explained that if the position of the implants prevented the use of the manufacturer's abutments, then custom abutments would be necessary.

Goals

One of my main goals for this case was to utilize my cosmetic background in the design and fabrication of esthetic restorations for the patient. I wanted to treat the implants as if they were a natural dentition. I wanted to give Susan the quality and esthetics that I would want if I lost my teeth. Ideally, I would want complete replacement of all missing teeth with beautiful individual restorations that function properly. Her original goal was to have veneers and be able to floss each tooth. I decided to give her the maximum esthetic result with the use of individual pressed ceramic *Empress* Restorations with custom porcelain abutments [figs. 5 & 6].

Complete Control

I approached this case as a full mouth cosmetic veneer case. I utilized skills learned from *The Hornbrook Group*, a hands-on cosmetic restorative program which blends modern material science with traditional Pankey/Dawson occlusion philosophy. Dr. David Hornbrook's restorative mantra is that in order to create a predictable, as well as beautiful and functional smile, you must have complete control of esthetics and function.



Fig. 3 - Susan retracted before.

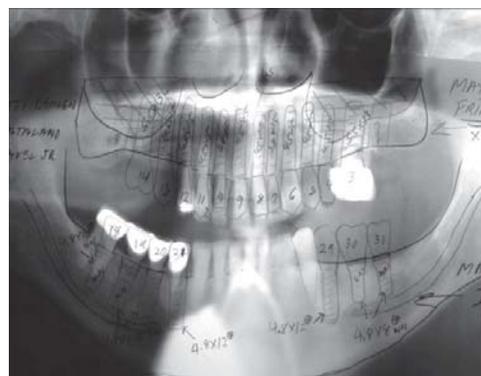


Fig. 4 - Pre-op X-ray.



Fig. 5 - Post Empress.



Fig. 6 - Posterior abutment.

If you lose control of these two entities, the end results fall into the hands of the lab technician, and the quality of your final work may be compromised. Sometimes, the lab technician may be able to do the work and other times they may be limited, because they do not have enough information. Creating provisional restorations that address issues like shape, length, incisal edge position, occlusion, and guidance in the patient's mouth gives the lab technician adequate information and allows for a predictable and successful outcome.

Ceramics

I chose *Ivoclar's Empress* material for its superior esthetic quality and because it is a pressable material that uses a "lost wax" fabrication technique. Similar to how gold restorations are made, the fabrication of pressed ceramics essentially uses a similar method with injected molten ceramic. Additionally, what you create in your provisional restorations can be replicated in wax by your lab.

Once your provisionals are converted to wax and transferred to an articulator, any modifications to esthetics and function can be made easily. The waxed up restorations are then cast into *Empress* restorations [figs. 7 - 8]. By utilizing pressed ceramics, you can essentially duplicate your transitional restoration. This is why provisionals are vital in the process of full mouth reconstruction. I knew that if I could control all of the esthetics and function in my provisionals, the work could be replicated in ceramics.

Surgery

I referred Susan to maxillo-facial surgeon, Dr. Frank Pavel Jr., for pre-implant surgery and implant placement. The first surgery included extraction of all the remaining maxillary teeth and several mandibular posterior teeth [figs. 9 - 10]. A right anterior iliac crest graft mixed with *Puros* bone, *BIO-OSS* and platelet-rich plasma was used for the bilateral sinus lift as well as augmentation of all extraction sites [fig.11]. An immediate upper denture was delivered at this appointment. Susan tolerated the use of the immediate denture quite well. It was important in this process to create a well fitting and beautiful denture because there was a 4-6 month healing period following the two surgeries. The denture was also used after the second surgery while the provisional wax up was being fabricated [fig.12].



Fig. 7 - Final wax-up.



Fig. 8 - Final restorations.



Fig. 9 - Extraction and graft post-op.

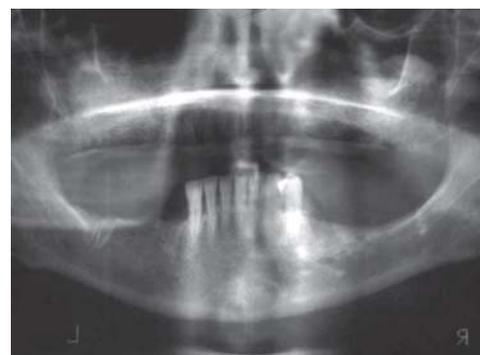


Fig. 10 - Post surgery X-ray.



Fig. 12 - Provisional denture.



Fig. 11 - Graft material.

Observation

One interesting observation I made with this case was how much the maxilla resorbed following the extraction and graft surgery. Susan presented as a Class II with much "splayed" maxillary anterior teeth

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[**fig. 13**]. Following her first surgery, the anterior maxilla resorbed posterior to resemble a skeletal Class I relationship. I restored her dentally to a Class II canine relationship [**figs. 14 & 15**]. The two retracted lateral view photos of her provisional restorations demonstrate this change. It was necessary to wait for complete healing of the newly grafted maxilla before I could begin estimating the future position of each implant. In order to create a surgical stent, I mocked up new teeth positions on the edentulous model using denture teeth.

The second surgery involved the placement of all 21 *Zimmer Tapered Screw Vent implants* [**fig. 16**]. Dr. Pavel chose to use 4.7mm diameter implants to replace the eight molars and thirteen 3.7mm implants for the bicuspids, cuspids and incisors. I attended the surgery to be available to discuss the surgical stent and placement concerns [**fig. 17**].

In the selection of implant abutments, my lab tech helped guide me in the direction of custom abutments. He demonstrated that due to emergence issues, custom abutments were necessary for this case in order to create maximum esthetics, proper retention and resistance form. If the manufacturer's abutments were used, significant prep height would have to be sacrificed to create the desired esthetics, possibly compromising the end results [**fig. 18**].

Article to be continued
in the September/
October 2006 issue of
Implant News & Views.

Acknowledgements

I am also fortunate to have a great patient for this unique experience who attended multiple appointments with a great attitude. I would also like to acknowledge **Matt Roberts, Sandy McCafferty, and Tracy Egbert** at **CMR Dental Lab** for their amazing work on this case. Finally, the success of this case would not have been possible without **Frank Pavel, D.D.S.**, who performed both surgeries.



Fig. 13 - Lateral pre-op.



Fig. 14 - Left lateral provisional.



Fig. 15 - Right lateral provisional.

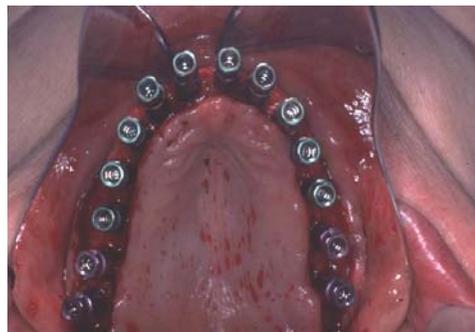


Fig. 16 - Post-Op implant surgery.

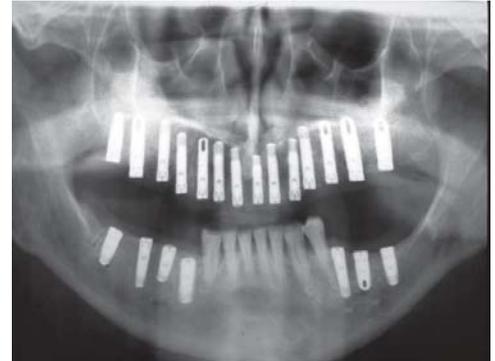


Fig. 17 - Post-Op X-ray.

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Tidbits

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the natural tooth, and then attach the bridge to that. Am I right, implant experts?

Michael I. Barr, DDS

I'm no expert but yes. I've done several with copings. They are all doing fine.

Guy W. Moorman, Jr. DDS

Connecting natural teeth to implants according to the current state of our scientific knowledge is a practice that should be **avoided at all costs**.

Much has been done in the past to promote this type of application but attempts have failed, some of them miserably as the case with the original IMZ implants. The IMZ implants were designed with a plastic component called the IME (intramobile element) placed between the implant platform and the abutment to mimic the physiologic movement of the periodontal ligament. Many problems were created as a consequence of this design and I don't want to make this post too long, but basically the concept that seemed sound from a purely theoretical viewpoint didn't work clinically as expected.

There is a very distinct difference between the way natural teeth and implants connect to human living bone. Implants can be considered (almost) as ankylosed teeth while teeth are able to move within the alveolus (socket) a certain amount considered physiologic. When you splint two structures that behave so distinctly from a biomechanical standpoint, the loads are not evenly distributed and the biological response is almost invariably a negative one.

In case of a typical 3-unit bridge when load is applied (during mastication, for instance) the natural abutment will absorb the load and move physiologically by the "cushioning" action of the periodontal ligament fibers, while the implant will not move and, therefore, almost carry the entire load. The implant may fail as a consequence of biomechanical overload. This starts to show up as bone loss around the crestal area often in the shape of an ellipse – a phenomenon termed "saucerization" by many implant specialists. The natural

tooth, on the other hand, will be prevented from moving since the bridge is "anchored" on the other end by the action of the implant. The periodontal support of natural teeth must exist in a state of perfect dynamic equilibrium that is maintained by the physiologic stimuli that come from mechanical forces and induces the supporting structures to be constantly resorbed and reformed (Also known as turnover. Just to illustrate how dynamic this equilibrium is we can mention that the typical turnover period for the periodontal ligament is believed to be approximately 120 days). Once this mechanical stimuli ceases to exist these structures undergo a degeneration process known as "disuse atrophy". In many cases you see the natural tooth (teeth) either extrude (move out of the alveolus) or become ankylosed.

Some researchers have attempted to challenge the idea that implants and natural teeth can't be rigidly connected. However, the great majority of all the scientific evidence that exists at this point suggests that they should not be connected.

Joseph Chamberlain, D.D.S.

Food for Thought

These questions were posed on the Periodontal@yahogroups.com discussion group, moderated by **Dr. Larry DiBenedetto**.

How can we tell if implants are better than teeth? How can we tell if platform switching is better? [I believe it is better because of better blood supply] How can we tell if implants placed in areas of periodontal disease fare as well as implants placed because of failed endo? How can we tell if occlusion plays a role in bone loss? We know implants fail because of occlusion! How can we tell if patients who are infected with systemic Chlamydia have a higher incidence of periodontal disease? Has anyone done a study about this?
...**Dave**

Hi, I don't know all the answers to your question, but will share what I have been told by someone who I respect a lot. According to Dr. Marshall from Premier Research there is

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Tidbits



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currently no safe material for implants, since none of them have bio-resonance with the human body. Thus, your body responds to the current materials that are on the market as if they were a foreign material in the body, which the body then tries to reject. Apparently there is a material that they believe is compatible but it has not yet become available to the public, since it is being held up for use by the U.S. military (it might be called Sapphire, but I'm not sure).

Marti

Perhaps I misunderstand the essence of above reply but I am sorry to say that the above statement is just not true if you are referring to dental implants. The evidence speaks for itself as literally millions the world over are in quite useful function - many for over 40 years.

JFG



CE Programs CE Programs CE Programs

August 2006

10- 11 - NobelGuide: Computer Based Guided Surgery with Hands-On Workshop - Dr. M. Razzoog and Dr. M. Sierraalta, Ann Arbor, MI - \$2500 - 800-579-6515.

11 - Implant Supported Restoration of the Fully Edentulous Mandible - Dr. R. Sullivan, Yorba Linda, CA - \$595 - 800-579-6515.

11- 12 - Hydraulic Sinus Condensing - Dr. Leon Chen and Dr. Jennifer Cha, Las Vegas, NV - 702-220-5000.

12 - Optimal Esthetics - The Team Atlanta Approach Dr. R. Goldstein, Yorba Linda, CA - \$495 - 800-579-6515.

12- 14 - Hands-On Implant Surgery - Dr. Shadi Daher and Dr. Mauro Marincola, Cartagena, Columbia - \$8500 - 800-822-4266.

14- 15 - Comprehensive Mini Residency - Dr. Richard Kraut, Bronx, NY - \$2500 - Montefiore Medical Center, (718) 920-6267.

15- 17 - Hands-On Implant Surgery - Dr. Shadi Daher and Dr. Mauro Marincola, Cartagena, Columbia - \$8500 - 800-822-4266.

16- 19 - Beyond Osseointegration: Clinical Use of Distraction and BMP's - Dr. Martin Chin, Foster City, CA \$4320 - IDEA, 866-700-4332.

17- 19 - Bone Harvesting & Grafting for Dental Implants - Dr. Arun Garg, Dr. Lillibeth Ayangco & Dr. Avi Schetritt, Memphis, TN - \$3500 - Implant Seminars - 305-281-7125.

17- 19 - Mini Residency - Dr. Dennis Smiler

Atlanta, GA - \$3950 - (818) 995-7971.

18- 19 - ICOI 9th Annual Implant Prosthodontic Symposium - Various Clinicians, Montreal, Canada - 800-442-0525 or icoi@dentalimplants.com.

18- 19 - Basic Implant Surgery [sessions cont on 9/15-9/16 & 10/14-10/15] - Drs. L. Lum, C. Mason and M. Chen, Dublin, CA - \$2900 - 714-516-7659.

18- 19 - Advanced Bone Grafting: Hands-On Cadaver Course - Dr. John Russo, Charleston, SC - \$2985 - 941-955-3100.

19 - Optimal Aesthetics: The Team Atlanta Approach Dr. Ronald Goldstein, Yorba Linda, CA - \$495 - 800-579-6515.

19- 20 - Success with Dental Implants: Hands-On Live Patient Treatment - Dr. Robert Ahlstrom and Dr. John Boghossian, San Francisco, CA - \$1495 - U. of the Pacific School of Dentistry, 415-929-6486.

23 - Introductory Single Tooth Implant Restorative Workshop - Dr. R. Sullivan, Yorba Linda, CA - \$225 - 800-579-6515.

23- 25 - Prosthetic Program - Dr. L. Al-Faraje, Mahwah, NJ - \$2000 - 800-579-6515.

25- 26 - Mastering Dental Implants & Tissue Regeneration Procedures - Dr. Donald Callan, Little Rock, AR \$1865 - Implant Dentistry Today, 501-223-3000.

25- 26 - Implant Certification Workshop - Dr. Roger Watson, Calgary, Canada - 800-661-8663.

25- 26 - Basic Implant Seminar with Supervised Surgical Implants - Dr. Craig Cooper and Dr. J. Becker, Avon, OH - 800-898-6261.

26 - Dental Assisting for the Implant Practice - Ms. J. Lafty, Ft. Washington, PA - \$375 - (215) 643-5881.

September 2006

6- 9 - Advanced Surgical Procedures: Implant Site Rehabilitation Utilizing Autogenous Bone - Dr. Fouad Houry, Foster City, CA - \$5850 - IDEA, 866-700-4332.

7- 9 - Bone Harvesting & Grafting for Dental Implants - Dr. Arun Garg, Dr. Lillibeth Ayangco & Dr. Avi Schetritt, Orlando, FL - \$3500 - Implant Seminars - 305-281-7125.

7- 10 - Welcome to Implant Dentistry: A Hands-On Training Program - Dr. Igor Pesun, Minneapolis, MN - U. of Minnesota School of Dentistry, 800-685-1418.

8 - Immediate Extraction, Immediate Loading and Implant Site - Dr. Jack Krauser, Boca Raton, FL - \$495 - (561) 392-4747.

8 - Sinus Lift Techniques - Dr. Shadi Daher, Boston, MA - \$600 - 800-822-4266.

8 - 17th Annual Maxicourse in Oral Implantology - Dr. Norman Cranin, Director [continued thru June 2007, 300 credit hrs.], NY, NY - \$8000 - 718-983-1157.

8- 9 - Hydraulic Sinus Condensing - Dr. Leon Chen and Dr. Jennifer Cha, Las Vegas, NV - 702-220-5000.

8- 9 - Hands-on Training & Certification for Puros Block Allograft (J-Block) - Dr. Paul Pentrungero, Lake Elmo, MN - \$1695 - 651-351-9660.

8- 9 - Crown & Bridge & Implants - Dr. Sam Strong, Yorba Linda, CA - \$895 - 800-579-6515.

8- 10 - Fixed Prosthetic Options - Dr. Carl Misch, Beverly Hills, MI - Misch Implant Institute - 248-642-3199.

9- 10 - Bone Biology, Harvesting and Grafting - Dr. Arun Garg, Dr. Lillibeth Ayangco and Dr. Avi Schetritt, Dallas, TX - \$2500 - 305-281-7125.

9- 11 - ICOI Winter Symposium - Various Clinicians, San Diego, CA - 974-783-6300.

11- 13 - Traditional Two-Stage Protocol and One-Stage Teeth in a Day - Dr. Thomas Balshi, Ft. Washington, PA - \$2450 - (215) 643-5881.

12 - Implantology: Surgical and Prosthetic Treatment

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September 2006

Dr. Trevor Bavar, Director [2 year program thru June 2008, approx. 200 hrs.] NY, NY - \$11600 - NYU College of Dentistry 212-998-9757.

13 - NobelGuide Model Based Workshop - Dr. R. Sullivan, Yorba Linda, CA - \$295 - 800-579-6515.

13 - Narrow Body Implants to Retain, Stabilize and Cushion Mandibular Dentures - Dr. Keith Rossein Ft. Lee, NJ - Asteto Dent Lab, 800-447-7750.

14- 15 - Esthetic Implant Dentistry - Dr. Peter Wohrle Mahwah, NJ - \$895 - 800-579-6515.

14- 15 - Introductory Surgical & Prosthetic Implant Course - Dr. D.M. Vassos, Edmonton, Canada - \$2000 - 780-488-1240.

14- 16 - Dynamics of Nature in Oral Implantology - Dr. Jurgen Mehrhof [continued 11/2-11/4, 2006], Foster City, CA - \$4095 - IDEA, 866-700-4332.

15- 16 - NobelGuide: Computer Based Guided Surgery with Software Workshop & Live Surgery - Dr. Brian Young Ponte Vedre Beach, FL - \$2800 - (877) 285-9505.

15- 16 - Implant Surgery Training - Live Surgery - Dr. Jack Piermatti, Voorhees, NJ - \$3500 - (856) 309-8000.

15- 16 - Tissue Management with Dental Implants: A Biological, Clinical & Implant Design Challenge - Dr. Sasha Jovanovic, Yorba Linda, CA - \$995 - 800-579-6515.

15- 16 - Hands-On Implant Placement Workshop: Safe, Simple & Predictable - Dr. Jack Hahn, Jacksonville, FL - \$1345 (800) 327-3746.

15- 17 - Implant Placement in the Aesthetic Zone - Dr. Nicolas Shubin and Dr. William Dapper San Juan Capistrano, CA - CalAid - 800-255-2043.

17- 19 - Annual Meeting of the American Academy of Periodontology - San Diego, CA - (800) 282-4867.

17- 19 - Basic Implant Surgery for the Restorative Doctor - Dr. Michael Klein, Cedarhurst, NY - \$2995 - 516-295-3826.

19 - Immediate Loading of Dental Implants: Sharing 23 Years of Experience - Dr. David Momtaheni, NY, NY - \$125 - NY County Dental Society, 1-212-573-9816.

19- 21 - Implant Dentistry Continuum - Dr. Arun Garg, Director [continued thru May 2007, 150 credit hrs.] NY, NY - \$9000 - 305-281-7125.

20 - NobelGuide Model Based Workshop - Dr. J. DiPonziano and Dr. C. Marchack, Mahwah, NJ - \$49 - 800-579-6515.

21 - A Practical Experience in Implant Placement & Restoration - Dr. John Minichetti, Englewood, NJ - 201-871-9096.

21 - Advanced Prosthetic Designs Using the Ankylos Implant System - Dr. Arthur Rodriguez, Toronto, Canada - 905-882-5839.

22 - Narrow Body Implants to Retain, Stabilize and Cushion Mandibular Dentures - Dr. Keith Rossein, Philadelphia, PA - \$995 - CDE Studies Institute, 800-323-3136.

22- February 23, 2006 - Aesthetic Implant Course Featuring Soft Tissue Formation - Dr. Paul Petrungero Lake Elmo, MN - \$2495 - 651-351-9660.

22 - Full-Mouth Rehabilitation: Conventional and Implant Prosthodontics - Dr. Ira Zinner [continued thru June 2007, approx. 200 hrs.] New York, NY - \$9500 - NYU College of Dentistry 212-998-9757.

22- 23 - Soft Tissue Ridge Augmentatio, Esthetic Crown Lengthening and Frenectomy - Dr. Edward Allen, Newport Beach, CA - \$3195 - 214-691-8174.

22- 23 - Implant Certification Workshop - Dr. Roger Watson Calgary, Canada - 800-661-8663.

22- 24 - Prosthetic Program - Dr. L. Al-Faraje, San Diego, CA - \$2000 - (858) 496-0574.

23 - Esthetic Implant Practice: Key Steps to Achieving Successful Surgical & Prosthetic Results - Dr. S. Leziy and Dr. B. Miller, Yorba Linda, CA - \$495 - 800-579-6515.

25 - Narrow Body Implants to Retain, Stabilize and Cushion Mandibular Dentures - Dr. Keith Rossein

NY, NY - \$995 - CDE Studies Institute, 800-323-3136.

27- 29 - Advanced Surgical Workshop - Dr. Dennis Smiler, Los Angeles, CA - \$2675 - (818) 995-7971.

27 - Current Trends in Implant Supported Prosthetics - Dr. R. Mitrani, Chicago, IL - \$395 - 800-579-6515.

28- October 1, 2006 - Eight Day Mini-Residency in Implant Dentistry - Dr. Ken Hebel Mahwah, NJ [Continued on 10/19 -10/22, 2006] - \$3500 - 888-806-4442.

28- 30 - Contemporary Soft Tissue Grafting for Implant Reconstruction - Dr. Michael Pikos Palm Harbor, FL - \$3400 MAP Implant Institute - 727-781-0491.

29- October 1, 2006 - Sinus Grafts - Dr. Carl Misch Beverly Hills, MI - Misch Implant Institute - 248-642-3199.

29- October 1, 2006 - Orthopaedic Engineering and Treatment Planning - Dr. Ron Zokol Vancouver, BC Canada Pacific Implant Institute 800-442-0864.

29 - Clinical Implications: Guided Osteoblast Behavior & Improved Bone Formation with Bioactive Implants - Dr. Lyndon Cooper, Toronto, Canada - 905-882-5839.

29 - Implant Restoration - Dr. Ira Schechter Houston, TX - Perio Institute, 800-327-3746.

29- 30 - International Dental Congress - Various Clinicians, Toronto, Canada - 905-882-5839.

29- October 1, 2006 - Implant Prosthodontics: Orthopaedic Engineering & Treatment Planning - Dr. Ron Zokol Vancouver BC Canada - \$1500 - Pacific Implant Institute 800-668-2280.

29- October 3, 2006 - Bicon Safari - Hands-On Implant Surgery - Dr. Boshoff, South Africa - \$8350 - 800-882-4266.

30 - Current Trends in Implant Supported Prosthetics - Dr. R. Mitrani, Mahwah, NJ - \$395 - 800-579-6515.

30 - Implant Restoration - Dr. Ira Schechter, Dallas, TX - Perio Institute, 800-327-3746.

30 - Narrow Body Implants to Retain, Stabilize and Cushion Mandibular Dentures - Dr. Keith Rossein Louisville, KY - ADL Dental Labs, 800-456-1292.

30- October 1, 2006 - Dental Implants: An Avenue for Personal & Professional Growth - Dr. A. Kwong Hing, Richmond Hill, Canada - 1-800-939-9394.

October 2006

4- 7 - AAOMS 88th Annual Meeting - San Diego, CA (847) 678-6200 or inquiries@aaoms.org.

4 - Narrow Body Implants to Retain, Stabilize and Cushion Mandibular Dentures - Dr. Keith Rossein Woodbridge, NJ - Asteto Dent Lab, 800-447-7750.

6- 7 - How to do the Simple Procedures of Implant Placement & Implant Restoration - Dr. Robert Heller and Dr. Alfred "Duke" Heller, Westerville, HO - 614-885-1215.

6- 7 - Implant Prosthetics: Changing the World for the Restorative Dentist - Dr. Sam Strong, Little Rock, AR - \$1100 - 501-224-2333.

7 - Crown & Bridge & Implants with Prosthetic Hands-On Workshop - Dr. K. McAndrew, Mahwah, NJ - \$495 - 800-579-6515.

7 - Rejuvenation of the Edentulous Patient with Fixed Prosthesis - Dr. E. Bedrossian, Yorba Linda, CA - \$395 - 800-579-6515.

7 - Dental Assisting in the Era of Computer Guided Surgery & CAD/CAM Technology - Ms. J. Lafty and Ms. H. Swinehart, Ft. Washington, PA - \$375 - (215) 643-5881.

7- 8 - Advanced Immediate Placement & Temporization - Dr. B. Dean, Plano, TX - \$2400 - 877-565-3131.

9- 13 - Advanced Implant Surgery and Restorations: A Hands-On Course - Drs. Michael McCracken, Patrick Louis, Michael Reddy, Ruth Aponte-Wesson and Dan Givan Carlsbad, CA - \$4500 - University of Alabama, 205-934-1593.

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October 2006

9- 10 - Comprehensive Mini Residency - Dr. Richard Kraut
Bronx, NY - \$2500 - (718) 920-6267.
11 - Implants are Here to Stay - It's Time to Learn to Play - Dr. Sam Strong, Chicago, IL - \$595 - 800-579-6515.
11 - NobelGuide Restorative Workshop - Dr. R. Sullivan
Yorba Linda, CA - \$225 - 800-579-6515.
12- 14 - Advanced Implant Dentistry and Bone Grafting
Dr. Joel Rosenlicht Manchester, CT - \$3000 - 860-649-2272.
13- 14 - Hydraulic Sinus Condensing - Dr. Leon Chen and
Dr. Jennifer Cha Las Vegas, NV - 702-220-5000.
13- 14 - Are You Ready to Learn to Place Dental Implants? - Dr. Steven Spitz, Boston, MA - 617-437-1060.
13- 14 - Soft Tissue Grafting for Teeth and Implants -
Dr. Edward Allen, Newport Beach, Ca - \$3195 - 877-696-1414.
13- 14 - Hands-On Implant Placement Workshop: Safe, Simple & Predictable - Dr. I Schechter, Philadelphia, PA - \$1345
(800) 327-3746.
13- 14 - Implant Prosthetic Training - Live Surgery - Dr.
Jack Piermatti, Voorhees, NJ - \$2800 - (856) 309-8000.
14 - Dental Assisting for the Implant Practice - Ms. J.
Lafty, Ft. Washington, PA - \$375 - (215) 643-5881.
14 - Ridge Split Techniques - Dr. Shadi Daher
Boston, MA - \$600 - 800-882-4266.
19- 21 - Advanced Bone Grafting - Dr. Michael Pikos Palm
Harbor, FL - \$3400 - MAP Implant Institute - 727-781-0491.
19- 21 - Replacing Missing Teeth Utilizing Removable or Implant Prosthodontics - Dr. Robert Faulkner, Chesapeake, VA - 800-952-2178.

20 - Sinus Lift - Dr. Stuart Froum, Carlsbad, CA - Zimmer,
800-854-6691
20- 21 - Oral Implantology Update - Dr. Leonard Linkov
Washington DC - \$495 - Howard University College of Dentistry - 202-806-0349.
20- 22 - Implant Prosthodontics: Fundamentals of Fixed Prosthetics - Dr. Ron Zokol Vancouver BC
Canada - \$3000 Pacific Implant Institute 800-668-2280.
20- 22 - Crown & Bridge in Implant Dentistry: From Surgical Placement to Final Delivery - Dr. T. Irinakis
Vancouver, Canada - 1-888-554-3327.
20- 22 - Incorporating Implant Dentistry into the General Practice - Dr. K. Lung and Dr. K. Compton, Banff,
Canada - 1-800-939-9394.
23 - Implants for the Auxiliary Staff - Meghan Weed,
RDH, Boston, MA - \$250 - 800-882-4266.
23- 25 - Surgical & Prosthetic Principles - Dr. Shadi
Daher, Boston, MA - \$1600 - 800-882-4266.
25 - Narrow Body Implants to Retain, Stabilize and Cushion Mandibular Dentures - Dr. Keith Rossein
Detroit, MI - \$995 - CDE Studies Institute, 800-323-3136.
25- 29 - AAID 55th Annual Meeting - Various lecturers
Chicago, IL - 312.335.1550 or aaid@aaid-implant.org.
26- 27 - Advanced Surgical & Prosthetic Techniques
Dr. Shadi Daher, Boston, MA - \$1100 - 800-822-4266.
26- 28 - Expand Your Dental Practice with Implant Surgical Placement and Basic Bone Grafting - Dr. Alan
Brodine, Rochester, NY - 585-248-8580.
27 - How to Take Your Implant Practice to the Next Level - Dr. David Schwab, Toronto, Canada - 905-882-5839.