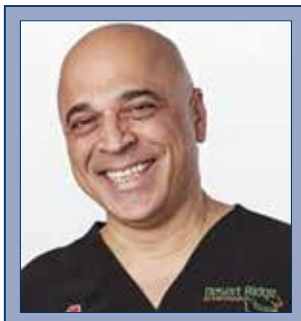
AAOMS Dental Implant Conference • Chicago, Illinois • December 4–6, 2025 Vol. 6, No. 1

today

AAOMS Dental Implant Conference 2025



A conversation with Dr. Vishy Broumand

The Scottsdale, Ariz., clinician tries out a new surgical saw handpiece and shares his thoughts.

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A game changer for narrow ridges

Rex Implants president and CEO has a big goal for the company's PiezoImplant System.

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Enhance your digital workflow

New intraoral scanning device can lead to more comfortable and efficient treatment.

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Elevate your implant practice

Nothing says end of the year in Chicago like colder weather and the annual Dental Implant Conference. (Photo/Skadelik, via Wikimedia Commons)

By AAOMS and *today* Staffs

■ Implant dentistry is an expanding field. Ensuring your skills are strengthened and that you can manage every appropriate phase of your implant care through a healthy collaboration with your oral and maxillofacial surgery partners is the key to success.

For the next few days, you will be able to work on just those things. For more than 30 years, AAOMS has hosted the Dental Implant Conference, providing dentists and OMSs with an unparalleled opportunity to deepen their clinical knowledge, refine restorative skills and enhance their collaboration.

This year's conference will bridge the gap with expert-led sessions, real-world case discussions, hands-on training and presentations from clinicians who understand the day-to-day challenges.

"The alternating presentations

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Introducing the 2025-26 AAOMS officers and trustees

By AAOMS Staff

■ Robert S. Clark, DMD, was introduced as the 2025-26 president of the American Association of Oral and Maxillofacial Surgeons during the annual meeting in Washington, D.C., in September.

Clark, of Lexington, Ky., served as president-elect and vice president, each for a year, as well as AAOMS Treasurer for four years and District III Trustee for four years. An ABOMS Diplomate, he served on the board's Oral Examination Committee for seven years and is a past president of the Kentucky Society of Oral and Maxillofacial Surgeons. He is a partner at the Kentucky Center for Oral and Maxillofacial Surgery in Lexington and a founding partner and board member of OMS360, based in Cumming, Ga.

Clark received his doctor of dental medicine degree from the University of Kentucky College of Dentistry, graduating with high distinction. He received the Alpha Omega Award and was inducted into the Omicron Kappa Upsilon Honor Society. He completed his oral and maxillofacial surgery

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between surgical and restorative topics are incredibly helpful," said Peter L. Sheerin, DMD, a general dentist from Los Angeles. "We can troubleshoot shared cases using insights we just heard in the lecture hall. It's the best CE I attend all year."

Attendees will gain practical takeaways on digital workflows, managing complications and communication strategies and techniques to use right away — all while building stronger referral relationships and earning valuable continuing education credits.

Featured at this year's conference:

• *Thursday:* Two preconference sessions will focus on practice growth strategies and direct-to-consumer (DTC) marketing specifically for OMS practices as well as the latest developments in comprehensive digital workflow.

• *Friday:* A full day of general sessions will showcase current technologies to demonstrate how today's clinical practice can benefit from digital tools by increasing precision and streamlining decision-making. In the afternoon, you will discover common treatment concepts for full-arch patients and referrals.

• *Saturday:* Experts will outline different approaches to prevalent clinical problems and provide evidence-based information and reasons to utilize various techniques. Additional discussions will review common complications seen in clinical practice and how to avoid them.

In addition to the educational component, the Dental Implant Conference will also feature an exhibit hall where more than 75 companies will showcase the latest products, equipment and services related to dental implant practices. The exhibit hall is open from 9:15 a.m. to 6:30 p.m. on Friday and from 9:15 a.m. to 1:30 p.m. on Saturday.

Complimentary lunch and beverage breaks are scheduled for both days in the exhibit hall. Also, on Friday, the conference reception will be held from 5 to 6:30 p.m. Attendees will be able to enjoy beverages and hors d'oeuvres, network with colleagues and take another look at the latest in dental implant products and services.

For more information about any educational session, exhibitor or other events, be sure to check your mobile app throughout the conference.

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residency at the University of Texas Southwestern Medical Center/Parkland Memorial Hospital.

"I am honored to present my theme for this year as your AAOMS president: 'Together We Thrive — Celebrating Family and Our AAOMS Community'," Dr. Clark said in his inaugural address to the AAOMS House of Delegates.

"Together, we have the power to thrive and shape the future of our specialty. Let's move forward as one united community, embracing the diversity within our ranks and celebrating the strength that comes from our shared commitment to excellence."

Clark succeeds J. David Morrison, DMD, of Loveland, Ohio, who will serve as immediate past president. Other 2025-26 officers elected by the House of Delegates are President-Elect Charles A. Crago, DMD, MD, FACS; Vice President Debra M. Sacco, DMD, MD; Treasurer Jeffrey H. Wallen, DDS; and Speaker of the House Steven R. Nelson, DDS, MS.

In addition, Pushkar Mehra, DMD, BDS, FACS, and Daniel J. Gesek Jr., DMD, join the Board as Trustees in District I and District III, respectively. They replace Edward J. Miller, DMD, and Dr. Sacco, whose two-year terms expired. W. Frederick Stephens, DDS, District VI, was re-elected to his second two-year term.

Crago, of Deep River, Conn., served six years as District V Trustee and in the AAOMS House of Delegates for more than 25 years. In addition, he was District V Caucus Chair and has served on a variety of AAOMS committees.

He retired in 2024 after 40 years of private practice as the managing partner of a seven-doctor, five-office oral and maxillofacial surgery practice that served most of North Dakota. He also served as president of the state societies of New Mexico and North Dakota, was president of the Southwest Society of Oral and Maxillofacial Surgeons and has been an ABOMS diplomate since 1988.

Sacco, of Chapel Hill, N.C., served six years as trustee for District III. Before her time as trustee, she served as a delegate for North Carolina, was a member and chair of numerous AAOMS committees and was a member of the first ROAAOMS executive committee. In addition to her service with AAOMS, Sacco was an examiner for ABOMS, a member of the claims committee for OMSNIC and a mentor with the Osteo Science Foundation.

Nelson, of Denver, Colo., was elected to his 24th term as speaker of the house and received AAOMS's Presidential Achievement Award in 2022. He is a member of the Rocky Mountain Hospital for Children's Cleft Palate and Craniofacial Center team and in private practice at Nelson & Wells Oral and Maxillofacial Surgery in Denver.

He served on the board of the Colorado Dental Association and for many years was president for the Colorado Dental Lifeline Network where he remains an active volunteer.

Wallen, of Myrtle Beach, S.C., was first elected treasurer in 2023 and has served the profession in numerous capacities, including past president of the Southeastern Society of Oral and Maxillofacial Surgeons and the South Carolina Society of Oral and Maxillofacial Surgeons, Alternate Delegate and Secretary of the District III Caucus and a member of the Committee on Public and Professional Communications. In addition, he is past chair of OMSPAC and has served on the Committee on Governmental Affairs. Wallen started a private practice in Myrtle Beach and has practiced there for the past 30 years.

Mehra, of Boston, is chief of Oral and Maxillofacial Surgery at Boston Medical Center and professor and chair of Oral and Maxillofacial Surgery at Boston University Henry M. Goldman School of Dental Medicine. He has represented Massachusetts as an AAOMS delegate since 2009 and serves as a consultant to the Commission on Dental Accreditation.

A past president of both the American Board of Oral and Maxillofacial Surgery and the Massachusetts Society of Oral and Maxillofacial Surgeons, Mehra has authored three textbooks, published extensively in medical and dental literature and is a frequent invited speaker at international professional meetings.

Gesek, of Jacksonville, Fla., has served in the AAOMS House of Delegates for more than 20 years, including as caucus chair for District 3. He spent eight years on the AAOMS Committee on Anesthesia, chairing it in 2011–12, and contributed to the Simulation Committee from 2012–15. He currently serves on the Committee on Constitution and Bylaws, the Committee on Governmental Affairs and the ADA Liaison Committee.

In 2019, he was president of the Florida Society of Oral and Maxillofacial Surgeons. His leadership roles also include chair of the Florida Board of Dentistry (2012–13), service on the ADA Council on Dental Education and Licensure and membership on the American Board of Oral and Maxillofacial Surgery Exam Committee. He is president-elect of the Florida Dental Association and sits on the Board of Directors for the Florida Prescription Drug Monitoring Foundation.

Other trustees are Martin E. Eichner, DDS, District II, of Monroeville, Pa.; Gregory M. Ness, DDS, FACS, District IV, of Worthington, Ohio; and Julia R. Plevnia, DDS, FACS, District V, of Parker, Colo. The board also includes Secretary/Executive Director Karin Wittich, CAE.

today About the Publisher

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Designed for Your Workflow

Built to empower your workflow,
with clarity, confidence and a clear path to “yes”

A sleek new interface. A smoother experience. Powered by IS ScanFlow 2.0*

No matter your specialty,
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With customizable workflows, open architecture and cloud accessibility, Imprevo is your digital partner in delivering exceptional care.

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*Compared to previous DEXIS intraoral scanners.

Sharpen your implant skills and protect your bottom line

By AAOMS Staff

■ You're investing time at the Dental Implant Conference to refine your surgical skills, streamline your workflows and deliver the best outcomes for your patients. Now make sure your coding skills keep pace with your clinical technique.

Protect your revenue by registering for AAOMS's online "Coding for Implants and Bone Grafts" course, designed for oral and maxillofacial surgeons and members of the implant team — including general dentists, periodontists and prosthodontists.

Led by Terri Bradley, CPC, a certified coding professional and practice management consultant, this online course features real-world coding scenarios involving implant placement and bone grafting procedures. This self-paced course:

- Explores coding options for preprocedural diagnostics.
- Reviews and clarifies payer expectations and coverage.
- Compares other separately reportable codes to be used in conjunction with bone grafting and implant procedures.
- Discusses stages of the digital workflow.
- Applies appropriate coding guidelines for procedures relating to bone grafting and implants.
- Provides coding tips using both CDT and CPT code sets (particularly valuable for teams navigating mixed-coverage cases).

Whether you are just beginning your implant coding education or looking for a refresher, this course provides actionable strategies that can be implemented immediately.

Registration for the course is $200 for AAOMS members and $275 for non-members while offering 3.0 CDE/CME.

Participants can learn at a pace that fits their schedules and have six months to complete the course.

Explore the full AAOMS library

To help practices stay current and confident, AAOMS offers a comprehensive library of coding and billing courses that address everything from fundamental skills to advanced reimbursement strategies.

- *Basic Coding for OMS:* Designed for the novice coder.
- *ICD-10-CM for OMS:* Explains the diagnostic coding system to OMS coding professionals.
- *Medical Terminology and Oral Facial Anatomy 101:* Teaches basic OMS anatomy, physiology and terminology.
- *Medicare 101 for OMS:* Focuses on Medicare payment policies, billing procedures and enrollment options.
- *OMS Billing:* Helps with claim filings and compliance and gives predetermination tips and appeal advice.
- *Beyond the Basics Coding for OMS:* Provides guidance for the full scope of oral and maxillofacial surgery procedures.

Extend the value of what you are learning at the Dental Implant Conference and help your practice lock in revenue by registering at *AAOMS.org/ImplantCoding*.

Rex Implants
minimally invasive technology

NARROW RIDGES?
PROBLEM SOLVED.

Implant rehabilitation of ridges as thin as 3mm with no need for bone grafting.

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info@reximplants.com or 614-304-3021

www.reximplants.com

Testing out W&H's new surgical saw handpieces

By W&H Staff

■ A conversation with Dr. Vishtasb 'Vishy' Broumand of Desert Ridge Oral Surgery in Scottsdale, Ariz., and Chuck Harper, director of sales, oral surgery and implant surgery for W&H

Dr. Broumand, thanks for joining us. You've had the chance to test our new surgical saw handpieces powered by the W&H Implantmed Plus. Tell us about what you were evaluating.
Thanks, Chuck. I was really interested in seeing how the new reciprocating and sagittal saw handpieces handled under real surgical conditions – or as close as we could get outside the OR. So I put them to the test using deer and elk antlers, which are incredibly dense and simulate a hardness even beyond cortical bone.

That's quite a challenge. How did the handpieces perform?
They were impressive. I started with the reciprocating saw and cut right through the antler. I really appreciated the excellent control of the handpiece ... and the irrigation created minimal splatter. It's clean, efficient and very precise. Then I switched to the sagittal saw to simulate harvesting a block graft. I was able to make vertical and horizontal cuts easily and deep enough to simulate an actual graft. The precision was excellent.

So, from a clinical perspective, do you feel these handpieces add real value to your surgical workflow?
Absolutely. Having both of these saws – each designed for specific types of cuts – means I can tailor the tool to the procedure. Whether I'm performing a resection or harvesting a block graft, I now have dedicated, high-performance handpieces that connect with the existing motor I already use in my practice.

That's exactly what we were aiming for — enhancing the surgeon's toolkit without adding complexity. And the irrigation system?
Another big plus is that the system produced very minimal splatter, keeping the field clear and made the cuts much cleaner than expected, even in something as unforgiving as elk antler. I was honestly surprised at how little mess there was.

What about the saw blade options? Did you find the range of sizes useful?
Yes, with reciprocal blades available in 15 mm, 20 mm, 30 mm, and 40 mm lengths, I'm confident oral surgeons will have the options they need. And with sagital blades in both 6 mm and 10 mm, I expect I'll have what I need to perform a ridge split or block harvest, like I did with the antler. Having these options makes the W&H Saw Handpieces exceptionally versatile.

Dr. Broumand, we appreciate you putting the new saws through their paces. Any final thoughts?
Honestly, these saw handpieces are a fantastic addition. They're powerful, precise, and practical for in-office use. I can see them becoming a staple in my workflow – especially for surgeons who want to expand their capabilities without investing in a whole new platform ... and, if you already use the W&H surgical system, it's a no-brainer.

Thanks again, Dr. B. We're excited to get these into more surgeons' hands and appreciate your feedback.

Chuck Harper of W&H, left, and Dr. Vishtasb 'Vishy' Broumand of Desert Ridge Oral Surgery. (Photos/Provided by W&H)

'These saw handpieces are a fantastic addition. They're powerful, precise, and practical for in-office use. I can see them becoming a staple in my workflow — especially for surgeons who want to expand their capabilities without investing in a whole new platform.'

Here in Chicago

Schedule a demonstration with the W&H sales team or stop by booth No. 103 to learn more about W&H's products and solutions.

Nobel Biocare

The pioneers of implantology

Dental implantology, as we know it today, can be directly attributed to the pioneering work of Per-Ingvar Brånemark and Nobel Biocare.

Prof. Brånemark (right) with Gösta Larsson, the first patient to receive treatment with titanium dental implants

- **1952** Prof. Brånemark discovers the ability of bone to fuse with titanium, a process he calls "osseointegration"
- **1965** Brånemark places the world's first titanium dental implant
- **1981** The first successful implant system, called the Brånemark System®, is launched by Bofors Nobelpharma; this company is renamed "Nobel Biocare" 15 years later
- **Now** To see how Nobel Biocare continues to innovate dentistry, visit **nobelbiocare.com/heritage**

Explore the origins of dental implants

‘Our implants are a game changer for narrow ridges’

By *today* Staff

■ *today* sat down with Giuseppe Vercellotti, PhD, president and CEO of Rex Implants, to learn more about the company, its Rex PiezoImplant System and what the future has in store.

Tell us a little about your company.
Rex Implants was founded in 2012 to bring innovative, clinician-developed solutions to life. Our first product is the PiezoImplant System, a unique wedge-shaped dental implant system invented by Dr. Tomaso Vercellotti and Dr. Alberto Rebaudi for treating ridges as narrow as 3 mm with no grafting.

Our system is a comprehensive implant solution designed, tested and manufactured in the United States. These implants can be placed precisely in thin ridges through piezosurgical site preparation, have standard prosthetic connections for straightforward restorations and feature a rectangular body for increased mechanical strength.

What are your goals for the company looking ahead into the future?
We strive to reduce the time, complexity and morbidity for narrow ridge treatment. To do this, we need to introduce our unique solutions to as many clinicians as possible and then provide continued support to them and their patients.

Our implants are a game changer for narrow ridges and can be used along with standard dental implants to provide a complete solution for every patient. We will consider ourselves satisfied once every implantologist in the U.S. has had the opportunity to learn about the unique benefits the Rex PiezoImplant System.

What do you think readers would be surprised to learn about your company or products?
Wedge implants placed in atrophic ridges perform as well as conventional implants in ample native bone. We are entering the U.S. market just now, but the first Rex implants were placed in 2009 as part of a study evaluating their long-term clinical outcomes.

Today, with a newly published long-term study and increasing diffusion of our system in the clinical practice, we have become accustomed to seeing very limited marginal bone loss — if not bone gain — around our implants. Such positive results have surprised even the inventors themselves.

The PiezoImplant System is a unique wedge-shaped dental implant system for treating ridges as narrow as 3 mm with no grafting. (Photos/Provided by Rex Implants)

Is there a particular aspect of your product you’d like readers to know more about?
Our thinnest implant has a maximum thickness of only 1.8 mm buccolingually, but thanks to the rectangular cross-section, its loading strength is comparable to 3.3 mm root form implants.

Our 2.9 mm implants are even stronger than 4.5 mm screws! That means that clinicians can now place implants in edentulous ridges as thin as 3 mm with no bone augmentation procedures and without compromising on mechanical performance.

Additionally, thanks to an exciting, collaboration with 3D Diagnostix, we are now able to offer a complete digital workflow for all our implants, from treatment planning to guided surgery and restoration.

What can your customers look forward to in the future?
Doctors want to learn more about our system but cannot always make it to courses or conventions. In addition to offering office visits and on-site presentations, we are working to bring our concepts and innovation to everyone through top-notch webinars and online courses.

Here in Chicago

To learn more about Rex Implants and its Rex PiezoImplant System, stop by booth No. 518 or go online to *www.reximplants.com*.

Giuseppe Vercellotti, PhD, president and CEO of Rex Implants

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OraGEN®

The New All-In-One Cellular Bone Allograft

A Predictable Graft For The Most Challenging Cases[1,2]

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ORAGEN® IS A COMPLETE BONE GRAFT[1,2]

Successful Bone Remodeling Requires The Following Three Properties:

OSTEOCONDUCTIVITY	OSTEOINDUCTIVITY	OSTEOGENICITY
Scaffold	Signals	Cells

What Is OraGen®?

OraGen® has three components[1,2]:

- ***Osteogenic:*** lineage-committed bone cells that directly participate in bone formation
- ***Osteoconductive:*** corticocancellous chips that provide a natural scaffold for cells to attach, migrate, and proliferate
- ***Osteoinductive:*** demineralized bone that exposes natural growth factors within the matrix

How Does OraGen® Work?

- OraGen® contains lineage-committed bone cells and demineralized bone matrix, which can begin producing bone matrix shortly after implantation.[3-5]
- Histological analysis of OraGen® suggests that new bone formation started directly after implantation and continued at a rapid pace.[3-5]

Storage And Shipping

- ***Storage and shipping:***
  OraGen® is stored and shipped frozen
- ***Specialized packaging:***
  the product is packaged in a thermal shipper designed to maintain low temperatures during transport
- ***Fast delivery:***
  to preserve cell viability, OraGen® is typically shipped with next-day delivery options
- ***Rapid thaw time:***
  specialized packaging allows for rapid thaw time – less than 5 minutes!

When storing OraGen® long-term:
store at -70°c or colder. Do not store in liquid phase of liquid nitrogen (LN_2), 12 month shelf life.

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"Our first case using OraGen® was on a patient who had three previously failed grafts [by another doctor] and was hesitant to try again.

The result was incredible – we've seen remarkable healing and very dense bone early on. The calcification and remodeling have been impressive, and it looks like we can even reenter these cases sooner than traditional timelines."

Dr. Shaun Young
Oral Surgeon, Tampa, FL

For More Info SCAN HERE

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