

AAID in Boston
Organization's annual meeting aims to help you succeed

►Page 9,11



AAP scrapbook
Didn't make it to Honolulu? Catch a glimpse anyway

►Page 17



Lunch-break webinar
Learn about 'Brilliant Implant Aesthetics' on your lunch hour

►Page 19

Columbia University, ICOI offer 'Innovations' Organizations host first joint implant symposium

On Dec. 10 and 11, the International Congress of Oral Implantologists (ICOI) will co-host an implant symposium at Columbia University.

The two-day event was designed by Dr. Dennis Tarnow, director of implant education at Columbia University College of Dental Medicine.

This symposium, featuring a cadre of internationally known experts in implant dentistry, will provide you with a comprehensive overview of the most current research, materials and techniques in implant dentistry.

Topics covered will include new and innovative hard- and soft-tissue regenerative techniques, new pharmaceutical approaches aimed at improving bone-quality aspects of the bone-implant interface and updates on tissue engineering, implant surface design and geometry.

The most recent technologies in improved bone anchorage will be discussed, as well as clinical investigations measuring perio-implant osseous and

→ [page 14](#)

Screw-retained, implant-supported fix partial denture (FPD)

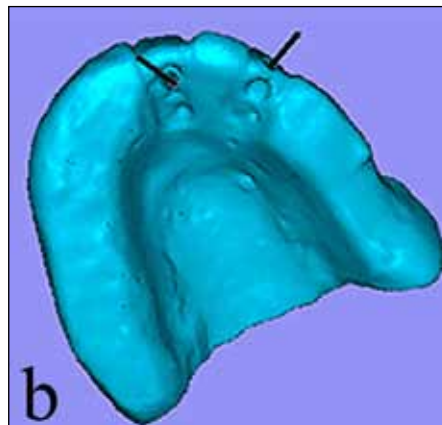
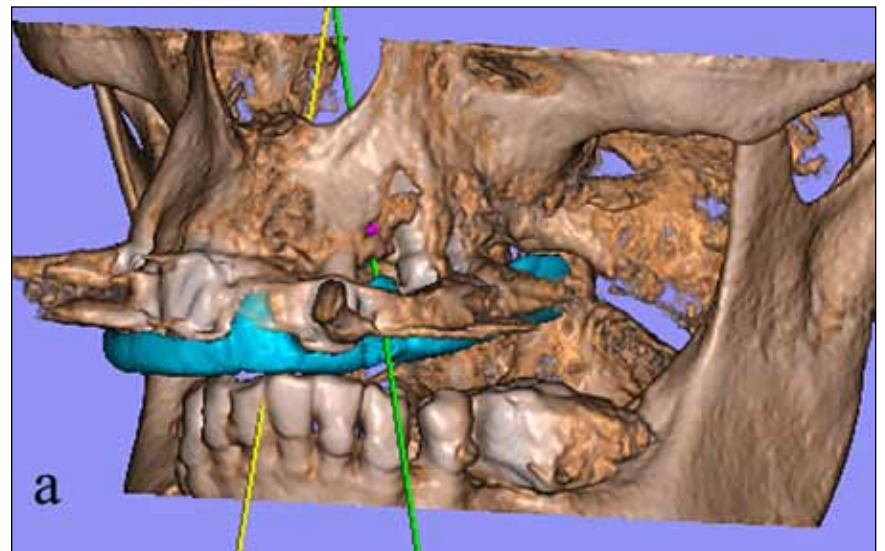
By Michael Nawrocki, DMD, MD, MS,
and Dov M. Almog, DMD

A screw-retained implant-supported fixed partial denture (FPD) has certain physical advantages. However, according to several studies they require precise positioning of the implant for optimal location of the screw access hole.¹ Also, obtaining passivity of frameworks that are screw-retained is difficult due to dimensional discrepancies inherent in the fabrication process.^{2,3,4}

Anchorage of prosthetic fixed partial dentures to implants can be achieved in two ways: some clinicians cement the prosthetic construction to implant abutment, while others suggest that screw retention is preferable.

Screw-retained implant restorations have an advantage of predictable retention and retrievability, and the lack of potentially retained excessive sub-lingual cement.

On the other hand, a few disadvantages exist: obtaining passivity of screw-retained framework that is difficult due to dimensional discrepancies inherent in the fabrication process. Screw-retained units generally have screw access openings, which can compromise esthetics, weaken the porcelain around the openings and at cusp tips, and establish unstable occlusal contacts. Cementation of implant resto-



Figs. 1a, 1b: CBCT study was performed with the iCAT CBCT machine (Imaging Sciences International, Hatfield, Pa.). By utilizing ImplantMaster™ software (iDent Imaging, Inc., Foster City, Calif.), it was noted in the 3DVR (a) and virtual surgical template (b) that the residual bone trajectory and the planned prosthetic trajectory were in conflict, projecting compromised restorative trajectory lingually in implant site #9 and buccally in implant site #11.

rations eliminates unaesthetic screw access holes. Cemented restorations also have the potential to compensate for any minor dimensional discrepancies in the fit of restorations to abutments, which can contribute to a lack of passivity.

It has the potential to reduce stress to splinted implants because the effects of minor misfit of the framework are not transferred directly to the implants, as is the case with prosthesis-retaining screws. In addition, the exposure of screw access holes in esthetic areas of the mouth can be avoided. On the other hand, any excess retained cement extruding from the prosthesis/abutment interface, especially when located subgingivally, can cause inflammation, infection and periodontal complications.

As more and more dental practitioners are focusing on implant-supported fixed partial dentures, restoring dentists need to understand the restorative options they may have. Many dental practitioners and dental labs will persistently use a screw-retained implant-supported fixed partial denture, and thereby promote choices that offer the utmost in serviceability, cosmetic result and maintenance of optimized bite possible.⁵

At the same time, in recent years, the utilization of adjunctive state-of-the-art cone-beam CT and technologies and 3-D derived virtual planning software solutions altered the manner in which we pulled together diagnostic data, planned and executed both simple and complex implant cases.

→ [page 4](#)

PRSRT STD
U.S. Postage
PAID
Permit #764
South Florida, FL

Dental Tribune America
116 West 23rd St., Ste. 500
New York, NY 10011

Ethics and Legal Aspects conference planned for February

The third Annual Ethics and Legal Aspects of Dentistry Conference sponsored by the American College of Legal Medicine will be held Feb. 25 and 26, at the Planet Hollywood Resort in Las Vegas.

Seminars will include legal issues

in dentistry and understanding the government's role and the role of dental education, describe ethical, moral and diagnostic issues as they relate to the dental practice, evaluate risk management considerations, identify issues relating to patient

care, learn more about mid-level care, issues about access to care and dental health care coverage, electronic record keeping and more.

For further information and registration, visit the ACLM website at www.aclm.org.

IMPLANT TRIBUNE

The World's Newspaper of Implantology - U.S. Edition

Publisher & Chairman

Torsten Oemus
t.oemus@dental-tribune.com

Vice President Global Sales

Peter Witteczek
p.witteczek@dental-tribune.com

Chief Operating Officer

Eric Seid
e.seid@dental-tribune.com

Group Editor & Designer

Robin Goodman
r.goodman@dental-tribune.com

Editor in Chief

Sascha A. Jovanovic, DDS, MS
sascha@jovanoviconline.com

Managing Editor/Designer

Implant & Endo Tribunes
Sierra Rendon
s.rendon@dental-tribune.com

Managing Editor/Designer

Ortho Tribune & Show Dailies
Kristine Colker
k.colker@dental-tribune.com

Online Editor

Fred Michmershuizen
f.michmershuizen@dental-tribune.com

Account Manager

Humberto Estrada
h.estrada@dental-tribune.com

Marketing Manager

Anna Wlodarczyk
a.wlodarczyk@dental-tribune.com

Marketing & Sales Assistant

Lorrie Young
l.young@dental-tribune.com

C.E. Manager

Julia Wehkamp
j.wehkamp@dental-tribune.com

Dental Tribune America, LLC
213 West 35th Street, Suite 801
New York, NY 10001
Phone: (212) 244-7181, Fax: (212) 244-7185

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

IT Corrections

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

AD



ANNUAL DENTAL TRIBUNE STUDY CLUB
SYMPOSIA AT THE GNYDM
NOVEMBER 28 - DECEMBER 1, 2010, 10:00 AM DAILY



Greater New York Dental Meeting
www.gnydm.com

For the third year in a row, the DTSC hosts its annual CE Symposia at the GNYDM, offering four days of focused lectures in various areas of dentistry. Find us on the Exhibition Floor in Aisle 6000, Room # 3.

FREE ENTRANCE
EARN 20 C.E. CREDITS
20h CE

PLEASE SEE PROGRAM DETAILS UNDER WWW.DTSTUDYCLUB.COM/GNYDM

REGISTER NOW: WWW.GNYDM.COM

FREE FOR REGISTERED GNYDM ATTENDEES, BUT PRE-REGISTRATION IS RECOMMENDED.
For more information, please contact Julia E. Wehkamp, C.E. Director, Dental Tribune Study Club
Phone: (416) 907-9836, Fax: (212) 244-7185, E-mail: j.wehkamp@DTStudyClub.com

SUNDAY, NOVEMBER 28

10:00 - 11:00 Howard Glazer, DDS, FAGD
BEAUTIFUL: GO WITH THE FLOW - COURSE: 3020

11:20 - 12:20 John Flucke, DDS
LIGHT CURED ADHESIVE DENTISTRY - SCIENCE AND SUBSTANCE - COURSE: 3030

1:20 - 2:20 Martin Goldstein, DMD
A SIMPLIFIED APPROACH TO MULTI-LAYER DIRECT COMPOSITE BONDING - COURSE: 3040

2:40 - 3:40 Jay Reznick, DMD, MD
3D IMAGING AND CT-GUIDED DENTAL IMPLANT SURGERY - 3050

4:00 - 5:00 Louis Malcmacher, DDS, MAGD
TOTAL FACIAL ESTHETICS FOR EVERY DENTAL PRACTICE - COURSE: 3060

MONDAY, NOVEMBER 29

10:00 - 11:00 Mrs. Noel Brandon-Kelsch
ECO-FRIENDLY INFECTION CONTROL- UNDERSTANDING THE BALANCE - COURSE: 4120

11:20 - 12:20 Gregori Kurtzman, DDS
INCORPORATING NEW ADVANCES IN DENTAL MATERIALS AND TECHNIQUES INTO YOUR RESTORATIVE PRACTICE - COURSE: 4130

1:20 - 2:20 Damien Mulvany, DDS
OPTIMIZING YOUR PRACTICE WITH 3D CONE-BEAM TECHNOLOGY - COURSE: 4140

2:40 - 3:40 Edward Katz, DDS
IMPROVING PATIENT CARE WITH 3D CONE BEAM COMPUTERIZED TOMOGRAPHY - COURSE: 4150

4:00 - 5:00 George Freedman, Fay Goldstep and Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS - COURSE: 4160

TUESDAY, NOVEMBER 30

10:00 - 11:00 George Freedman, Fay Goldstep and Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS - COURSE: 5110

11:20 - 12:20 Greg Diamond, DDS
LASERS IN PERIODONTAL THERAPY - COURSE: 5120

1:20 - 2:20 Dov Almog, DMD
INTRODUCTION TO CONE BEAM CT (CBCT), ESPECIALLY AS IT PERTAINS TO PREVENTION OF FAILURES IN ORAL IMPLANTOLOGY - COURSE: 5130

2:30 - 3:30 Maria Ryan, DDS, PhD
DETECTING CORONARY HEART THROUGH PERIODONTITIS AND PERIIMPLANTITIS - COURSE: 5140

4:00 - 5:00 Dwayne Karabew, DDS
CONTEMPORARY CONCEPTS IN TOOTH RELACEMENT: PARADIGM SHIFT - COURSE: 5150

WEDNESDAY, DECEMBER 1

10:00 - 11:00 Mr. Al Duibe
BEST MANAGEMENT PRACTICE, WASTE MANAGEMENT FOR THE DENTAL OFFICE, AND OSHA COMPLIANCE - COURSE: 6060

11:20 - 12:20 Glenn van Ax, DMD
HARD AND SOFT TISSUE LASERS - COURSE: 6070

12:45 - 4:45 Dr. Benedict Bachstein, Dr. David Hovater, Dr. Jeffrey Hooks, Dr. Dwayne Karabew, Dr. Enrique Marino, Dr. Ethan Parsick
THE FIRST ANNUAL OSSEO UNIVERSITY SUMMIT: IMPLANT DRIVEN DENTISTRY - COURSE: 6080

THIS PROGRAM IS SUBJECT TO CHANGE



DENTAL TRIBUNE
DT STUDY CLUB
COURSES | DISCUSSIONS | TECHNOLOGY | PROGRAMS



Published by
Dental Tribune America

© 2010, Dental Tribune America, LLC
All rights reserved.

Dental Tribune makes every effort to report clinical information and manufacturer's product news accurately, but cannot assume responsibility for the validity of product claims, or for typographical errors. The publishers also do not assume responsibility for product names or claims, or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International.

Editorial Advisory Board

Dr. Sascha Jovanovic, Editor in Chief

Dr. Bernard Touati

Dr. Jack T. Krauser

Dr. Andre Saadoun

Dr. Gary Henkel

Dr. Doug Deporter

Dr. Michael Norton

Dr. Ken Serota

Dr. Axel Zoellner

Dr. Glen Liddelow

Dr. Marius Steigmann

GOT BONE?



WHATEVER YOUR GRAFTING NEEDS ARE, MAKE ACE YOUR COMPLETE DENTAL SOLUTION.



Osteocel[®]

The CELLULAR Advantage

A Cellular Bone Matrix Retaining Mesenchymal and Osteoprogenitor Cells.

alloss[™]

Allograft Block and Particulate

One of the Purest Procured Allografts, for Effective and Predictable Results.

synoss

SYNTHETIC Bone Particulate

An osteoconductive calcium phosphate based material with a carbonate apatite structure similar to that of human bone.



NuOss[™]

Granules and Collagen Block

A natural, porous bone mineral matrix, produced from bovine bone, is physically and chemically comparable to human bone.

conFORM[™]

Resorbable Collagen MEMBRANE

Type I Collagen membrane engineered with Zero-Memory, makes conforming to any shape easier, won't adhere to itself.

RCM⁶

Resorbable Collagen MEMBRANE

RCM⁶[™] - Defined geometry, *in vivo* stability, permeability, mechanical strength, nonfriable membrane matrix engineered from highly purified Type I Collagen. Resorbable to eliminate second surgery.

RCP RCF RCT

Resorbable Collagen PLUG - FOAM - TAPE

Ideal for minor wounds as they protect the oral wound bed. Controls bleeding due to the hemostatic properties of collagen fiber.

Call **1.800.441.3100** or place orders online @ www.acesurgical.com

ACE Surgical Supply Company, Inc. • 1034 Pearl Street, Brockton, MA 02301

←  page 1

As a result, more and more implant trajectories are consistent with the planned prosthetic trajectories. Yet, some cases are still driven by the residual bone trajectories and are left to the restoring dentists' decision as far as the final restorative option.

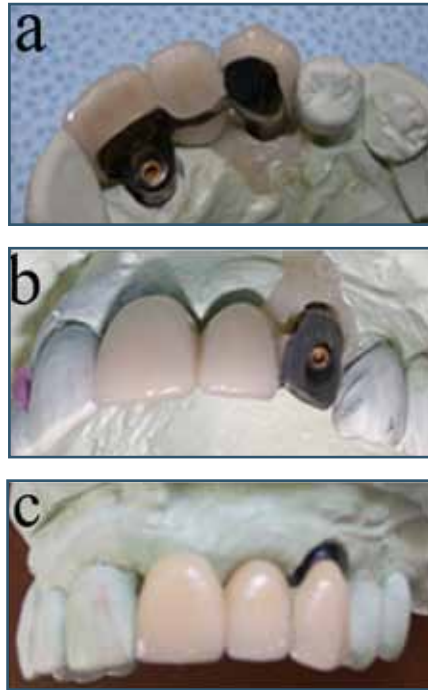
In other words, when the implant trajectories are inconsistent with the planned prosthetic trajectories, the screw-retained implant-supported fixed partial denture systems offer an opportunity to minimize any controversy between the surgeons, restorative dentists and the labs, creating greater understanding, appreciation and professional camaraderie.

Case report

Patient presented for implant-supported FPD after having teeth #8, 9 and 10 extracted with socket preservation.

A CBCT study was performed with the iCAT CBCT machine (Imaging Sciences International, Hatfield, Pa.) and revealed reasonable alveolar dimensions, both vertical and horizontal.

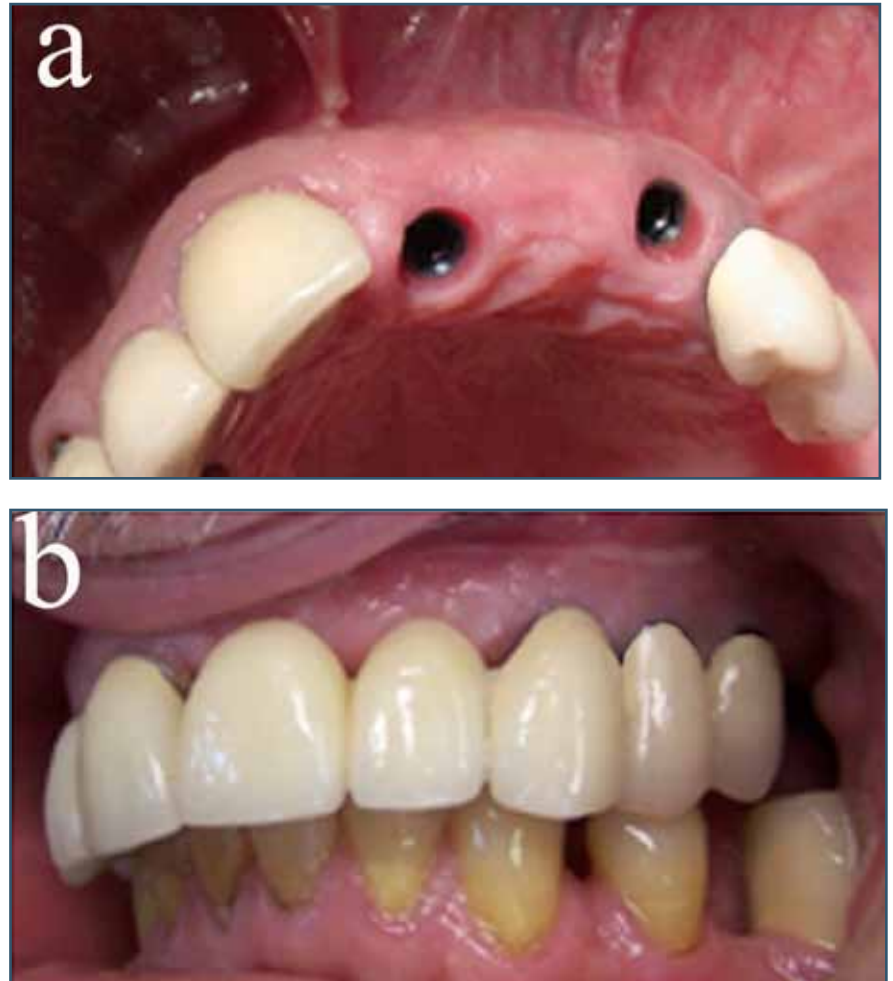
However, by utilizing ImplantMaster™ software (iDent Imaging, Inc., Foster City, Calif.), it was discovered that the residual bone trajectory and the planned prosthetic trajectory were in conflict, that is, projecting a compromised restorative trajectory lingually in implant site #9 and buccally



Figs. 2a–2c: The screw-retained restoration was made by CQC a DTI Dental lab in Rochester, N.Y. Different views of final screw-retained restoration emphasize the extreme lingual trajectory of implant #9 (2a) and extreme buccal trajectory of implant #11 (2b). Note telescopic design crown on #11 (2b and 2c).

in implant site #11 (Fig. 1).

Nevertheless, following a treatment planning conference, rather than con-



Figs. 3a, 3b: Intraoral views of the screw-retained restoration. Note the implants' prosthetic platforms (3a) emphasizing the actual trajectories of implants #9 and #11 in the patient's maxillary ridge. Note telescopic design crown on #11 (3b).

AD

MONTRÉAL CANADA 20th **ANNUAL CONVENTION**
ORDRE DES DENTISTES DU QUÉBEC
AN ADA CERF RECOGNIZED PROVIDER

CANADA'S LARGEST ANNUAL SCIENTIFIC AND DENTAL EXHIBITION
MAY 27th to 31st 2011
MONTRÉAL, QUÉBEC, CANADA

FEATURING

- Over 75 scientific sessions in English and in French presented by top clinicians from around the world
- Over 240 exhibitors occupying more than 475 booths representing Canada's largest dental trade event
- Hands-on workshops and seminars covering all aspects of dentistry
- All scientific sessions and access to the exhibit floor included in one low registration fee
- CERF approved continuing dental education credits for all sessions
- Class reunions of the Quebec Dental Faculties
- Dental industry showcase presentations on the exhibit floor, featuring the latest developments in dentistry
- Special section for laboratory technicians on the exhibit floor
- and much more

All this under one roof at the Palais des congrès de Montréal in the heart of downtown Montréal

FOR MORE INFORMATION, PLEASE CONTACT:
Journées dentaires internationales du Québec
625, boul. René-Lévesque Ouest, 15^e étage, Montréal, QC H3B 1R2
Tel.: 514 875-8511 • Fax: 514 875-1561
E-mail: congres@odq.qc.ca • Website: www.odq.qc.ca

PLEASE SEND ME MORE INFORMATION

Name _____

Address _____ City _____ State _____

Zip Code, Country _____ Telephone _____ E-mail _____

sidering bone grafting, a decision was made to proceed with these angulations and a 3-D reconstruction of the patient's anatomy was attained and a virtual surgical guidance template was designed and computer-manufactured with precise drilling holes' distribution and trajectory for implants #9 & 11.

The palatal trajectory of the implant in tooth position #9, the patient's deep bite which resulted in severely limited space for prosthetic components, dictated a screw-retained prosthetic FPD construction solution for the case.


The extremely buccal angulation of the implant replacing tooth #11 resulted in a buccally located screw access opening, which compromised esthetics and potentially weakened the porcelain around the screw opening in the proposed screw-retained three-unit FPD.

The esthetic dilemma could be solved by either gold plating of the metal portion of the screw chamber, which can reduce the need for opaque composite material, or by metal cut back to hide the non-esthetic metal. We chose to overcome this esthetic and structural obstacle by using a separate telescopic crown design to cover the metal substructure of the screw-retained in #11 location.

Conclusion

As more and more dental practitioners are focusing on implant-supported fixed restorations, restoring dentists need to understand the restorative options they may have to deal with.

Dental practitioners and dental labs need to be prepared to use a screw-retained implant-supported fixed partial denture, and thereby promote

choices that offer the utmost in serviceability, cosmetic result and maintenance of optimized bite. 

References

- 1 Winston Chee, David A. Felton, Peter F. Johnson, Daniel V. Sullivan. Cemented versus screw-retained implant prostheses: Which is better? *Int J Oral Maxillofac Implants* 1999; 14(1):137-41.
- 2 Hebel KS, Gajjar RC. Cement-retained versus screw-retained implant restorations: achieving optimal occlusion and esthetics in implant dentistry. *J Prosthet Dent*. 1997; 77(1):28-35.
- 3 Guichet DL. Load transfer in screw- and cement-retained implant fixed partial denture design [abstract]. *J Prosthet Dent* 1994; 72:631. Guichet DL, Caputo AA, Choi H, Sorensen JA.
- 4 Passivity of fit and marginal opening in screw or cement-retained implant fixed partial designs. *Int J Oral Maxillofac Implants*. 2000; 15:239-46.
- 5 Implant Bridge Mounting Choices: Cemented vs Screw Mount. www.dental-implants.com/fixd_bridge_implants.html (last viewed 10-8-10).

IT About the authors

- Michael Nawrocki, DMD, MD, MS, prosthodontist, VA New Jersey Health Care System.

- Dov M. Almog, DMD, prosthodontist, chief of the dental service, VA New Jersey Health Care System.



Innovative Bonding Graft Material.

BondBone™ is a resorbable, osteoconductive bone grafting material, taking the best qualities of hemihydrate and dihydrate calcium sulfate and combining them into a unique new product. It can be used on its own, or mixed with other granular bone grafting materials to form a composite that will help to prevent migration of particles and often eliminate the need for a separate barrier. The pliable paste will set in approximately 2-5 minutes, allowing for ample working time.



Visit us at the Greater New York
Dental Meeting
Booth #2823

BondBone: Bonding-Graft Material

© MIS Corporation. All rights Reserved.



MIS offers a wide range of implant designs and restorative components, along with innovative kits and accessories for the varied challenges encountered in implant dentistry. To learn more about MIS visit our website: misimplants.com or call us: **866-797-1333 (toll-free)**

mis[®]
USA
Make it Simple

Join the California Implant Institute

The California Implant Institute was developed in 2001 by Dr. Louie Al-Faraje to provide quality continuing education on the subject of dental implants and related topics using a hands-on approach.

As director, Al-Faraje has trained more than 1,000 clinicians in a hands-on, yearly forum of education in implant dentistry. Al-Faraje holds diplomate status at the American Board of Oral Implantology, fellowship status at the American Academy of Implant Dentistry and fellowship status at the International Congress of Oral Implantologists.

The California Implant Institute offers a one-year comprehensive fel-



(Photos/Provided by the California Implant Institute)

lowship program in implant dentistry. This program is made of four sessions designed to provide dentists with practical information that is immediately useful to them, their staff and their

patients. The four sessions combined offer more than 160 hours of lectures, laboratory sessions and live surgical demonstrations.

The goal of the faculty team, which

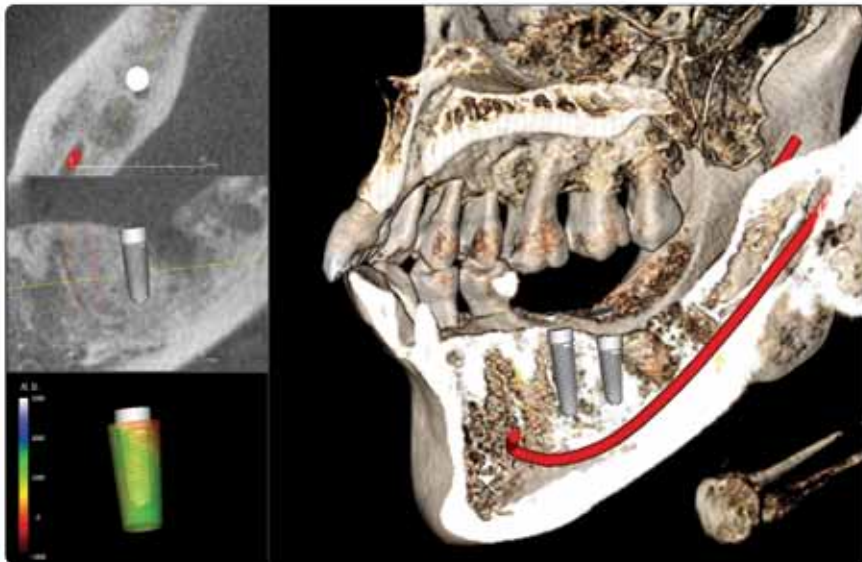
is composed of some of the most respected instructors from the United States and around the world, is to provide you with comprehensive knowledge that will enrich your practice and improve your clinical skills so you can confidently perform predictable, prosthetically driven implant dentistry.

AD

Implant Planning in 20 Seconds

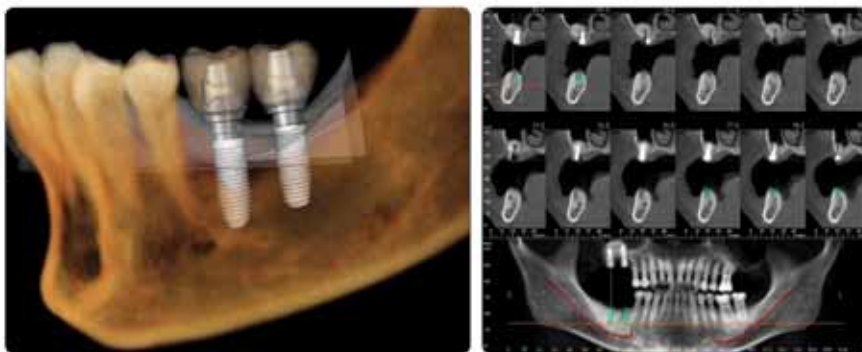
Visit us at the GNYDM
Booth #135

with **Invivo5**



High quality 3D Implant planning system from CA, USA.

- Extremely fast and easy
- High quality and accurate visualizations
- No conversion, pre-processing, or preparation
- Software developed from Silicon Valley, California
- Surgical Guide made from California
- Expert support provided from California



Find out why so many doctors choose Invivo5. Call for a demonstration today!



www.anatomage.com Tel. 408-885-1474 Fax 408-295-9786 111 N. Market St. #800 San Jose, CA 95113

Anatomage

Session one topics

During the first session of this one-year, comprehensive, hands-on implant training program, the following topics are covered: anatomy, bone physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, step-by-step implant surgical placement protocols, impression techniques, restorative steps for implant crown and bridge and more.

Session two topics

During session two, computer-guided implant placement and restoration using SimPlan® software, immediate-load techniques for single and full-arch cases, biology of osseointegration, mini implants, bone grafting before, during and after implant placement and pharmacology will be discussed. Implant prosthodontics for fully edentulous patients, high-water design, bar-overdenture, CAD/CAM designs, etc., will highlight the prosthetic portion of this session.

Session three topics

Advanced implant surgical techniques such as alveolar ridge expansion with split cortical technique, guided bone regeneration, sinus lift through the osteotomy site and more are covered in this session. Hands-on pig jaw workshops using regenerative materials are performed by the class, and there are live surgery demonstrations by faculty.

Session four topics

This session will focus on sinus lift through the lateral window, ramus block graft and chin block graft as well as the J-Block grafting procedures. There will also be a focus on PRP and other advanced bone grafting materials, such as rh-BMP2/ACS grafts with titanium mesh. The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

For more information or to register, contact Jennifer Bettencourt at (858) 496-0574 or visit www.implanteducation.net.

OSTEOGENICS 2011 GLOBAL BONE GRAFTING SYMPOSIUM

Westin Kierland Resort & Spa :: Scottsdale, Arizona :: April 1 & 2, 2011



Paul Fugazzotto
DDS

Suzanne Caudry
DDS, PhD,
MSc

Barry Bartee
DDS, MD

Thomas Wilson, Jr.
DDS

Daniel Cullum
DDS

Sascha Jovanovic
DDS, MS

Istvan Urban
DMD, MD

Paulo Coelho
DDS, PhD

Craig Misch
DDS, MDS

- *GBR Surgery Broadcast LIVE*
- *Interactive Treatment Planning Sessions*
- *Hands-on Workshops*

Thursday, March 31, 2011

Clinical Guidelines and Surgical Techniques for Hard &

Soft Tissue Grafting in Implant Site Development, Dr. Suzanne Caudry

Bone Manipulation in Implant Reconstruction, Dr. Dan Cullum

Optimal Implant Placement & Bone and Soft Tissue Grafting, Dr. Sascha Jovanovic



\$795 :: Register by March 1, 2011

Assistants & office personnel are \$350/person

For more information, call 1.888.796.1923

or visit www.osteogenics.com/courses

OSTEOGENICS
CLINICAL EDUCATION

OSTEOGENICS
CLINICAL EDUCATION

Exactech
DENTAL BIOLOGICS

GLOBAL INSTITUTE
FOR DENTAL RESEARCH

H & H Company

i-CAT

ALV
LIVING.COM

Wainwright

META

PIEZOSURGERY

WESTIN KIERLAND RESORT & SPA
SCOTTSDALE, ARIZONA

gIDE / UCLA 2011

1-YEAR MASTER CLINICIAN PROGRAM IN IMPLANT DENTISTRY

REGISTER NOW - PROGRAM BEGINS JANUARY in LOS ANGELES

- Expert Faculty
- Live Surgery
- Case Presentations
- Hands-on
- 17 Days of Classroom
- Self-Study Lectures and Videos
- 350 Total CE Hours



MAIN PROGRAM OBJECTIVES:



- A proven surgical and restorative implant program combining classroom, live patient, hands-on, case planning plus leading self-study online material
- Learn to perform new and routine implant procedures in minimally-invasive, efficient and cost-effective ways
- Learn esthetic implant therapy, full mouth reconstruction, advanced ridge and socket grafting
- Graduate with 2 world-class Certificates from gIDE Institute and UCLA CED

"The Master Program is everything I expected. It has allowed me to implement many implant procedures, both basic and advanced, immediately into my practice".

- Dr. David Azar, New York, New York, North America Master Clinician Program 2009-2010



Dr. Sascha Jovanovic
Chair & Session I-III



Dr. George Perri
Faculty Session I



Dr. Harel Simon
Faculty Session II



Dr. Joseph Kan
Faculty Session III



Dr. Henry Takei
Faculty Session IV



Dr. Ed McLaren
Faculty Session IV

Register Online at gIDEdental.com. Contact info@gIDEdental.com or Call +1 310 696 9025

ADA CERP® | Continuing Education
Recognition Program

gIDE Institute is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. gIDE Institute designates this activity for 350 continuing education credits.

