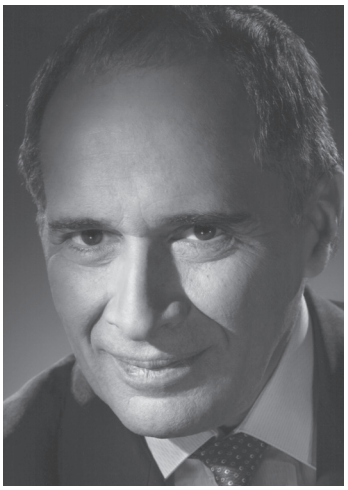
JIAMDI 2017

JOURNAL OF THE INTERNATIONAL ACADEMY OF MINI DENTAL IMPLANTS

Dr. Gordon Christensen



Dr. Thierry Giorno

integrity
compassion
education
research
fellowship

INSIDE THE JOURNAL

JIAMDI IAMDI

Journal of the International Academy of Mini Dental Implants

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David Powers, DDS
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Todd E. Shatkin, DDS

President Emeritus of the IAMDI

Dear Fellow Academy Members, Colleagues and Friends,
It was an honor to be your Editor of this year's Journal of the International Academy of Mini Dental Implants. I would like to personally thank Dr. Robert Caseldine for blazing the trail with past issues and for his professional leadership as President Emeritus.

This is an exciting time in Dentistry! With all of your help, Mini Dental Implants have revolutionized Dentistry, making an implant procedure less invasive, less painful with less healing time, less visits to the dentist, and more affordable than conventional implants. We can replace a missing teeth in as little as one visit and stabilize dentures in as little as an hour. WOW!!!

Dr. Gordon Christensen, a diplomat and founding member of our Academy, stated on numerous occasions that every General Dentist should be offering mini dental implants in his or her practice. My Father, the late Samuel Shatkin, Sr. DDS, MD (also a founding member of the Academy), told me 15 years ago that mini dental implants gave him a reason to keep working into his 70's. I was very fortunate to have practiced with him by my side for over 20 years. He helped dentists from all over the world gain a better appreciation for Mini Dental Implants. He prepared me to do what I do today, providing Doctors with the knowledge and skills needed to grow their practices while providing an affordable, fast solution to loose dentures and missing teeth.

In conclusion, I want to thank Dr. David Powers who has led us as President the past two years. He has represented the position as president in a honorable manner and we thank him for his leadership.!

I invite you to send me your interesting cases in a way (word document with photos) that we can share your experiences with your IAMDI family. Let's grow together and grow our membership.

Randy Staples, DDS

President & Diplomat of the IAMDI

Dear Fellow Academy Members, Colleagues and Friends,
I am honored and humbled to be the new President of the IAMDI. With your participation our organization will continue to promote a spirit of friendship within our group and advance the applications of mini dental implants in our practices. Our goal is to improve the quality of life for doctors and patients alike.

Becoming involved with this wonderful group of clinicians and their support staffs was surely a life changer for me and my family. I will do my best to inspire dentists to make the mini dental implant an integral part of their practices.

THESE ARE EXCITING TIMES!

In my forty years of general practice I have never seen anything impact our profession like the mini dental implant. Our patients can now truly afford to smile again!

I look forward to serving you as your President.

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GUEST SPEAKERS

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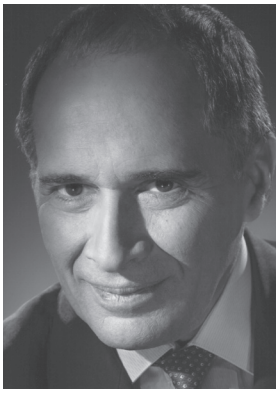

Dr. Thierry Giorno

Dr. Thierry Giorno

President and Director of Research & Development for Intra-Lock® International.

He will be presenting scientific research and clinical documentation pertaining to the latest advances in both micro and macro implant design.

Dr. Thierry Giorno, an AAID Associate Fellow , currently serves as Intra-Lock® International Inc. Director of Research and Development . He is a graduate of Nice University, School of Odontology where he received a Doctor of Dental Surgery degree. He completed his Post Graduate work in Implantology at Harvard School of Dental Medicine and the Maxi Course in Implantology at the Medical College of Georgia. Dr. Giorno had an active private practice in Monte Carlo, Principality of Monaco and Nice, France specializing in implantology. He has lectured extensively on the subjects of biomechanics, implant science and implant clinical applications at the University of Nice, University of Lyon, University of Paris, and numerous scientific societies in France, Italy, Spain, Korea, Thailand, China, Brazil, the United States and other venues throughout the world.

Dr. Gordon Christensen

Dr. Gordon Christensen

Founder and Chief Executive Officer of Practical Clinical Courses (PCC), Chief Executive Officer of Clinicians Report Foundation (CR), and a Practicing Prosthodontist in Provo, Utah.

Gordon and Dr. Rella Christensen are co-founders of the non-profit CLINICIANS REPORT FOUNDATION (previously named CRA). Currently, Dr. Rella Christensen is the Director of the TRAC Research Division of the CR Foundation. Since 1976, they have conducted research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter now called CLINICIANS REPORT.

Gordon's degrees include: DDS, University of Southern California; MSD, University of Washington; PhD, University of Denver; and two honorary doctorates.

Early in his career, Gordon helped initiate the University of Kentucky and University of Colorado dental schools and taught at the University of Washington.

Currently, he is an Adjunct Professor at the University of Utah, School of Dentistry. Gordon has presented thousands of hours of continuing education globally, made hundreds of educational videos used throughout the world, and published widely.

Gordon and Rella's sons are dentists. William is a Prosthodontist, and Michael is a General Dentist. Their daughter, Carlene, is an Administrator in a biomedical company.

He is a member of numerous professional organizations.

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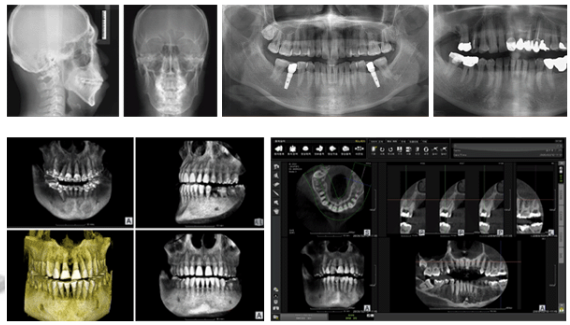

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2017 Section 179

Example Calculation

Equipment Purchases:	*$84,900*
2017 Section 179 Deduction	*$84,900*
CASH SAVINGS:	*$22,750*
$84,900 X 35% TAX BRACKET	
Equipment cost after Tax:	*$62,150*

ASSUMING A 35% TAX BRACKET

FIX On SIX® – A Mini Dental Implant Alternative to the All-on-4® Less Invasive, Less Time, Less Costly, and Less Discomfort

Todd Ellis Shatkin, D.D.S. –
Private dental practice Buffalo, NY, Owner Shatkin F.I.R.S.T., LLC
Alysa Brooke Sadkin –Dental student, University of Pittsburg Dental School

INTRODUCTION:

Aesthetic dentistry has evolved throughout the past few decades, specifically in the field of Implantology. Patients are preferring endosseous procedures over dentures and other removable prosthetics in order to increase stability, increase comfort and decrease pain.[1] Conventional implants require several procedures, multiple appointments and upwards of a year until completion, although some newer techniques promote a faster completion time. The All-on-4® technique is an immediate conventional implant procedure, in which four large diameter implants, two in the anterior and two in the posterior, are inserted at a forty five degree angle in order to take advantage of the available bone and reducing the need for bone augmentation and/or sinus lift.[2] According to the Nobel Biocare All-on-4® treatment concept manual, a minimum of 5 mm in bone width and 8 mm in bone height is necessary to begin the procedure.[3] Though the All-on-4® technique claims to eliminate the need for bone augmentations and sinus lifts, these procedures cannot always be eliminated if the bone quantity does not meet the requirements due to the large diameter of a conventional implant.1-2,4 While the All-on-4® technique offers acceptable support with four implants, the endosseous procedure is still invasive and time consuming compared to the immediate and early loading procedures used with mini dental implants. The All-on-4® often requires a minimum of four to six months before the final restoration is fully completed.[4] In addition, if one of the 4 implants fails to integrate or fails following placement of the restoration, the entire restorative procedure must be restarted, additional surgery performed and the restoration remade. Considering the average fee for All-on-4® is in the range of $30,000 - $40,000 per dental arch, this technique is not affordable to the vast majority of dental patients.

Immediate and early loading endosseous procedures with mini dental implants are more desirable to patients in many instances because of the speed of completion, the affordable fee, the less invasive procedure and the reduced post-operative discomfort.4 The small size of the mini dental implants (available in several lengths and diameters) eliminates the need for bone augmentation and/or sinus lifts. This is due to the fact that the mini dental implant can be angled into available bone rather than augmenting the bone.4 The Shatkin F.I.R.S.T®Technique (Fabricated Implant Restoration and Surgical Technique) (Patent USPTO #7,108,511 B; September 2006), developed by Dr. Todd E. Shatkin DDS, provides for the mini dental implant(s) to be placed and the restoration(s) cemented in one patient visit.8 Dr. Shatkin's most recent innovation, FIX On SIX®, offers a combination of the Shatkin F.I.R.S.T.® Technique using 6 - 8 or 10 mini dental implants with a 12 unit fixed detachable zirconia full arch restoration with O-ring implant housings. The restoration is only removed at recall cleanings as the dentist is able to snap off the FIX On SIX® restoration. The hygienist will then completely clean the implants, the restoration and the surrounding tissue and easily reinsert the restoration without patient discomfort. This FIX On SIX® procedure is completed in a fraction of the patient's and the dentist's time as required by the All-on-4® technique. The success rates of the immediate loading mini dental implant endosseous procedures are competitive with the All-on-4® technique. If one of the mini dental implants were to fail with a FIX On SIX® restoration, the failed mini implant can be easily replaced with a new mini implant and O-ring housing, placed in the same or different location. In addition, the FIX On SIX® restorations are considerably more affordable than the All-on-4®, costing approximately a third to half of the cost. Consequently the FIX On SIX® restorations are more desirable to the patient due to their affordability, greater comfort, reduced treatment time and the less invasive nature of the procedure.

Fixed partial dentures are commonly supported by mini dental implants to provide a natural, aesthetic appearance for the patient. In recent years, Zirconium Dioxide (zirconia) frameworks have been used in dentistry for fixed restorations.[5] The introduction of zirconia has allowed for the production of metal free prosthetics, by means of Computer-Aided-Design/Computer-Aided-Manufacturing (CAD/CAM) technology. The result is improved aesthetics with increased success and reliability.[6] There is also evidence that zirconia attracts less plaque accumulation preventing gingival problems.[7] The architecture of these zirconia-based prosthetics enable superior strength and chewing resistance on the posterior teeth relative to other ceramics.[8-9] Due to its favorable chemical composition

and mechanical properties, clinicians have been eager to use zirconia in implant-supported restorations after its continued success in tooth-supported restorations.[10]
The following Case Study presents a clinical report of mini dental implants with the FIX On SIX® Technique. The use of 6 – 8 or 10 mini dental implants allows for the functional and aesthetically pleasing zirconia fixed prosthesis to be supported. Using CBCT technology, a zirconia prosthetic restoration was created and fixed over Shatkin F.I.R.S.T. (by Intra-Lock) mini dental implants using O-ring housings processed into the zirconia framework.

CASE STUDY:
A 56 year old male patient with an upper denture presented himself at a consult on 5/13/2016. He had come to me from our TV marketing campaign. At the consult our new patient had a CT scan (using our Shatkin F.I.R.S.T. CBCT machine for pre op and postop scans), treatment plan and impressions taken for a FIX ON SIX® detachable-removable bridge. To minimize the discomfort and to eliminate the existing issues with his old denture, a zirconia bridge was prescribed and designed to fit on the mini dental implants that would be placed. Zirconia was chosen as the fabrication material due to its strength and durability and resistance to plaque. A treatment plan for placing 10 IntraLock MDL's in the Maxillary arch using the Shatkin F.I.R.S.T.® Technique for mini dental implant placement was chosen. He was asked to return in 2 weeks for his procedure and placement of a temporary bridge.

6-22-17 The patient returns, signs the consent form and was administered Topical (2 carps of septo w/epi). A CT guided stent from Shatkin F.I.R.S.T. Lab was used and a Thompson marking pen was used to mark the position of the 10 implants using the CT guided stent. The Implants used were 9 Intra-Lock mini dental implants on the upper maxillary arch, size 25mm/15mm at #3,4,5,6,9,10,11,12,13 and one 25mm/11mm for #8. I used the CT guided stent throughout the procedure, removing it between final placement of each implant, using my patented F.I.R.S.T Technique (Fabricated Implant Restoration and Surgical Technique) (patent USPTO #7,108,511 B; September 2006). When finished placing all 10 implants using my Shatkin F.I.R.S.T. procedure I placed the housings and used A1 Luxatemp to create the Temporary Bridge. Patient liked the Temporary. Impressions were taken and sent to the Shatkin F.I.R.S.T. Lab. Two prescriptions (penicillin 500mg, Norco 51325) were sent to the patient's pharmacy and an appointment for two weeks was made for the delivery of the permanent "Fix on Six®" detachable removable bridge.
7-7-16 Patient returns, I removed the temporary and placed the "Fix on Six®" detachable -removable roundhouse restoration. The Fix on Six® restoration looked good, patient was happy. I provided the patient with a Shatkin Water Flosser and Sonicare toothbrush which I provide to all of my mini implant patients for hygiene. It has been a very successful tool in keeping tissue clean and free from food particles between checkups, when I remove the "Fix on Six®".

CONCLUSION:
This article presents an alternative to All-on-4® which is less expensive, less painful, less invasive, with faster results utilizing a superior dental material. FIX On SIX® offers patients a beautiful zirconia restoration which is removable by the dentist but provides the patients with the feel and aesthetics of a fixed prosthesis. Creating a fixed prosthesis which is able to withstand the occlusal forces applied, provide cosmetic appeal and patient satisfaction is an enduring task for all dentists.11 Today in dentistry, zirconia has traditionally been used in fixed partial dentures as tooth supported restorations.[9-10] With most cases that use zirconia as a fixed restoration, high success rates have been recorded, most above 95%.9 Zirconia's ability to increase the durability of a prosthesis by up to 30-40% has made it a good candidate for use in hybrid fixed cases.[11] The use of CT technology increases zirconia's stability in conjunction with decreasing failure rates of these restorations, due to the industrial processing.

In this case study, the patient was dissatisfied with his upper denture because of cracks in the acrylic along the palate, the dentures were not comfortable to wear and food would trap under the dentures. By designing a fixed zirconia bridge (FIX On SIX®) instead of acrylic dentures or a hybrid acrylic fixed bridge, the patient will no longer have these negative experiences. The use of zirconia instead of acrylic increases durability of the prosthesis while also offering the comfort of fixed restoration and healthier surrounding gingival tissues

*All-On-4® is a registered patent owned by Nobel Biocare® developed together with Paulo Malo, DDS, PhD, at MALO CLINIC.
** Fix-On-Six® is a registered trademark owned by Shatkin F.I.R.S.T. developed by Todd Ellis Shatkin, DDS.
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2.Jensen OT, Adams MW, Cottam JR, et al. The All-on-4 shelf: Maxilla. J Oral Maxillofac Surg. 2010;68(10):2520-7.
3.Procedures manual for conventional and guided surgery (2011) All-on-4 treatment concept. Nobel BioCare, Kloten. Sweden.
4.Shatkin TE, Petrotto CA. Mini dental implants. A retrospective analysis of 5640 implants placed over a 12 year period. Comp Contin Educ Dent. 2012; 33 Spec 3:2-9.
5.Glauser R, Sailer I, Wohlwend A, et al. Experimental zirconia abutments for implant supported single-tooth restorations in esthetically demanding regions: 4-year results of a prospective clinical study. Int J Prosthodont. 2004;17(3):285-90.
6.Gargari M, Gloria F, Napoli E, Pujia AM. Zirconia: Cementation of prosthetic restorations. Literature review. Oral Implantol (Rome). 2010;3(4):25-9.
7.Rimondini L,Cerroni L,Carassi A,Torricelli P. Bacterial colonization of zirconia ceramic surfaces: an in vitro and in vivo study. Int J Oral Maxillofac Implants 202;17:793-798
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9.Komine F, Blatz MB, Matsumura H. Current status of zirconia-based fixed restorations. J Oral Sci. 2010;52(4):531-9.
10.Guess PC, Att W, Strub JR. Zirconia in fixed implant prosthodontics. Clin Implant Dent Relat Res. 2012;14(5):633-45.
11.Cobb GW, Metcalf AM, Parsell D, Reeves GW. An alternate treatment method for a fixed-detachable hybrid prosthesis: A clinical report. J Prosthet Dent. 2003;89(3):239-43.

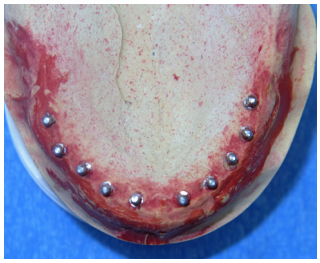


Figure 2. Dental model made using the impression taken at the consult appointment.

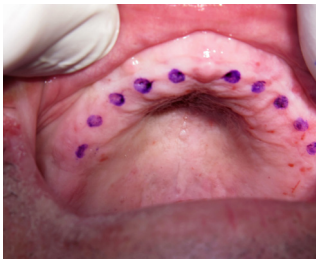


Figure 3. The tissue was marked using a Thompson marking pen through the surgical guide stent to get a visual for placement of the mini implants.

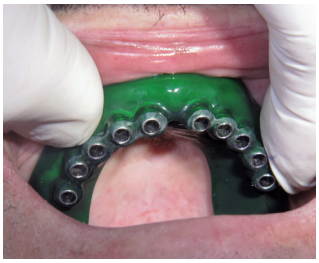


Figure 4. Holding the CT guided stent still in preparation of placing mini implants.

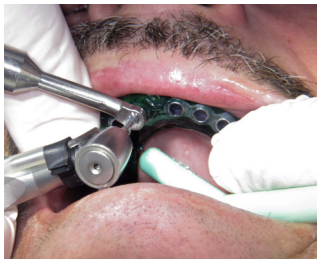


Figure 5. Using the Shatkin F.I.R.S.T. Pilot Drill Guide and 20:1 MDL Contra Angle Driver to make Pilot hole.

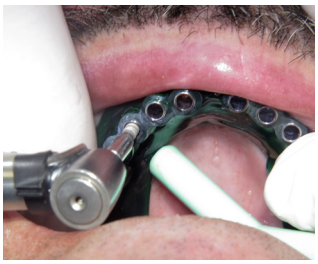


Figure 6. Placing mini dental implant through the CT guided stent with 20:1 handpiece.

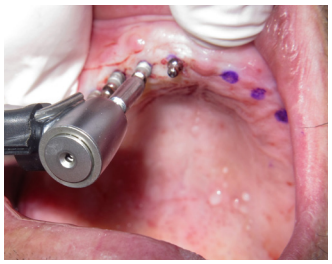


Figure 7. Fully seating the mini dental implant after removing the surgical guide stent.

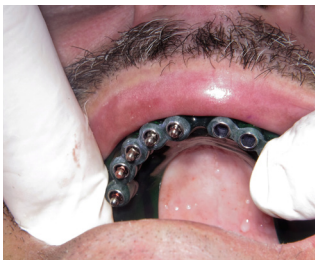


Figure 8. After placing the first 5 mini dental implants, the clinician checks for proper alignment.

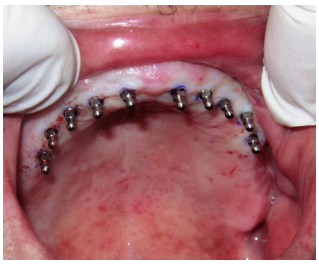


Figure 9. The 10 mini dental implants were placed in the maxilla. Notice the bottom of the square is level with the gingiva, and the ball and square are above tissue.

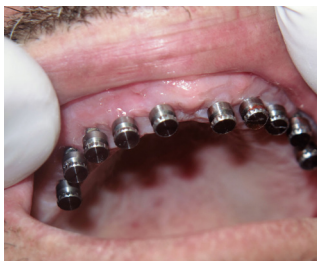


Figure 10. Placing all 10 micro metal housings on the mini dental implants.

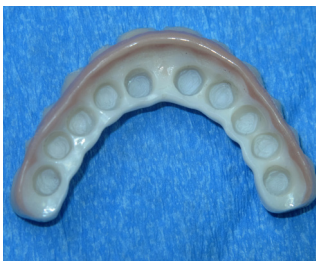


Figure 11. Final restoration before placement of o-rings.

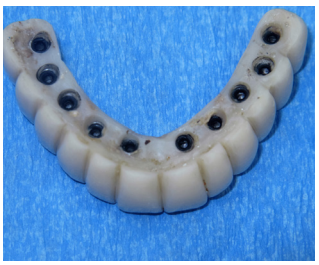


Figure 12. Fixed on 10 final restorations with o-rings placed in restoration.

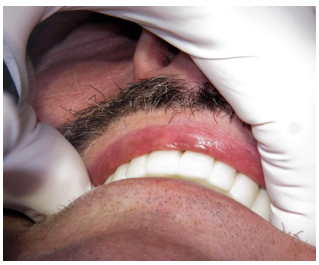


Figure 13. Verification of final zirconia restoration fit.

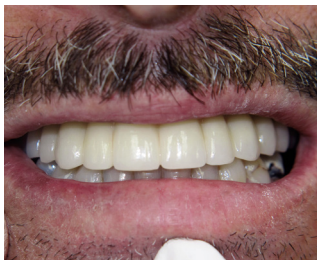


Figure 15. Final CBCT and panoramic radiograph.

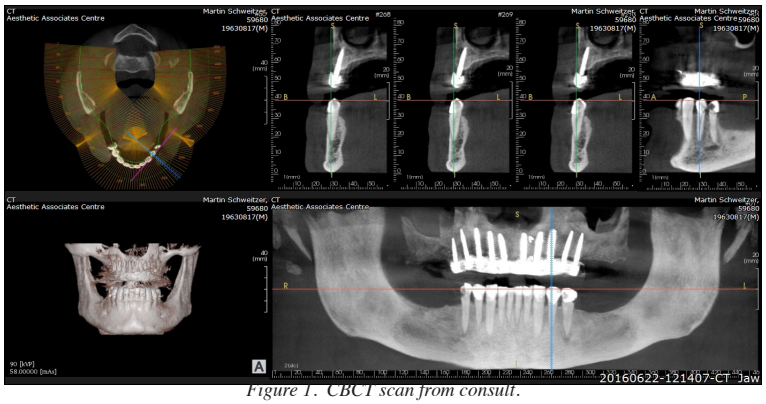


Figure 1. CBCT scan from consult.

Mini Dental Implant Center Brooklyn

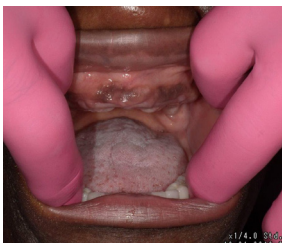
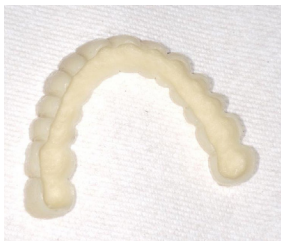
Rodney P. Leibowitz, DDS

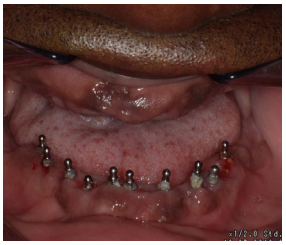
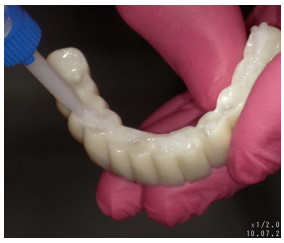
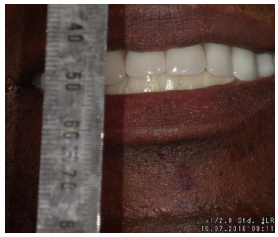
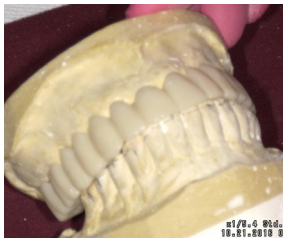
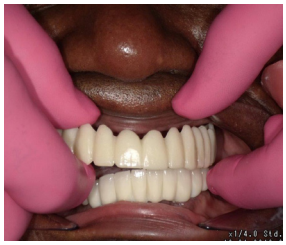
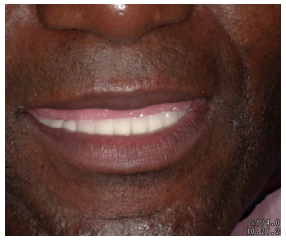
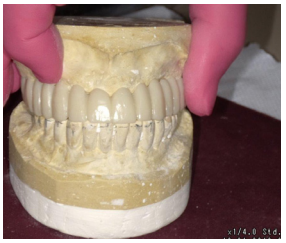
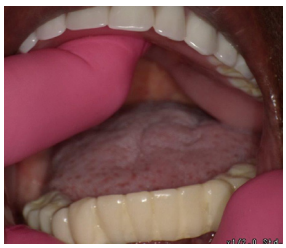
Having graduated dental school over 40 years ago I have seen many changes in the profession of dentistry. Some changes have been good and some not so good. That being said, some have also been "great". A complete paradigm shift in the way we as dentists can not only treat our patients but help our patients maintain their self respect and dignity is the introduction of the SHATKIN F.I.R.S.T. Mini Dental Implant System . When I first learned of Mini Dental Implants, like most other dentists I was more than a little skeptical on placement of an implant. Dentists have been taught that the full diameter conventional implant is a surgical intervention that requires at least 6 months to a year after placement for proper osteointergration to occur before a final restoration of a tooth can be placed on the implant. Being told that I could put a temporary restoration on the Mini Implant on the day of its placement, and in some cases a permanent one was more than astounding! It sounded ridiculous. More ludicrous then that, I was being told that I could place the Mini Dental Implant right at the time of an extraction in the socket with an immediate restoration the same day!! To me it seemed almost unbelievable and truly inconceivable!! Five years later and thousands of implants being placed and restored by me using the SHATKIN FIRST method of placement and restoration of these implants, not only do I believe, I now help mentor other dentists in both their placement and restoration of these small diameter"Mini Dental Implants". As most of us have experienced in the past, placement of the full diameter conventional implant brings us to an incredibly, wonderful and satisfying restoration for our patients when completed. The road to completion of the full diameter conventional implant can be long and arduous. In many cases bone augmentation for placement is necessary. Case selection for placement can in some instances be limiting due to physiological or health reasons. Bone (density) quality as well as current medications that a patient may be taking are factors that can limit the use of the full diameter implant. The least important but sometimes a limiting factor in placement of the conventional Full Diameter Implant is the cost factor. In many cases the cost for placement and restoration of the conventional large diameter implant can be well over $4,000.00 a tooth. I say least important factor because if quality and success rate were to be undermined no amount of a lower fee would compensate for that. The Mini Dental Implants is approximately 30-40% less costly. Without question the quality of the conventional large diameter implant is beyond reproach. The same can be said about the small diameter "Mini Implant", It has the same result as the full diameter "Conventional Implants" without having involved surgical intervention to the patient. Furthermore the time involved to deliver a patient a semi permanent or permanent final restoration with the Mini Implant placement is significantly less. At the time of its placement the Mini Implant also takes less time to place in a patient's mouth then the large diameter implant.. The healing time is also much quicker. The printed literature that consists of studies of over 5,600 implants bears out these claims(Compendium of Continuing Education in Dentistry, volume 33, special issue 3 September 2012). I have personally done hundreds of cases of placement and restoration with the Mini Implant. The rewards to me have been significant. I am not just speaking monetarily but more on a professionally satisfying level. To be able to restore a patients mouth that was completely hopeless and significantly detrimental to their overall health in an expedient and relatively simple and painless fashion is a pardaigm shift in Implant dentistry. I personally believe we as dentists are in a very "Nobel Profession" We change people's lives daily. We give patients back the ability to function as well as their own self respect and dignity. Basically we are the first line of defense in a patients overall health. No person should feel they are less than another person because of missing teeth. How many times have we as dentist felt the pride in what we do after delivering a completed case to a patient?? To see a patient actual cry with joy delivering a full mouth restoration case has indeed made me cry with joy.

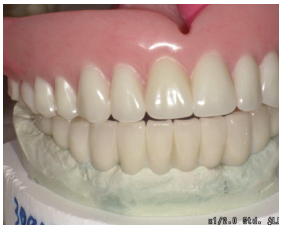
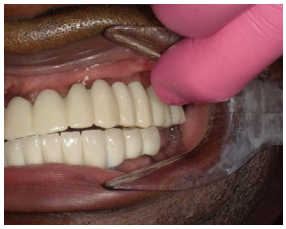
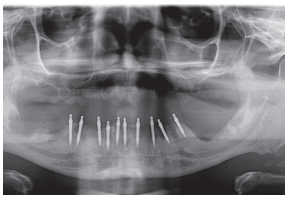
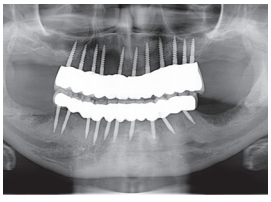
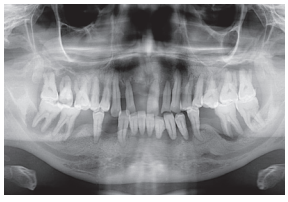
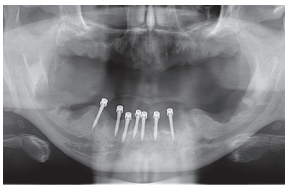
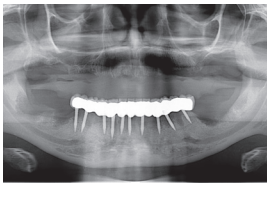
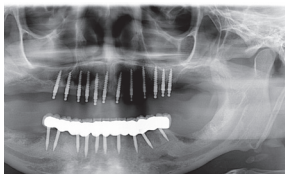
CASE STUDIES

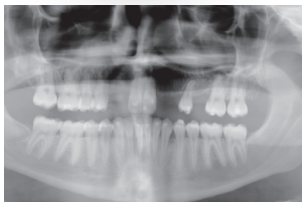
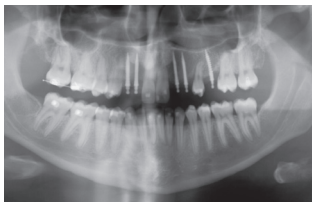
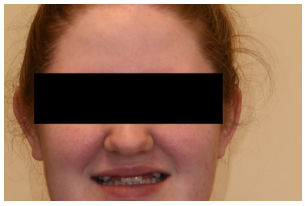
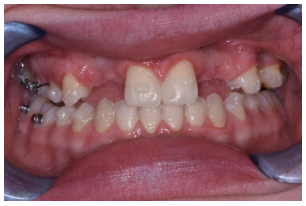
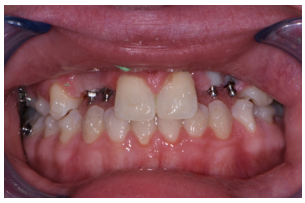
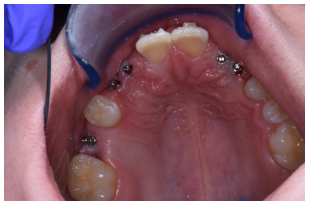
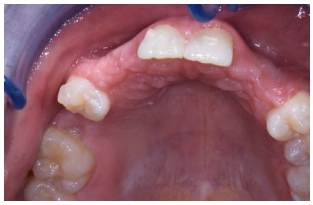
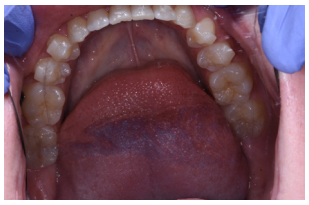
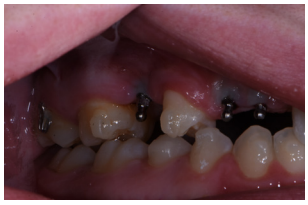
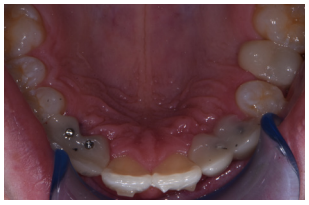
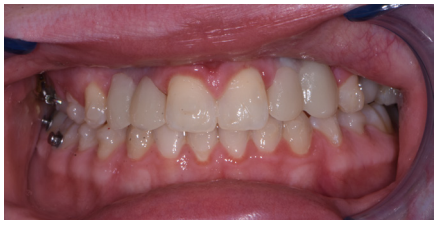
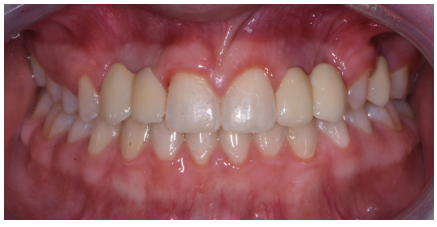
Integrity | Compassion | Education | Research | Fellowship

The following case represents a case I have done that gave back to my patients health, self respect and indeed personal dignity. The patient a 44 year old black male presented with a completely periodontal challenged upper and lower arch. The mobility of all of his teeth was beyond belief. Basically his teeth were floating in his gums. Not only was it beyond me how he was able to keep his teeth in his mouth but the gums were excreting pus in copious amounts upon mere palpation let alone probing. The case presents almost as a true "Periodontosis" on both his upper and lower arches. The treatment its benefit and all of the patients other options were discussed with him. An informed consent discussion also occurred with the patient. As it was always this patients goal to keep his teeth in some sort of a permanent fashion and not have removable dentures it was decided to do a full mouth of upper and lower implant retained fixed prosthesis. To bring this patient to completion took less than a five months. Treatment consisted of full mouth extractions, osseous recontouring, and implants that were done to the upper and lower arches. The upper arch was done first with the introduction of an immediate full denture. The lower arch was worked on two weeks later except with the introduction of seven mini implants and an implant retained lower denture. Following that three more lower implants were introduced to the mandibular arch 2-3 weeks later and a fixed lower zirconia to porcelain bridge was cemented permanently within five weeks of the removal of his mandibular teeth. Three Months post extraction of the upper teeth Mini Implants were introduced to the upper arch. Two weeks after the placement of these mini implants to the upper arch a permanent porcelain fused to zirconia bridge was cemented to the implants. Again in real time, start to finish of the entire case was less than five months. The patient would be more than happy to tell anyone it was even to his surprise a relatively easy and painless process with all the extractions and surgery that he went thru. It's cases like these that make us want to stay in our "Nobel Profession" as long as humanely possible!

-Case 1-

MINIMALLY INVASIVE TREATMENT of MULTIPLE CONGENITALLY MISSING TEETH

Alan F. Robinson, DDS, MAGD, DICOI, DIAMDI

A friend of our Family presented for consultation regarding placement of Implant Born Crowns to replace Tooth Numbers 6,7,10,11 and 13 which were Congenitally Missing. Orthodontic Treatment was complete with an advance plan to replace the missing teeth via Implants. A previous Consultation with an Oral Surgeon who is a Friend and fellow Alumni to whom I regularly refer was made where the treatment plan was ridge splitting , grafting , then buccal grafting, which was estimated to take 12-18 months at which time Implants would be placed IF the grafting was successful, then 6 months healing after Conventional Implant Placement at a cost at over a multiple of 2 of our treatment cost estimate.

Due to the perceived concavity in the area of the congenitally missing laterals, and the young age of our 17 year old female patient and the obvious long service period facing our restoration, it was decided to take a CBCT and arrange for a digitally planned surgical guide.

As a Surgeons note as one who has utilized digital guides for over 5 years, the improvement in sophistication is remarkable. The fit of the guides prepared on printed models is exquisite. However, even with these remarkable guides, there is still need for verification and bone mapping to survey the Surgical Site.

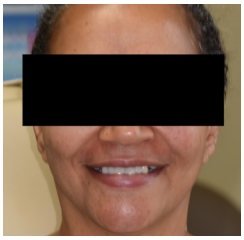
The Implants (4 2.0 mmX 13mm Intralock MDL and 1 2.5mmX 13mm Intralock MDL , Boca Raton FL) were placed in usual fashion through the Digitally Planned Guides (Shatkin First Laboratory, Amherst, NY). Impressions taken and Temporary Crowns were fabricated utilizing a preop alginate impression of the orthodontic retainer with pontics in the missing tooth locations utilizing automix Temporary Crown Acrylic by Exacta, Clinton Township, MI.

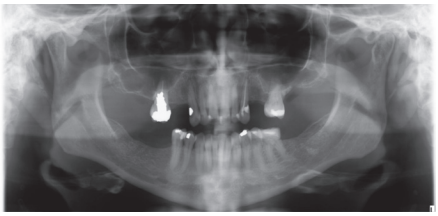
The Restorations were fabricated by Shatkin First Laboratory, Amherst, NY and were seated with Shatkin First Resin Cement.

Our Patient, her Mom and Family were thrilled with our final result. The function and appearance are superb, at a cost less than half of a market appropriate competitive cost estimate, completed within a month of start, instead of 18 plus months.

Mini Implant Treatment Plans offer THE superior treatment plan for some anatomical locations , such as Maxillary Lateral Incisors and Mandibular Incisors and are a viable , comparable result for nearly every other anatomical location.

- Case 2 -
A HOLLYWOOD SMILE - *Alan F. Robinson, DDS MAGD DICOI DIAMDI*





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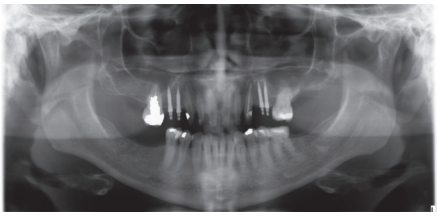

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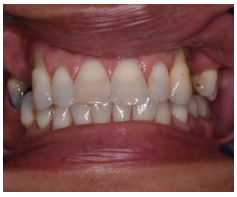
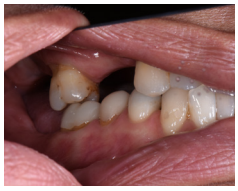
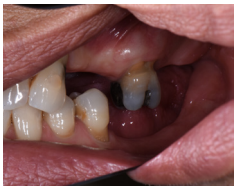
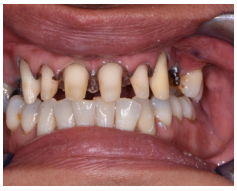
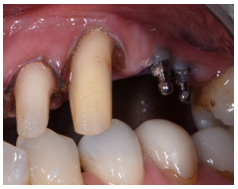
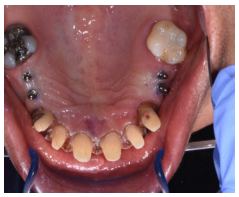


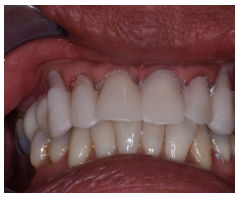


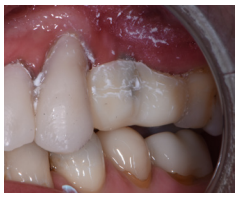


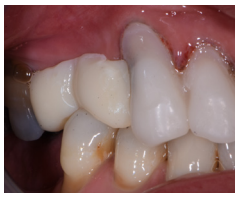


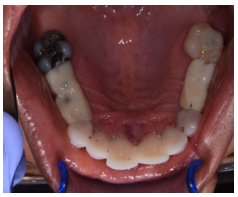


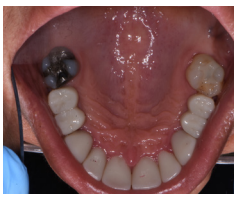


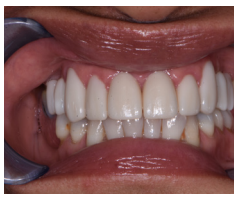


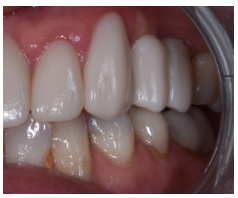












Vicky, a Detroit Elementary School teacher , presented to our office to replace some long term missing teeth but also to brighten her smile as She, her Sister, Daughter and 2 Nieces were selected to be Contestants on the "Family Feud Show" with Steve Harvey in a recent Detroit audition. We had to complete treatment before taping in early October, but also before School resumed in early September as Ms Vicky had a classroom to run.

We enlisted help from Shatkin First Lab to be certain all timelines could be met and it was **LIGHTS, CAMERA, ACTION!** Vicky was missing # 4,5,12, and 13 which would be replaced by two 2 unit splinted Mini Implant Supported Crown restorations , while #6-11 would be full coverage Porcelain Crowns.

Dr Charles "Chuckie" Pearson (Dr Robinson's Dental School Classmate, 35 year Covering Doctor and most importantly Hunting Bud) prepared # 6-11 for Full Coverage Porcelain Crowns and prepared the Temporization when Dr Robinson then placed 4 2.0X13mm Implants in 4-5 and 12-13 areas, impressed the Maxillary Arch, cemented the #6-11 Temporary, Temporized 4-5 and 12-13 areas with light cured flowable and standard light cured composite after a Polyether bite registration was obtained.

With help from Shatkin First, the Case was cemented early on Ms Vicky's first day back to School so that she was ready for teaching and taping! Vicky and her Family of "Feuders" taped their episode the weekend of September 23rd and it will air in April, Season 19, Episode 199, the season finale. Watch for a beautiful Smile brought to you by Doctors Robinson and Pearson as well as Shatkin First Laboratory.

- Case 3 -
MINIMALLY INVASIVE POSTERIOR REHABILITATION OF FAILING POSTERIOR FIXED BRIDGES

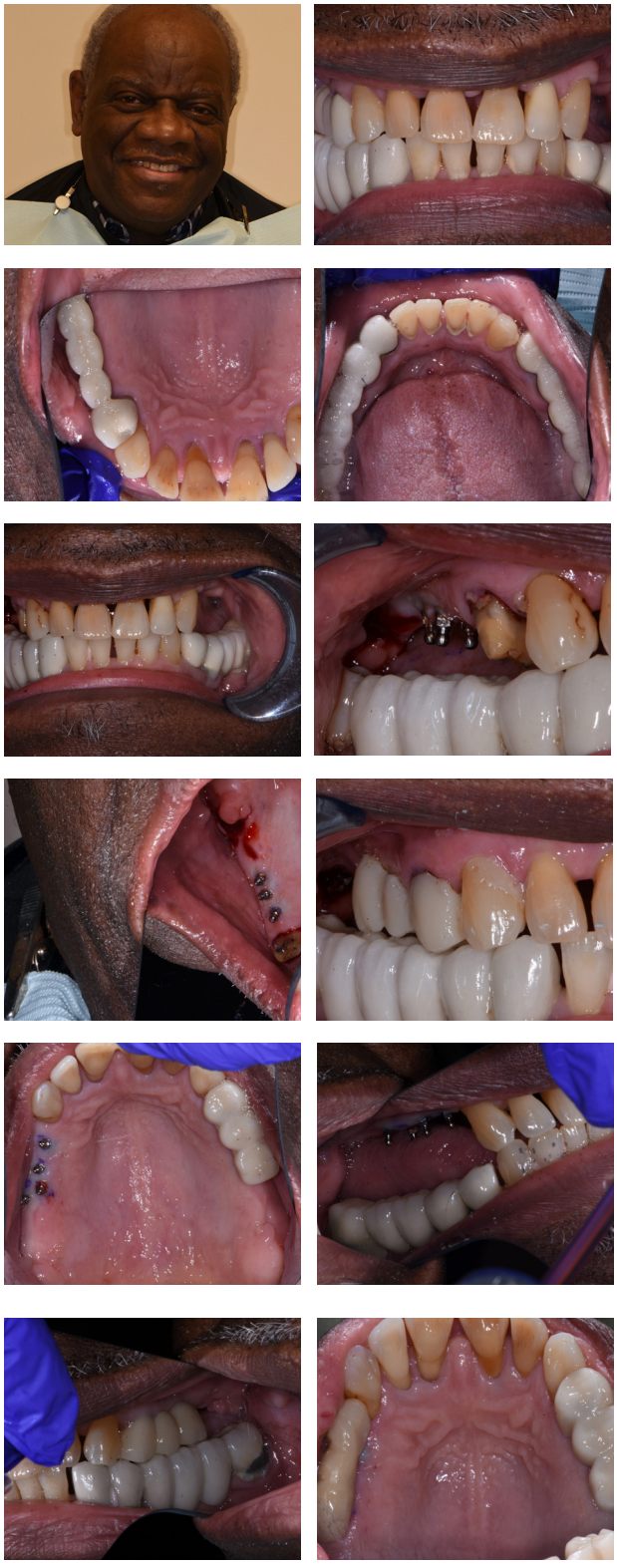
Alan F. Robinson, DDS, MAGD, DICOI, DIAMDI

MJ, a local Pastor presented for an Implant Consultation upon his wife's urging after the successful completion of her Implant born Crown and Bridge/Splint Treatments. A delightful couple, they were both experiencing similar failure of Posterior Fixed Bridgework which although well done years earlier was now unretentive due to failure of abutment teeth. Examination showed that the Maxillary Right Posterior 5 unit Fixed Bridge was failing due to complete destruction of #1 distal abutment Tooth. The left Maxillary Left Posterior was edentulous due to prior failure and removal of that fixed bridge, so that treatment was triaged to first replace the upper failing bridges and the 2 Lower failing Bridges later to spread out the financial burden, with the full understanding that they too would need treatment very soon.

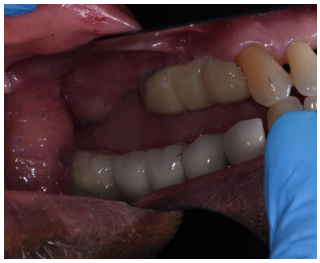
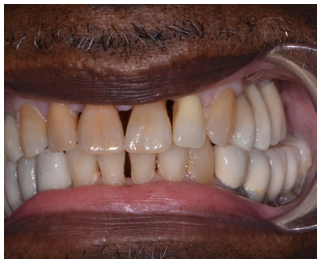
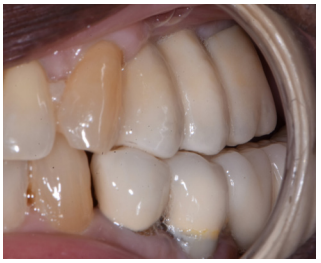
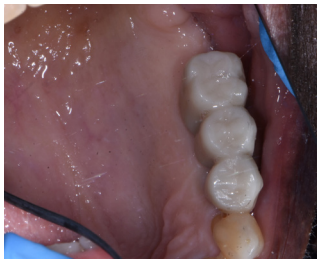
Treatment started with removal of Bridge #1-5, extraction of #1 root, placement of 2 2.5X15mm and 1 2.5X11mm MDL Implants in #4, #3 medial and #3 distal respectively. #5 was prepared for a new Conventional Crown and Impression was done and the Implant/ Natural Tooth born Splint fabricated, verified and cemented. Temporization was with sculpted light cured composite. After seat of #3-5 Splint, 4 2.5X13mm MDL Implants were placed in #12, 13 and 14 Mesial and Distal positions. Temporization with sculpted light cured composite.

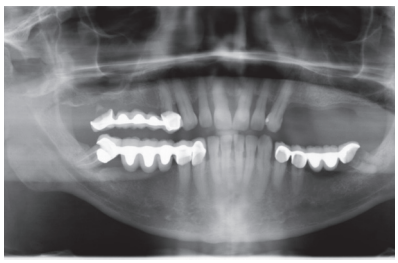
The permanent #12-14 Splint was fabricated by Shatkin First Laboratory in Amherst, New York , verified and cemented.

The patient was pleased with his completed Maxillary Posterior Reconstruction and plans to replace his failing Mandibular Bridges next year.



- Case 3 - Continued...
MINIMALLY INVASIVE POSTERIOR REHABILITATION OF FAILING POSTERIOR FIXED BRIDGES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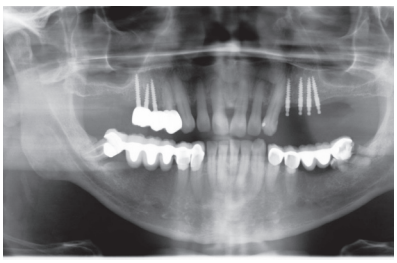
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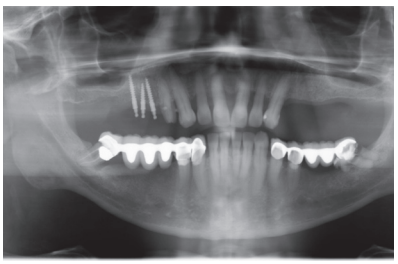
Mid Treatment

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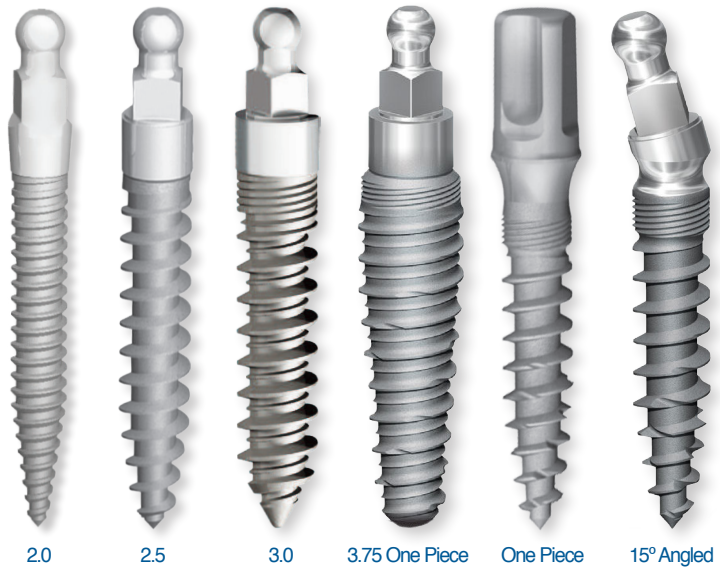

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Dominican Republic
Educational Surgical Mission

This Spring, Dr Alan Robinson attended a 3 day Educational Surgical program which provides Surgical care including Sinus Grafts , Block Bone Grafts, Ridge Split Grafts, Sinus Bumps, Buccal Bone Grafts , Conventional Implant Placement, PRP and PRF preparation and placement for the Residents of the Santo Domingo area of the Dominican Republic through the Garg Foundation. Dr Robinson's Supervising Oral Surgeon, Dr Antonioni Rossi of Brazil has been extensively involved in Bone and Implant Research throughout his career. Dr Robinson's two Assistants, Annie and Phoebe, were recent Dominican Dental Graduates just months into private practice when not Assisting with the Foundation. It was a learning experience for both Assistant and Dr. Robinson. Annie wants to be an Endodontist, but had very little instrumentation or supples, so once home, Dr. Robinson gathered an Endo "care package" and sent it by way of the Dental Supply Company that supplies the Foundation. Despite long hours, it was a great experience in every way and the patients were very appreciative of the care. Returning home brought an even deeper understanding of how lucky we are as Americans.

Thanks For Giving Back, Dr. Robinson!

Dr. Alan Robinson & Dr. Antonioni Rossi

Dr. Annie, Dr Robinson & Dr. Phoebe

Other Doctors in the Foundation Clinic

Heading in for another long day.

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- Dr. Todd E. Shatkin,
President of the International Academy of Mini Dental Implants

Incisal Edge dental lifestyle magazine names Dr. Mark Broomhead one of the 2017 '40 Under 40'

PITTSTON, PA — April 11, 2017 — Dr. Mark Broomhead has been named one of the 2017 "40 Under 40" by Incisal Edge dental lifestyle magazine, which recognizes America's finest young practitioners for their achievements in dentistry. The Incisal Edge "40 Under 40," released today, will be featured in the Fall issue of the magazine.

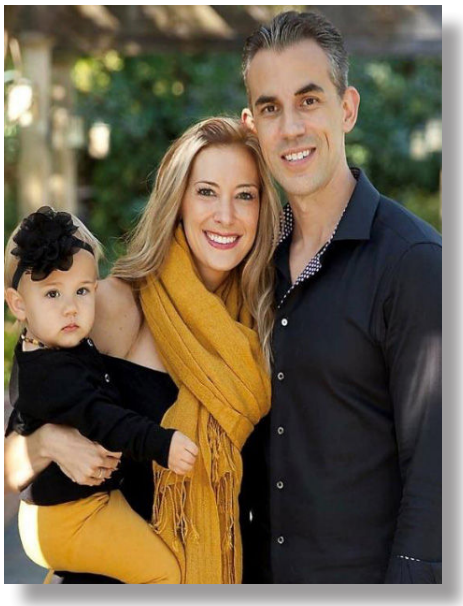
"The Incisal Edge '40 Under 40' are through the sheer force of their commitment and expertise, helping our profession ascend to even greater heights in the years ahead," says Chuck Cohen, founder of Incisal Edge dental lifestyle magazine. "We are very proud to honor the brightest rising dental stars in the U.S."

Fortunately, these professionals are used to a feverish pace. Incisal Edge, the leading lifestyle magazine for dental professionals nationwide, will host a two-day whirlwind event later this spring in New York City to celebrate 40 of the top young dentists in the nation. Their itinerary includes an exclusive high fashion photo shoot, and a celebration of all that they have achieved thus far in their professional careers. On May 11 and 12, the honorees will put their chairside techniques on hold and prepare to be preened on location by magazine staff and celebrated Forbes style director Joseph DeAcetis to create a photography portfolio. Published by Benco Dental, Incisal Edge celebrates dentists' achievements both inside the operatory and during their hard- earned downtime — and nothing better exemplifies this than the magazine's annual "40 Under 40" edition, a series of inform - ative profiles of the finest young practitioners in our industry. Whether they're renowned for their medical innovations, their volunteer work and philanthropy or simply their commitment to outstanding patient care, these 40 honorees— nominated by industry experts from around the country and vetted by an independent panel — represent the best of dentistry today, and the promise of even better dentistry tomorrow.

Congratulations Dr. Mark Broomhead!

Mini Dental Implant Centers of America

COMPTON AND BROOMHEAD DENTAL CENTER



CLINICAL EXPERTISE

Andrea Joy Smith, DDS

CONGRATULATIONS!

Andrea Joy Smith, DDS - Winner of the 2017 Lucy Hobbs Award - 2017

The Lucy Hobbs Project 5th Annual Celebration on April 27 and 28, 2017 at Loews Hotel, 1200 Market Street, Philadelphia, Pennsylvania. During the gathering, The Project will honor six women selected as award recipients for setting new benchmarks in the dental profession.

Andrea Joy Smith, DDS, recipient of the Clinical Expertise award, creates solutions to her patients' needs by seeking advanced education and training. Drawn to dentistry as a volunteer for the University of Southern California Mobile Dental Clinic, she earned her dental degree at the University of California San Francisco and has since committed 22 years to her patients' oral health through Community Health Care and private practice. A published Diplomat in the International Academy of Mini Dental Implants, she has worked diligently since 2007 to embrace the technology to provide a less costly and less invasive alternative to medically compromised patients unable to receive conventional dental implants. In 2011, she established the Smile Again Now Foundation (SANF), which she presently leads in its efforts to extend access to dental care to members of the Sacramento community in need.

The Lucy Hobbs Project with a network of more than 9,000 members, empowers women in dentistry to drive change and deliver success through networking, innovation and giving back. Named for Dr. Hobbs, the woman who, in 1866, became the first American female to earn a degree in dentistry, this project aims to bring women together from all facets of the dental industry – dentists, dental assistants, hygienists, receptionists, sales representatives and others.

THE LUCY HOBBS PROJECT™
5TH ANNIVERSARY CELEBRATION
AWARDS
2017

ANDREA JOY SMITH, DDS

Age: 56

Practice: Dr. Andrea Joy Smith Family Dentistry, Sacramento, California

Specialty: Implants and cosmetic dentistry

Education: DDS, University of California, San Francisco

SHEDULE OF EVENTS

Integrity | Compassion | Education | Research | Fellowship

International Academy of Mini Dental Implant Annual Meeting

To Be Announced.....
16 CE Credits, Meeting Cost $1,295

The annual meeting of the International Academy of Mini Dental Implants is the premier annual event for Dentists who are currently placing Mini Dental Implants. The core values of the Academy include Fellowship, Education, Research, Compassion, and Integrity. Members and Non-Members are welcome to attend this dynamic meeting of like minded professionals. Full agenda available at www.iamdi.org

Upcoming Mini Dental Implant Course with LIVE SURGERY

January 25-26, 2018
Buffalo, New York
16 CE Credits, Meeting Cost $995

Dr. Shatkin's Two Day Mini Dental Implant Training at the Shatkin Mini Dental Implant Training Centre. Course includes Mini Dental Implant Treatment Planning, Case Selection Placement Procedure, Single and Multiple Unit Fixed Restorations in Less Than One Hour using Dr. Shatkin's F.I.R.S.T. technique®, Marketing Mini Implants in your practice, Case Presentations and LIVE SURGERY. Learn Helpful Tips from guest speakers of the faculty of the International Academy of Mini Dental Implants.

Mini Dental Implant 2 Day Course in Las Vegas

Febuary 9-10, 2018
Las Vegas, NV
16 CE Credits, Meeting Cost $1,295

Dr. Shatkin's Two Day Mini Dental Implant Training Course in Las Vegas includes Mini Dental Implant Treatment Planning, Case Selection Placement Procedure, Single and Multiple Unit Fixed Restorations in Less Than One Hour using Dr. Shatkin's F.I.R.S.T. technique®, Marketing Mini Implants in your practice, Case Presentations and Helpful Tips from guest speakers of the faculty of the International Academy of Mini Dental Implants.

Mini Dental Implant 2 Day Course in Disney, Orlando

August 3-4, 2018
Orlando, Florida
16 CE Credits, Meeting Cost $1,295

Dr. Shatkin's Two Day Mini Dental Implant Training at the Disney Yacht and Beach Club includes Mini Dental Implant Treatment Planning, Case Selection Placement Procedure, Single and Multiple Unit Fixed Restorations in Less Than One Hour using Dr. Shatkin's F.I.R.S.T. technique®, Marketing Mini Implants in your practice, Case Presentations and Helpful Tips from guest speakers of the faculty of the International Academy of Mini Dental Implants.

For our 2018 FULL COURSE SCHEDULE visit www.shatkinfirst.com

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Journal Submittals

- **Mark Ahrens**
  Director of Marketing
  Send to mahrens@shatkinfirst.com
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