Welcome From The President

With the arrival of summer, we are trying to “beat the heat” by offering products and services that are designed to help your practices in these tough economic times.

We are aware of how the world’s recession has strained the economic progress of not only individual practices and laboratories, but the entire dental implant industry. Rest assured that we will continue to work with you to ensure that we are listening to your needs and working cohesively to weather this downturn.

One of the things we are doing to help lighten the financial burden you may be facing is restricting our product price increases. We understand that every dollar you save is more money you have to spend on your practice, employees and family. Therefore, most BIOMET 3i Products can be purchased in our new fiscal year at the same prices as last year. In addition to this, Patient Specific Restorations® (PSR®) Department has grown at a rate of 30% month-over-month or 500% greater than last year. In addition to eliminating the need for an implant level impression, the Encode Complete System helps clinicians preserve soft tissue by reducing the exchange of components on the implant body. As only a supragingival impression of the Encode Healing Abutment(s) is required, the system eliminates component inventory carrying costs while offering the benefit of a patient specific restorative solution.

Since its full US and Canadian introduction last July, the Encode® Complete Restorative System has had a rate of 30% month-over-month or 500% greater than last year. In addition to eliminating the need for an implant level impression, the Encode Complete System helps clinicians preserve soft tissue by reducing the exchange of components on the implant body. As only a supragingival impression of the Encode Healing Abutment(s) is required, the system eliminates component inventory carrying costs while offering the benefit of a patient specific restorative solution.

Welcome to another edition of Eye On 3i!

Having focused on the bright spots, let me also acknowledge and apologize for the delays we have been experiencing in our Patient Specific Restorations® (PSR®) Department. Market response has exceeded expectations, therefore, we are working hard to catch up to the demand and be in a position to meet your expectations for turnaround time. Additional design capability, software improvements, a second production shift and other operational streamlining will improve the turnaround time in the coming weeks. In the meantime, please know we appreciate your patience.

As the use of the Navigator™ System for CT Guided Surgery continues to grow, we have seen a significant upswing in the number of guided cases being performed. On average, 120 Navigator Surgeries are taking place worldwide each month. The Navigator System continues to offer a high level of guided surgery precision with definitive depth-limiting instruments, the ability to control hex-orientation and a comprehensive provisional restorative portfolio. For those customers who have worked with other guided surgery systems, please reach out to your local BIOMET 3i Sales Representative to learn more about the unique advantages that only the Navigator System can provide, as well as some special promotional opportunities that may be available in your area.

All of us at BIOMET 3i truly appreciate your continued patronage and look forward to continuing our efforts to work together, learn together and emerge from this recession as a stronger, more unified partnership.

Warm Regards,

Steve Schiess
President

Steve Schiess - President

Welcome From The President

W E L C O M E F R O M T H E P R E S I D E N T
The BIOMET 3i Tapered Implant – Primary Stability Starts With Design

Each element of the BIOMET 3i Tapered Implant System is designed for primary stability and accurate placement. Quad-Shaping Drills (QSDs), Depth/Direction Indicators (NDIs), Bone Taps and Implants have been engineered to provide for accurate osteotomy creation and implant placement. With the implant’s uniform thread design to the apex and an intimate fit within the bone, initial bone-to-implant contact along the full length of the implant is improved to establish primary stability. Additionally, with its true tapered shape, the Tapered Implant more closely approximates the shape of a natural tooth.

The combination of these features provides clinicians with treatment options for cases to include:

- Immediate And Accelerated Loading Protocols
- Immediate Placement In Extraction Sockets
- Sites With Convergent Roots Of Adjacent Teeth
- Cases With Ridge Concavities
- Simultaneous Grafted Sites And Implant Placement
- Implant Placement With Sinus Lift Procedures
- Aesthetic Areas Where Bone Preservation Is Desired (PREVAIL® Integrated Platform Switching Configuration)
- Locations Requiring Short Or Wide Implants
- Soft Bone (Type IV)

“BIOMET 3i’s Tapered Implant provides for primary stability through its macrogeometric design. This Tapered Implant is by far the most widely used implant in my clinical practice.”

-Dr. Markus Hürzeler, Germany

“Thenew site preparation drills are very efficient and the indicators are useful in determining proper implant positioning. Primary stability of the implant is enhanced by the ratio between the cylindrical and conical sections. The BIOMET 3i Tapered Implant is very versatile and could be the implant of choice for many different treatment options.”

-Dr. Sergio De Paoli, Italy

Intelligent Design – A New Surgical Tray Insert For Parallel Walled Implants

The new PSKT Surgical Kit Tray Insert (PTT300UI) was recently modified to reflect BIOMET 3i’s Revised Drilling Guidelines for parallel walled implants and features:

- A new flowchart, which displays the revised drilling guidelines for preparation of all BIOMET 3i Parallel Walled Implants in medium density bone
- Designated grommets for ACT® 3.85mm and 4.85mm Drills and Countersink Depth Indicators
- Logical instrument descriptions for ancillary instruments to facilitate simple replacement of the instrumentation in the tray
- Reorganization of ancillary instruments for easier identification and selection during surgery
- Extra grommets for spare instrumentation

“It’s an integrated system of implants, drills and instrumentation that is designed to deliver primary stability in various types of bone.”

-Dr. Alan Meltzer, USA

“The new site preparation drills are very efficient and the indicators are useful in determining proper implant positioning. Primary stability of the implant is enhanced by the ratio between the cylindrical and conical sections. The BIOMET 3i Tapered Implant is very versatile and could be the implant of choice for many different treatment options.”

-Dr. Sergio De Paoli, Italy

For more information on the PSKT Surgical Kit Tray Insert, please contact your local BIOMET 3i Sales Representative.
Dental Laboratories Can Now Design Their Own Encode® Abutments

Dental laboratories now have the ability to design their own patient specific BIOMET 3i Encode Abutments with the 3Shape Scanner, AbutmentDesigner™ Software and BIOMET 3i ARCHITECH PSR® Computer-aided Manufacturing.

The combination of the two technologies gives the dental laboratory:
- Full Control Over Implant Abutment Design
- Discounted Abutment Pricing
- Electronic Order Submission And Faster Turnaround

BIOMET 3i and 3Shape entered into a collaborative relationship to provide dental laboratories with the unique ability to design patient specific abutments through the use of 3Shape Scanners, CAD Software and ARCHITECH PSR Computer-aided Manufacturing.

This integrated approach allows dental laboratories with 3Shape Scanners, available through BIOMET 3i and other suppliers, to have control over implant abutment design and submit orders electronically to the BIOMET 3i PSR Department for the fabrication of Encode Lab-Designed Abutments. This new process eliminates the need to package and ship orders to BIOMET 3i and reduces in-house processing time. The Encode Lab-Designed Abutments will be sold at a discounted price.

For more information on how dental laboratories can design their own Encode Abutments, please contact your local BIOMET 3i Sales Representative.

Optimizing The Certain® Implant Driver Tip

Minor adjustments have been made to the design of the Certain 3.25mm(D) Implant and Standard Implant Driver Tips to optimize implant pick-up, retention and release following placement.

Design adjustments and benefits for these tips include:

Certain 3.4mm(D) Driver Tip
- A dimensional change to the lower portion of the hex, which helps to prevent misuse by spinning freely if the Certain 3.4mm(D) Driver Tip is inserted into a standard size implant
- Removal of the TiN coating, which allows for easy identification of the new implant driver design
- Adjustment to the size and color of the o-ring for increased implant retention and easy identification of the new o-ring design.

Standard Driver Tip
- Slight rounding of the hexes, which is designed to improve the fit into the connection of the Certain Implant
- Removal of the TiN coating, which allows for easy identification of the new implant driver design
- Adjustment to the size and color of the o-ring for increased implant retention and easy identification of the new o-ring design.

For more information on the Certain Implant Driver Tip, please contact your local BIOMET 3i Sales Representative.

Achieving An Appropriate Fit In The Osteotomy

BIOMET 3i recognizes the importance of establishing good primary stability when placing dental implants and has recently instituted new drilling guidelines for parallel walled implants. These guidelines are designed to help clinicians achieve greater primary stability when placing BIOMET 3i Dental Implants. With the revision to the guidelines there was also a necessity to revise the CD4500 and CD5600 Countersink Drills to ensure a more appropriate fit in the osteotomy.

The new Countersink Drills feature:
- A re-sized tip diameter for improved drill-to-ostectomy fit
- A re-shaped pilot tip to increase drill stability for guidance in the osteotomy
- Four cutting flutes for improved cutting efficiency
- Removal of internal irrigation to be more consistent with externally irrigated drills

For more information, please contact your local BIOMET 3i Sales Representative.
Patients with periodontally compromised dentition or missing teeth often present with less than optimal clinical conditions. However, advancements in regenerative materials provide clinicians with a variety of choices to help them successfully perform Guided Bone Regeneration (GBR) procedures. Regenerative procedures may be performed in combination with implant therapy to replace hard-and-soft tissues.

The clinical case presentation to follow demonstrates the placement of a xenograft material and resorbable collagen membrane. With this staged approach to treatment, regeneration of the anterior maxilla immediately followed tooth extraction, with subsequent implant therapy to replace the patient’s hopeless teeth. The patient desired a fixed restoration to address his primary concern of aesthetics.

The rehabilitation of the anterior maxillae is one of the most aesthetically demanding clinical challenges. The atraumatic extraction of hopeless teeth and the availability of ample volume of hard-and-soft tissues prior to implant placement are critical for obtaining an optimal aesthetic result. The selection of regenerative materials, the design and position of the implants, and guided soft-tissue healing with provisional prostheses, facilitate the development of optimal contours in preparation for the most aesthetic outcome.

A 27-year-old male patient presented with localized moderate periodontitis of the four maxillary incisors (Fig. 1). Clinical and radiographic findings revealed advanced bone loss and a vertical root fracture of the left lateral incisor. The treatment plan accepted by the patient included a staged approach to treatment starting with extractions, grafting and placement of a fixed provisional restoration. This was to be followed by implant placement and guided soft-tissue healing with a new fixed-provisional prosthesis.

**Extractions, GBR And Provisionalization**

Following administration of local anesthesia, a full-thickness mucoperiosteal flap was reflected. The maxillary incisors were carefully extracted using periotomes. A dehiscence was noted at the left lateral incisor site (Fig. 2). Since there was insufficient bone volume for immediate implant placement (Fig. 3), a decision was made to graft the sites. Endobon® Xenograft Granules were chosen for their osseoconductive, space-maintaining properties. Two cc’s of material were placed into the extraction sites and the alveolar defect (Figs. 4 and 5). The graft was covered with an OsseoGuard® Resorbable Collagen Membrane, which was tucked under the flaps (Fig. 6). The soft-tissue flaps were then closed and secured with continuous silk sutures (Fig. 7). An immediate, fixed-provisional prosthesis was prepared and inserted, supported by the cuspids (Fig. 8). The provisional prosthesis was slightly relieved over the grafted sites to eliminate pressure on the graft during the first month of healing. The patient was released with post-operative and oral hygiene instructions.

Please Note: Not all products are available outside the U.S. Please contact your local BIOMET 3i Sales Representative for availability.
Implant Placement And Provisionalization

At four months post-extractions and grafting, the patient was seen for evaluation. The provisional prosthesis was removed revealing excellent soft-tissue healing (Figs. 9 and 10). A full-thickness mucoperiosteal flap was reflected revealing excellent regeneration of the ridge. Osteotomies were prepared for subcrestal placement of two NanoTite™ Certain® PREVAIL® Implants in the two central incisor sites. The implants were positioned toward the palatal aspect of the ridge (Figs. 11 and 12). Cover screws were placed into the internal interfaces of the implants. A connective tissue graft was taken from the palate to augment the ridge volume. The soft-tissue graft was positioned and the flaps were closed with silk sutures (Fig.13).

A new laboratory-processed fixed provisional prosthesis was inserted and the patient was released. At the one-month post-operative appointment, excellent soft-tissue healing around the provisional prosthesis was noted (Fig. 14). The provisional prosthesis was removed (Figs. 15 and 16) and acrylic resin was added to the intaglio surface of the prosthesis on a weekly basis. The goal of treatment during this stage was to exert pressure on the soft tissues for creation of interdental papillae and optimal gingival contours, as well as to expose the cover screws. Figures 17 and 18 show excellent development of the soft-tissue contours two weeks post-modification of the provisional prosthesis.

Fabrication Of The Definitive Prosthesis

At eight weeks post-implant placement (four weeks post-modification of the provisional prosthesis) the patient was seen for implant level impressions and fabrication of the definitive prosthesis. The provisional prosthesis was removed revealing the planned exposure of the cover screws. The soft-tissue contours developed by the provisional restoration were consistent with the shape of the ovate pontics. An implant level impression was made followed by placement of 2mm tall EP® Healing Abutments to maintain the soft-tissue contours (Figs. 19 and 20). The provisional prosthesis was modified to accommodate the healing abutments and was reinserted.

One week later, the patient returned for a metal try-in of the screw-retained definitive prosthesis (Fig. 21). Porcelain was applied consistent with the contours developed from the provisional prostheses (Fig. 22).

At the six-month recare appointment, excellent soft-tissue contours and a highly aesthetic outcome were observed (Fig. 23). A periapical radiograph taken at eight months post-implant placement (Fig. 24) revealed excellent crestal bone levels. The built-in platform switching feature of PREVAIL Implants may have contributed to the excellent maintenance of the interdental bone and overlying soft-tissue in this case.

For more information regarding the RegenerOss® Portfolio of Regenerative Products, please speak with your local BIOMET 3i Representative or visit the BIOMET 3i Website at www.biomet3i.com.

Xavier Vela-Nebot, MD, DDS received his medical and odontology degrees from the University of Barcelona, Spain. He is involved in clinical research in implantology and is the co-founder and member of the Barcelona Osseointegration Research Group (BORG). He lectures internationally about aesthetic and multidisciplinary oral rehabilitation and has published several articles about dental implant therapy in peer-reviewed, international journals. He maintains a private practice in Barcelona, Spain dedicated to dental implants and prosthodontics.
Q: In which clinical situations do you choose to perform regenerative procedures?
A: Historically, evaluations of implant success focused exclusively on the ability of the implant to osseointegrate and maintain a functional prosthesis. However, as implant technology and understanding of the biology underlying osseointegration have both evolved, the goal of contemporary implant dentistry has shifted. Today the faithful re-creation of what nature originally provided, both in terms of function and aesthetics, has become the paramount objective. Both the scientific literature and the consensus on the podium agree that in order to obtain optimal results, you must have adequate bone volume. Therefore, I use bone augmentation procedures both to help maintain existing bone and regenerate deficient areas.

Q: What is new in the area of bone regeneration materials?
A: Several new regenerative materials have recently been introduced to the dental profession from other surgical markets, primarily orthopedics. The implant surgeon can now incorporate these well-documented orthopedic materials into established oral regenerative techniques. The ability to obtain verifiable osteoinductive allograft as well as recombinant growth factors may create a dynamic shift in the way we approach regeneration.

Q: How do you choose the type of graft material you use for a given regenerative procedure?
A: A number of variables influence my graft material selection. First, I evaluate the defect of the morphology in terms of the shape of the defect and evaluate how many walls are present. Next, I determine if the lesion is within the skeletal envelope or outside it. This information is crucial in determining if the graft material will be contained during the healing process or if it will be maintained within the lesion itself, confined by a membrane. If the properties of the graft material are sufficient to maintain the space in cases when I am relying on the graft material for support, then my choice of graft material would be a mineralized allograft or xenograft, because these both have a slower resorbative profile.

Q: When performing grafting procedures in combination with implant placement, what type of graft material do you choose and why?
A: Once again, the answer to that question is both site-specific and case-dependent. As a general rule, when grafting within the skeletal envelope or correcting minor facial deficiencies, I am a proponent of augmenting with mineralized allograft in conjunction with a cross-linked membrane. However, within these types of lesions I have also had great success with RegenerOss® Allograft Putty as well as Endobon® Xenograft Granules.

For regeneration outside the skeletal envelope, such as a buccal ridge augmentation, I have recently had quite a bit of success by combining the putty and xenograft. This combination allows me to capitalize on the native benefits of each — the verified osseoinductivity of the putty; as well as the osseoconductive properties of the xenograft.

Q. In which regenerative procedures do you choose to place a membrane?
A: Following the principles of Guided Bone Regeneration (GBR) and the use of a barrier membrane can enhance the likelihood of obtaining optimal results with virtually any graft material. The barrier membrane excludes unwanted epithelial cells and maintains a space for appropriate cells to repopulate the wounded area. The role of a membrane has been cited numerous times in the literature to enhance the likelihood of obtaining optimal regenerative results. I prefer collagen cross-linked membranes. For example, an OsseoGuard® Resorbable Collagen Membrane offers the benefits of a resorbable barrier while gaining the extended resorption profile.

Q. Do you typically choose resorbable membranes as compared to non-resorbable membranes? If so, why?
A: Although non-resorbable membranes have yielded successful results, these have notable drawbacks, including that they require a second surgical entry, which may result in increased patient costs, discomfort and psychological stress. Increased tissue trauma and wound-healing complications such as membrane exposures, infection, and bacterial contamination have also been associated with poor regenerative outcomes due to non-resorbable membranes. In contrast, resorbable membranes may avoid the negative sequelae of non-resorbable membranes, while maintaining barrier function to obtain optimal results.

Q: What is new on the horizon in regenerative materials or regenerative therapy?
A: Recombinant growth factors are very interesting. The animal studies have been positive. Although the human studies have not precisely correlated with the animal results, recent publications in the dental literature have presented favorable results for rhBMP2 in intraosseous human defects such as extraction sockets. In the area of onlay grafts, more research needs to be done. While the research is being carried out to improve the structural properties of growth factor carriers, I am relying on the established regenerative techniques that have been supported by the literature and have been clinically successful in my practice.

John Lupovici, DDS received his dental degree and certificate in Periodontology from New York University. While at NYU, he participated in numerous research studies, which resulted in his being awarded three Dean’s Student Research Awards and he received first place in the American Dental Association / NYU Research Day Competition for his work. He is a Diplomate of the American Board of Periodontology and holds a faculty position at NYU in the Department of Periodontics and Implant Dentistry. His clinical research includes such topics as bone regeneration and implant dentistry, subjects on which he has published and lectured nationally and internationally. Dr. Lupovici maintains a private periodontal practice in New York City and Commack, New York.
The Proper Use Of Certain® Implant Driver Tips And Certain Ratchet Extensions

In addition to the Surgical Manual (CATSM), clinicians should consider the following information when using the Certain Implant Driver Tips and Certain Ratchet Extensions:

- Inspect the Certain Driver Tip or Certain Ratchet Extensions before each use. Discard if damaged.

- Use only the designated Certain 3.4mm(D) Driver Tips (IMPDTX) and Certain Ratchet Extensions (IMREXXX) for all implants with a 3.25mm (purple) seating surface. Standard Certain Driver Tips (IIPDTX) and Certain Ratchet Extensions (IREXXX) should be used for all implants with a 4.0, 5.0 and 6.0mm seating surface.

- Confirm that the Certain Driver Tip is fully inserted into the internal connection of the implant before applying torque.

- If the handpiece stops before the implant is fully seated, disengage the Certain Driver Tip and use the hand ratchet with a Certain Ratchet Extension to seat the implant (Figure 1).

**NOTE:** Use of the contra-angle as a hand ratchet may cause damage to the Driver Tip, which may result in the Certain Driver Tip sticking in the handpiece or the implant.

- During implant seating, a thumb or forefinger should be placed on top of the hand ratchet with light downward pressure applied. This helps ensure engagement of the Certain Ratchet Extension, prevents wobble during insertion and keeps the orientation in the appropriate position (Figure 2).
With the Encode Complete Restorative System technology, a simple impression of an Encode Healing Abutment is made rather than an implant-level impression. The result is a CAD/CAM patient specific abutment with the appropriate marginal height and natural emergence contours to meet the needs of each individual case. In conventional dentistry, framework try-ins are a valuable and common step used in fabricating definitive restorations. With multiple-unit cases, using the Encode Complete Restorative System framework try-ins are necessary to ensure an accurate fit to the abutments.

A step-by-step approach is demonstrated here:

At the time of implant placement or second stage surgery, the proper diameter and height Encode Healing Abutments are placed onto the implants (refer to ART1079, ART1080 and ART1091 for more detailed instructions on the Encode Complete Restorative System). Following osseointegration and soft-tissue maturation, an impression is made of the Encode Healing Abutments (Fig. 1). The case is sent to the commercial dental laboratory for processing and is then forwarded to the BIOMET 3i® PSR® Department.

The PSR Technicians scan, design and fabricate the definitive Encode Abutments and place implant analogs into the cast of the Encode Healing Abutments using robotic technology to create a master cast. Upon receipt of the case from BIOMET 3i, the laboratory fabricates a metal framework for intraoral try-in and fit verification and returns the case to the clinician.

During the second restorative appointment, the Encode Healing Abutments are removed and the definitive Encode Abutments are placed (Fig. 2). Verification radiographs of complete abutment seating are taken. The metal framework is tried-in on the abutments (Fig. 3). Following verification of a passive fit on all of the abutments, the framework and abutments are removed, the Encode Healing Abutments are replaced on the implants and the case is returned to the laboratory (Fig. 4) for fabrication of the definitive restoration.

If a provisional restoration was fabricated, the framework is picked up in an impression to be used for master cast creation and the definitive abutments remain intraorally. The laboratory-processed provisional prosthesis is relined and cemented onto the definitive Encode Abutments.

The Encode Healing Abutments are removed and the definitive abutments are placed. Verification radiographs of complete abutment seating are taken and the definitive restoration is seated (Fig. 5).

Clinical Tip: If the framework (retainers) does not fit passively onto the Encode Abutments, the framework must be sectioned, evaluated for fit and luted together with a self-curing acrylic die material, i.e., GC Pattern Resin LS (GC America, Alsip, Illinois). This process should be repeated until all of the copings fit onto the abutments passively. Then, a pick-up impression of the framework is made, the definitive Encode Abutments are removed and the Encode Healing Abutments are replaced intraorally. In the laboratory, the framework is soldered, porcelain is applied and the prosthesis is completed.

Please Note: Not all products are available outside the U.S. Please contact your local BIOMET 3i Sales Representative for availability.
Seamless, Faster Navigation For An Interactive Web Experience…
The Essence of BIOMET 3i’s Re-designed Global Website

BIOMET 3i’s new corporate global website provides users with a more efficient, informative web experience.

Visit BIOMET 3i at www.biomet3i.com for:
- More Interactivity
- Easier Navigation, Less Time Spent Searching
- A New Modern Look With Authentic Content
- Multilingual Sections/Global Accessibility
- A Seamless Transition From The Website To The Interactive Product Catalog To Initiate Dental Product Orders Effortlessly

A Unique Organization Supporting The Professional Development Of Dental Implant Practice Administrators

BIOMET 3i is pleased to announce the upcoming launch of the Emergence Network for professionals in dental practices who offer implant therapy. This unique web-based organization is the only one of its kind, developed specifically for the surgical and prosthetic dental implant practice administrator, manager, marketer and clinical staff.

The Emergence Network will offer professional development opportunities through education, self-development activities and networking. It will also provide innovative, unique and timely information to its members and will be governed by dental implant industry leaders in clinical dentistry, management and marketing.

The Emergence Network Will Offer Members Access To:
- **Professional Development Corner** – A dedicated section for professional development, which will feature practice development tools, marketing materials, self-development activities and the Scholar Program, which provides academically rigorous educational pathways, leading to Certifications accredited by the Institute for Dental Implant Awareness.
- **Member News** – Featuring members’ stories with their photographs depicting successful approaches to their roles & responsibilities, personal achievement and how they are involved in mentoring others.
- **Member of the Year** – Globally recognizing the most outstanding member with tangible professional development rewards during the course of the award year.

The Emergence Network will be available Fall 2009

To learn how to join the Emergence Network, please contact your local BIOMET 3i Sales Representative.

Please Note: Not all products are available outside the U.S. Please contact your local BIOMET 3i Sales Representative for availability.
Abstract: Proper bone-augmentation strategies are essential to recreating natural function and esthetics, implant dentistry’s paramount objective. Although autogenous grafts have historically been considered the gold standard among grafting materials, they are associated with higher complication rates, greater resorption, and lower implant success than some of the allograft alternatives. Demineralized allograft bone combined with a carrier that facilitates handling has been verified to be inductive and offer other benefits. Three reports are presented of patients treated with such allograft materials in combination with resorbable membranes.
The William R. Laney Award was presented to Tiziano T. Testori, III, MD, DDS for his article Immediate Non-Occlusal Versus Early Loading of Dental Implants in Partially Edentulous Patients: 1-Year Results from a Multicenter, Randomized Controlled Clinical Trial published in the International Journal of Oral And Maxillofacial Implants (JOMI) 2007:22:5. Dr. Testori was presented with this award on February 27, 2009 at the 2009 AO annual meeting in San Diego, California.

The Academy of Osseointegration reviewed 102 articles published in JOMI in 2007. The articles were evaluated on:

- Project/experiment design
- Significance
- Appropriateness of statistical analysis/methods
- Appropriateness of conclusion
- Presentation/appearance of graphics and photos
- Literature Review

Congratulations Dr. Testori!

Pictured from left: Tiziano Testori, DDS, MD, JOMI’s editor Steven Eckert, DDS, MS and William Laney, DMD, MS.

Dr. Juan Carlos Ibañez Receives Recognition As One Of The Best Oral Clinical Research Presentations At The Academy of Osseointegration’s 2009 Annual Meeting

The Academy of Osseointegration awards speakers for superior presentations at each of the Academy’s annual meetings. These presentations are divided into two categories – Clinical and Scientific.

At the AO’s 24th Annual Meeting in San Diego, California, the research and awards committee evaluated all 24 presentations based on:

- Overall quality of the presentation
- Knowledge of pertinent literature
- Appropriate data and method of analysis
- Relevance of conclusion
- Originality

Dr. Juan Carlos Ibañez from Argentina received an award for one of the Best Oral Clinical Research Presentations at this year’s AO meeting for his research presentation entitled: Immediate Loading of OSSEOTITE® Implants in Fully Edentulous Patients: 6 to 121 Months Results.

Congratulations Dr. Ibañez!
**Global Meetings of Interest**

### North America

**Academy of General Dentistry: Annual Meeting 2009**
July 8-12, 2009
University of Maryland
Baltimore, Maryland

**Practical Team Approach to Implant Dentistry: Optimal Advanced Hands-on Workshop**
July 9, 2009
8:00AM – 5:00PM
Faculty: Dr. Robert del Castillo
For more information and to register, please visit www.agd.org or call: 888-243-3368 ext. 4339

**State of the Art with Sinus Augmentation**
July 31 - August 1, 2009
Atlanta, Georgia, USA
Faculty: Ziv Mazor, DMD
For more information contact DentalXP at info@dentalxp.com.

**Current Concepts in American Dentistry: Advances in Implantology and Oral Rehabilitation**
August 3-7, 2009
New York University College of Dentistry
New York, New York
9:00AM – 4:00PM (Monday – Thursday)
9:00AM – 3:00PM (Friday)
Faculty: Dr. Stephen Chu, Dr. Ziv Mazor,
Dr. Christian Stappert, Dr. Dennis Tarnow,
Dr. Harold Baumgarten
For more information and to register, please visit www.nyu.edu/dental/ce or call: 212-998-9757

**Implant Surgery: Fundamentals To Details**
August 24-29, 2009
Seattle Science Foundation
Seattle, Washington
8:00AM – 5:00PM (all days)
Faculty: Dr. Robert M. London
For more information and to register call The London Institute at 206-683-0655.

### Europe

**European Association Of Osseointegration: 18th Annual Scientific Meeting**
September 30 - October 3, 2009
Grimaldi Forum, Monaco, Salle Prince Pierre

**BIOMET 3i Corporate Forum**
Thursday, October 1, 2009
7:15-9:15PM

**Prosthetic & Surgical Considerations in the Pursuit of Optimal Treatment Outcomes**
Moderator: Univ. Prof. Dr. Michael Matejka
Faculty: Prof. Dr. Markus Hürzeler, Dr. Otto Zuhr

**Advanced Course On Surgical Techniques And Aesthetic Implantology**
October 2–3, 2009
Munich, Germany
Faculty: Dr. Wolfgang Bolz, Prof. Dr. Markus Hürzeler, Prof. Dr. Hannes Wachtel, Dr. Otto Zuhr
For additional information and registration contact: Barbara DeWildeman at +34-93-445-81-00 or email at education.eu@3implant.com

### Latin America

**BIOMET 3i Latin American Symposium**
June 26-27, 2009
Bogota, Colombia
Speakers: Dr. Alan Meltzer, Dr. Juan Carlos Ibañez,
Dr. Manuel García Calderón, Dr. Harold Baumgarten

### Asia Pacific

**Hong Kong Symposium**
September 3, 2009
Hong Kong, China
Speakers: Dr. Michael Block, Dr. Christian Stappert
For more information contact Ositek Inc., Ltd. at +852-8121-6601.

**Tokyo NanoTite™ Symposium**
September 4-5, 2009
Tokyo, Japan
Speakers: Dr. Block, Dr. Stappert, Dr. Valentín,
Dr. Funato, Dr. Ogawa, Dr. Ishikawa, Dr. Naruse
For more information contact BIOMET 3i Japan
at +81-66868-3012.

**2009 FDI Annual World Dental Congress**
September 4-5, 2009
Suntec Singapore International Convention and Exhibition Centre
Singapore

**Perfection in Esthetic Restorations - Is It Achievable**
Predictable Diagnosis and Treatment of Clinical Crown and Gingival Architecture Discrepancies
Speaker: Dr. Stephen Chu
For more information contact the FDI Dental Congress at congress@fdiworldental.org

**Australasian Osseointegration Society 7th Biennial Conference**
November 4-7, 2009
Gold Coast Convention and Exhibition Centre
Gold Coast, Queensland, Australia
For further information, please contact the conference managers:
Phone: +61 7 3858 5525
Fax: +61 7 3858 5499
Email: info@aosconference.com.au
Website: www.aosconference.com.au

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