WELCOME FROM THE PRESIDENT

As a child, many celebrate tooth loss, but in adults, tooth loss may generate different feelings such as embarrassment or isolation. A change in physical appearance due to edentulism or partial edentulism may affect a person’s psychological state and mental health, which can influence their interests and participation in social activities. This can lead to isolation from friends, family, even work and lead to feelings of depression. Researchers have also found correlations between edentulism and the ability to masticate, health and nutrition.

At BIOMET 3i, we are not solely in the business of selling dental reconstructive products. We provide solutions that affect the lives of hundreds of thousands of patients a year. We take this effort seriously and want to ensure that we develop technology and services to cater to the ever changing needs of the patient population. To support this, we have structured our products and services to fall into three distinct solutions: Comprehensive Treatment, Enhanced Knowledge and Business Excellence - all of which provide a simple way for clinicians and laboratories to help patients ultimately return to the most aesthetic outcomes possible, in a manner that is time conscious and sensitive to the needs of those under care.

In this issue of Eye on BIOMET 3i, you will discover new comprehensive treatment solutions in guided surgery and digital dentistry. You will be able to review a clinical case utilizing these solutions and read about your peers' point of view regarding recent clinical findings. You will also find exciting clinical research and unique global training opportunities with key opinion leaders from around the world.

Warm Regards,

Maggie Anderson
President

3. Gillum, Ingram & Makuc, 1994
4. Stabler, 1995
5. von Wowern & Gotfredson, 2001
For clinicians and laboratory technicians who are interested in the benefits of guided surgery, BIOMET 3i has expanded its Navigator® System to now be available for BIOMET 3i Tapered Implants. The Tapered Navigator® System is designed to transform computer-based planning into real-world function and optimal aesthetics. Working in tandem with CT scans, planning software and surgical guides, the Tapered Navigator® System delivers:

- **Compatibility That Provides Freedom To Choose Among Leading Planning Software Solutions And Surgical Guide Manufacturers Including Materialise, iDent and SICAT**
- **The Option To Perform A Variety Of Cases Including Single-Unit, Partial And Fully Edentulous Cases**
- **Surgical Flexibility For Clinicians To Perform Bone, Tissue And/Or Tooth-Supported Cases**

The Tapered Navigator® System from BIOMET 3i also offers restorative options so clinicians can provisionalize their cases with:

- **Low Profile Abutments With QuickBridge® Provisional Components**
- **PreFormance® Provisional Components**
- **Provide® Abutments And Temporary Cylinders**

“My experience with the newly developed BIOMET 3i Tapered Navigator® System has been a positive step forward in the arena of CT guided implant surgery. The ability to deliver tapered implants with state of the art surface technology through a highly accurate and controlled approach provides more opportunities for me and my patients.”

-Dr. George Mandelaris, Chicago, IL

Please Note: Not all products are available outside the U.S. Please contact your local BIOMET 3i Sales Representative for availability.
The Encode® Impression System Is Now Available For The Entire BIOMET 3i® Stock Abutment Portfolio!

The popularity of CAD/CAM abutments utilizing the Encode® Impression System has grown significantly. You have seen firsthand how this technology, available exclusively through BIOMET 3i®, optimized patient aesthetic outcomes and can provide your practice with an easy and time-saving alternative to traditional implant level impressions reducing the need to inventory impression copings.

Clinician(s) simply make an impression of the Encode® Healing Abutment(s) placed at the time of surgery and receive a final abutment(s) and a master cast or robocast for the laboratory technician to complete the definitive restoration. Previously, this technology was only offered with custom milled abutments; BIOMET 3i® is now offering this unique technology with the stock abutment portfolio. The Encode® Impression System provides an optimal aesthetic solution and time savings for both the clinician and the patient.

For more information about the Encode® Impression System with stock abutments, 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.

Laboratories Can Embrace Emerging Technology Too

As part of a collaborative approach to comprehensive patient treatment, laboratories and clinicians may be able to grow their businesses by offering provisional and definitive implant restorations through guided surgery. An integral part of the Tapered Navigator® System, the Tapered Laboratory Kit, contains easy-to-identify components needed to fabricate a master cast and provisional prosthesis prior to the day of surgery.

A proprietary design feature allows hex-orientation to be set and later replicated intraorally so that implants can be placed and restored immediately. This unique hex-orientation feature is especially beneficial when immediately provisionalizing single-tooth cases, cement-retained cases and cases where angulation correction is required.

The Tapered Navigator® Surgical Kit provides the instrumentation to assist in accurate surgical preparation and implant placement (angulation, hex-orientation, depth and position) when used with the Surgical Plan created from CT scan data and planning software.

Key advantages of the Tapered Navigator® Surgical Kit include:

- Control Of Hex-Orientation
- Absolute Depth Control
- Variable Prolongation, Allowing For Use In More Clinical Scenarios

Tapered Navigator® Instrumentation is all inclusive and supports the placement and provisionalization of the following BIOMET 3i® Implant Systems:

- Certain® Tapered Implants In 3.25, 4.0 And 5.0mm Diameters (All Lengths)
- Certain® Tapered PREVAIL® 4/3 and 5/4 Implants

Currently excluded from system compatibility are BIOMET 3i® 6.0mm Tapered Implants, BIOMET 3i® Tapered PREVAIL® 6/5 Implants and BIOMET 3i® External Hex Connection Tapered Implants.

Product Innovations

Available in:

- Certain® Internal Connection
- External Hex Connection

Please Note: Not all products are available outside the U.S. Please contact your local BIOMET 3i® Sales Representative for availability.
George A. Mandelaris, DDS, MS

Computed Tomography (CT) guidance technology has transformed dental implant treatment planning, surgery, provisionalization and definitive restorations to allow for more consistent and predictable prosthetic outcomes. The utilization of planning software allows clinicians to better understand realistic three-dimensional, patient-specific anatomy and relate it to a desired prosthetic outcome before surgical intervention. This technology allows all team members to understand surgical performance standards which must be met and are based on the desired prosthetic outcome. This paradigm shift in implant therapy is true “collaborative accountability” for all treating team members and, perhaps most importantly, provides an atmosphere of complete disclosure for the patient prior to commencing with treatment. CT guided technology has revolutionized implant dentistry and may be considered the emerging standard of care.

The Tapered Navigator® System for Guided Surgery is the latest technology within the “totally guided” CT surgical arena in which osteotomy-site preparation and implant delivery are controlled through a single surgical guide. The system also provides users open architecture planning-software compatibility to allow clinicians to work with their preferred software program and surgical guides. The Tapered Navigator® System is designed for accuracy and precision of CT guided therapy when placing BIOMET 3i Tapered Implants. In many instances, the Navigator® Surgical Guide also provides the opportunity to fabricate a master cast presurgically and subsequently, an aesthetic, functional, laboratory-processed provisional restoration for immediate seating at the time of implant placement with minimal chairside adjustment.

The following clinical presentation demonstrates the treatment of a 62 year old Caucasian male patient who presented with generalized advanced chronic periodontitis as well as multiple biological, biomechanical and structural dental compromises (Figs. 1-3). Several treatment plans were developed. Facing an imminent total joint replacement, the patient opted for extraction of all remaining natural mandibular teeth with simultaneous placement of five interforaminal implants to support an immediate provisional prosthesis. The major advantage of this treatment plan, was that it allowed the patient to avoid wearing a removable appliance, resolved oral infection, and positioned him for proper nutrition before, during, and after orthopedic surgery. The existing tooth positions allowed for a prosthetically satisfactory final outcome, and therefore, no scanning appliance was needed. CT scan imaging of the mandible was performed and was formatted to computer software for three-dimensional implant-treatment planning. 3D imaging confirmed the presence of adequate bone volume for placement of dental implants in optimal prosthetic positions.

The treatment plan included extraction of all mandibular teeth, followed by the placement of five interforaminal implants and delivery of an immediately loaded prosthesis. The surgery was carried out using a bone-supported Tapered Navigator® Surgical Guide.

After acquiring the CT scan, DICOM data was formatted to SimPlant® 3D dental planning software and 3D case planning was performed. Virtual implant positioning was carried out to position implants to optimize the ability for immediate function and in prosthetically desirable positions (Figs. 4 and 5). Medical modeling and a Tapered Navigator® Surgical Guide were ordered from Materialise Dental, Inc. (Glen Burnie, MD) for CT guided implant therapy.

At the surgical appointment, the patient received IV conscious sedation and profound infiltration-based local anesthesia. The natural teeth were atraumatically extracted with the exception of #30 [46] (Fig. 6), which was temporarily retained to orient the bone-supported Surgical Guide within the mandibular anatomy without teeth. Sulcular and midcrestal incisions were made from the right to left retromolar pads and soft-tissue reflection was performed carefully (Figs. 7 and 8).
The Surgical Guide was placed on the post-extraction (and pre-osteoplastied) bone, oriented by the retained molar (Fig. 9). The Surgical Guide was fixedated using 2mm diameter bone screws (BIOMET Microfixation, Jacksonville, FL, USA) (Fig. 10).

The Tapered Navigator® Surgical Plan, provided by Materialise Dental, specified the instrumentation and drilling protocol to prepare the osteotomy sites and enable precise placement of five Full OSSEOTITE® (FOSS) Tapered Implants. Preparation of the osteotomies was done through the Master Tubes using the appropriate Tapered Navigator® Twist Drills and Shaping Drills with definitive depth stops (Fig. 11). The proper diameter and length Implant Mounts were selected from the kit, according to the Surgical Plan received. The implants were delivered through the Tapered Navigator® Surgical Guide (Figs. 12 and 13). All implants required hand tightening, which measured roughly 70Ncm per implant. Such insertion torque values as objectively measured by a High Torque Ratchet Wrench ensured primary stability. In addition, an Osstell SmartPeg was placed into each implant (Fig. 14) to measure the ISQ (Implant stability quotient) value, using an Osstell ISQ device (Osstell AB, Gothenburg, Sweden). The device uses RFA (Resonance Frequency Analysis) as the method of measurement. All ISQ readings were recorded at 80 or higher, thus providing greater confidence and validation to proceed with immediate function.

The Implant Mounts were removed, followed by removal of the fixation screws and Surgical Guide. The axial and subcrestal outcome positions of the implants were precisely as planned (Fig. 15). A periodontal probe was used to assess vertical implant positioning relative to crestal bone (Fig. 16). Following delivery of the implants and removal of the Surgical Guide, tooth #30 [46] was then extracted. Gross osteoplasty was then performed manually and a Bone Profiler was used at each implant site to allow for full seating of the abutments (Fig. 17). IOL® Abutments were seated into the implants and tightened to 20Ncm, followed by placement of Temporary Cylinders, which were secured with screws (Fig. 18). Prior to surgery, an immediate temporary denture was fabricated and prepared for an immediate load conversion prosthesis. This was facilitated by medical modeling. The screw-access openings were blocked out and acrylic resin was applied to lute the cylinders to the denture, following the DIEM® Protocol (Fig. 19). The provisional prosthesis was removed and the voids were filled with acrylic resin. The cylinders and flanges on the denture were trimmed and polished.

Next, the maxillary posterior teeth were extracted and the remaining anterior teeth were treated with non-surgical periodontal therapy (scaling/root planing). Lastly, platelet-rich fibrin was placed in the remaining extraction sockets (Fig. 20). The soft-tissue flaps were closed with interrupted 6.0 Monocryl Sutures (Ethicon, Inc., A Johnson & Johnson Company) (Fig. 21). The modified denture was placed and secured with retaining screws tightened to 10Ncm. A stable, balanced occlusion was verified against the remaining maxillary anterior dentition and an immediate removable posterior partial denture. Final post-treatment periapical radiographs are noted in Fig. 22 demonstrating the accuracy and precision in carrying out the original plan. Postoperative healing was uneventful. Four-month post-treatment clinical photographs (Figs. 23 and 24) and radiographs (Fig. 25) demonstrate the favorable bone response to immediate function.

George A. Mandelaris, DDS, MS, is a graduate of the University of Michigan, School of Dentistry in Ann Arbor, Michigan. He later completed a three year post-graduate residency program at the University of Louisville, School of Dentistry in Louisville, Kentucky, where he obtained his certificate in Periodontics and a Master of Science degree in Oral Biology. Dr. Mandelaris is a Diplomate of the American Board of Periodontology. Dr. Mandelaris maintains a private practice limited to periodontology and dental implant surgery, with offices in Park Ridge and Oakbrook Terrace, Illinois.
A Prospective, Randomized-Controlled Study Of BIOMET 3i Tapered Implants Placed By Students In Graduate Programs

Author: Reddy, Michael, DMD

Abstract:
BACKGROUND: The success rate for implants placed by dental students early in their implant residency programs has been suggested to be lower than for experienced clinicians. The objective of this prospective study was to document the success rates of NanoTite and Osseotite-surfaced Certain Tapered implants in graduate training programs.

MATERIALS AND METHODS: All study implants are the Certain Tapered System (BIOMET 3i, Palm Beach Gardens, FL) made from titanium alloy Ti6Al4V, having an internal connection and either the Osseotite or NanoTite surface. An Internet database is used to randomly assign implant sites to either implant surface group and also to record the placement data and restorative outcomes. The study is underway at several University Periodontal and Maxillofacial Oral Surgery graduate programs in the United States. All patients qualified to receive dental implants provided informed consent to be included in the study. The specific placement techniques are those directed by the teaching staff at the individual study centers. Restorative designs and procedures are also at the discretion of the treating clinicians.

RESULTS: At the time of this interim report a total of 423 patients (mean age 55.5 ± 17.0 years) have been enrolled over a period of 29 months with a total of 453 tapered implant placements documented in the database. Most students had not yet placed their first dental implant. Implant assessment data ranges up to 30 months during which time 10 implant failures were declared. Failures were not clustered being distributed in 9 patients treated by 8 students and were evenly divided between the implant surface groups. The overall cumulative survival rate for these tapered implants is 97.8% (97.9% for NanoTite Tapered and 97.7% for Osseotite Tapered).

CONCLUSION: Considering that most students had never placed a dental implant, the relatively high cumulative survival rates in this study suggests that contemporaneous teaching programs are effective in training new operators in dental implantology.

For complete study information, please visit the BIOMET 3i Website: www.biomet3i.com

Outcomes From A Retrospective Study of 626 Sequential Cases of BIOMET 3i Tapered Implants

Authors: Stach, Renée M., DDS; Kenealy, James N., PharmD

Abstract:
BACKGROUND: The placement of tapered–apex dental implants requires specific osteotomy preparation instrumentation. Drills for tapered implants establish a finite osteotomy depth for which care is needed to ensure the proper implant descent and seating. Implant design and the instruments provided for osteotomy preparation contribute to the elements needed for successful use of tapered implants. The aim of this evaluation was to document the success of a new tapered implant in a large population.

METHODS: A protocol for conducting a retrospective study was submitted to high-volume users of the BIOMET 3i Certain Tapered Implant System to solicit participation and contribution of data. Participants gathered information from their first 20 patients receiving tapered implants between June 2008 and December 2009. No exclusion criteria were applied. Data collection was done on standardized forms and processed in one database management system. Baseline variables included: demographics (gender, age at implant placement), diabetes, smoking behavior, implant site assessment (bone density), placement approach (2-stage, single stage, immediate provisionalization), and restorative type (single unit, fixed multiple unit, overdenture). Outcome variables included the implant’s functional status and survival on the date of the patient’s last evaluation.

RESULTS: A total of 46 clinicians were approached for participation in the study with 25 providing completed data records (54% compliance). The total number of patients represented in the dataset is 473 altogether having 626 prosthetic cases supported by 836 Biomet Certain Tapered Implants. Implant diameters ranged from 3.25 to 6 mm and lengths from 8.5 to 13 mm. Implant locations were 63% posterior, 37% anterior, with 56% in maxillae and 44% in mandibles. A total of 13 implant failures were reported for a cumulative survival rate of 98.4%. Of the failures, 12 were in the maxillae and one in the mandible, and evenly divided across implant dimensions.

CONCLUSION: Tapered implants in this retrospective analysis, placed in a variety of cases and locations, were found to have clinically acceptable success rates.

For complete study information, please visit the BIOMET 3i Website: www.biomet3i.com

Regenerative Strategies For Anterior Esthetic Rehabilitation: A Clinical And Histologic Case Report

Author: Lupovici, John, DDS

Abstract
In order to solve the substantial challenge of achieving natural esthetics in compromised situations, a number of techniques and materials have been developed to restore deficient alveolar bone and maintain existing bone and soft tissue. This article reviews developments in both areas and reports on a clinical treatment in which a new form of xenograft in conjunction with a cross-linked, cell-occlusive membrane was used in a severely compromised anterior maxilla in preparation for placement of platform-switched implants.

Dr. Tiziano Testori Shares His Thoughts On The Benefits Of Tapered Implants For Primary Stability

Q: How important is primary stability in guiding your decision to pursue more challenging protocols such as immediate loading or immediate placement?
A: Immediate occlusal loading offers many benefits to both patients and clinicians. Although excellent results have been reported for both early and immediately loaded implants, these protocols are technique sensitive. Success depends upon many factors, including achievement of high primary implant stability.

Q: Using primary stability as an indicator, can a single implant be considered sufﬁcient for more challenging clinical scenarios?
A: In my clinical experience, yes. With the BIOMET 3i Tapered Implant System, clinicians can confidently pursue immediate or delayed loading protocols. The system provides precisely engineered Quad Shaping Drills, Depth/Direction Indicators and Dense Bone Taps to match the macrogeometry of the implant’s minor diameter. This is important because the BIOMET 3i Tapered Implant provides a closely integrated implant-to-osteotomy fit, via cutting torque resistance of the implant threads. A properly prepared osteotomy should provide for placement of the implant without compressive forces of the implant. In summary, it is not just the implant design that provides for high primary stability, but rather the precision of the entire system.

Q: What are the most important steps in the placement protocol to ensure successful outcomes with the BIOMET 3i Tapered Implant System?
A: In challenging clinical scenarios, such as extraction site placement, it is advantageous to use a two-handed approach. This can improve the control of the handpiece during preparation of the osteotomy and placement of the implant. Additionally, when placing implants in dense bone, the protocol speciﬁes use of a Dense Bone Tap to properly seat the implant.

Q: In which clinical situations is a tapered implant best suited?
A: Tapered implants are ideally suited for a variety of clinical scenarios, including placement in extraction sites and in areas with ridge concavities. These are also well suited for a variety of loading protocols. For example, the BIOMET 3i Tapered Implant System is my system of choice, because it provides for high primary stability of the implant and therefore the conﬁdence to pursue immediate loading protocols.

Q: Can primary stability be a predictor of implant osseointegration and long term success?
A: Higher insertion torque can be equated with higher primary stability. A common technique is to monitor insertion torque. In our experience, implants placed with higher torque have better survival rates than those placed with lower insertional torque, as reported by Ottoni et al.1


Tiziano Testori, DDS, MD, is the Assistant Clinical Professor and Head of the Section of Implant Dentistry and Oral Rehabilitation, Department of Odontology, at the University of Milan, Galeazzi Institute, in Milan, Italy. He maintains a private practice specializing in implant dentistry in Como, Italy. www.lakecomoinstitute.com.
BIOMET 3i’s Global Marketing Department share their insights about recent research conducted to better understand the unmet needs of dental implant professionals globally and what BIOMET 3i will be focusing on in the coming months.

Participants:

Bryan D. Pinciaro
Vice President of Global Marketing

What insights has BIOMET 3i gained from recent strategy work? BIOMET 3i has gained a deep understanding of the unmet needs of implant dentistry professionals, globally.

What is a result of this understanding? The Global Marketing Department has responded with a strategic realignment to tie all of the key Marketing functions together to deliver these unmet needs to implant dentistry professionals in a succinct and clear way.

BIOMET 3i is in a key position to develop products that have been identified as unmet needs in the marketplace. A large part of the company’s resources are being focused on new product testing, as well as validation with top opinion leaders from around the world to ensure the products BIOMET 3i introduces to the market make implant dentistry more efficient and predictable. Finding out what products are needed to best treat patients, testing and validation will give BIOMET 3i the opportunity to have optimal products on the market with supporting data and clinical research.

Gary Desjardins
Group Director of Product Marketing

What can implant dentistry professionals expect to see from BIOMET 3i as a result of better understanding their unmet needs? Brand clarity! One of the most important ways to deliver the final, tested message to implant dentistry professionals is to ensure there is top to bottom alignment throughout the BIOMET 3i Sales and Marketing Organization. BIOMET 3i accomplishes this with a Plan of Action. A Plan of Action provides the global sales force with clarity on what products to focus on for each customer segment, based on customer needs.

Complementing the Plan of Action is an electronic tool called DISCOVERY. This tool brings BIOMET 3i product offerings to customers with clear, very succinct messages through electronic interactivity. This electronic communications tool is innovative and unique to the industry by allowing the BIOMET 3i Representative to utilize interactivity of video cases from customer’s peers and 3D animations to better explain the way BIOMET 3i Products are used. DISCOVERY also allows BIOMET 3i to bring the customer experience full circle by providing electronic PDFs of materials as a leave behind and ordering products via the BIOMET 3i Website on the spot.

Asim Kamdar
Director of Insights & Innovation

What are the primary functions of the Insights and Innovations Department for BIOMET 3i and what will the focus be throughout the next year? The Insights and Innovations Department is designed to help BIOMET 3i leverage data driven insights. This provides the foundation for BIOMET 3i to develop products that are aligned with the customer’s unmet needs. Utilizing the dental implant professional’s feedback throughout the entire process, BIOMET 3i can ensure that products are correctly positioned to align with these needs.

Sharon S. Bournes
Director of Advertising, PR & Communications

What new and innovative ways will BIOMET 3i be communicating its brand to customers throughout the next year? In the past, BIOMET 3i has followed traditional marketing methods of delivering the BIOMET 3i Message to its customers; consisting of advertising, web presence and exhibition at trade meetings. However as technology continues to evolve, it is important for BIOMET 3i to stay at the forefront. One of the most recent technological advancements is the popularity of social media. At the forefront of social media technology are Facebook, YouTube and Twitter.

Together, these technologies seamlessly share information. BIOMET 3i has its own Facebook, YouTube and Twitter sites that bring the user back to the BIOMET 3i Website, which has additional interactivity, the ability to order products and a host of other communication tools available. BIOMET 3i Customers who require timely, relevant information can now receive information on a continuous basis via different media such as their computers or smart phones.

One other technological advancement that BIOMET 3i has recently launched is the use of Quick Response (QR) codes on printed materials and advertisements. The QR code is similar to a barcode in that a reader can scan the code with a smart phone and the reader will then be directed to the BIOMET 3i Website where they can access more information about the products and services they are interested in.

John Flynn
Director of Innovative Education & Services

How is BIOMET 3i continuing to offer best in class education and services to implant dentistry professionals? BIOMET 3i is dedicated to maintaining its competitive edge of being the education and services leader in the dental implant industry. In order to accomplish this, the Innovative Education & Service Department is continuing to improve the way it is aligned with Sales, Research & Development, Global Marketing, and the Insights Departments, to ensure that BIOMET 3i Education and Services offerings are aligned with the products that are fulfilling the unmet needs of customers and the patients they treat daily.

These education offerings include the BIOMET 3i Synergy Training Program® (STP®), the continued expansion of Regional Technology Forums Globally, as well as Over the Shoulder Training Programs. Additionally, a primary focus will be on the restoration and expansion of BIOMET 3i’s Institute for Implant & Reconstructive Dentistry in Palm Beach Gardens, Florida, which will be another option BIOMET 3i has to facilitate dental education and training to customers globally.
The Arcos® Modular Femoral Revision System is a comprehensive femoral revision system that meets the demands of complex revision surgery by offering 117 proximal/distal combinations, multiple auxiliary fixation options and one simple instrumentation platform. This system provides surgeons and O.R. staff customization, surgical control, O.R. efficiency and reproducibility in a way that addresses patient and practice needs.

- Three proximal body options:
  - Cone
  - Broach
  - Calcar

- Five distal stem options:
  - STS™ (Splined Tapered Stem)
  - Slotted
  - Bullet-tip
  - Interlocking
  - ETO (Extended Trochanteric Osteotomy)

- Multiple surgical technique options:
  - Ream-over
  - Sterile field
  - In-femur

- One simple, easy to use instrumentation platform

- Standard and high offset options reproduce various patient anatomies without lengthening the leg

- Consistent sizing (1mm increments) for increased O.R. efficiency and accurate matching of the patient’s femur

- Roller-hardened taper junction technology for greater fatigue strength and three times more strength in cantilever beam testing than non-roller hardened tapers

- Clinically proven PPS® coating allows for initial scratch-fit stability and biologic fixation

- Flexibility of titanium allows for stress transfer to preserve cortical density

Clinical References:

Please Note: Not all products are available outside the U.S. Please contact your local BIOMET 3i Sales Representative for availability.
North America

Technorama
April 8-9, 2011
Hilton Suites Toronto/Markham Conference and Spa, Toronto, ON
Visit BIOMET at Booth #312
For more information please visit www.technoramadiac.ca

Ontario Dental Association
April 28-30, 2011
Metro Toronto Convention Centre, Toronto, ON
Visit BIOMET at Booth #1713
For more information please visit www.odaannualspringmeeting.com

American Academy of Cosmetic Dentistry
May 18-21, 2011
Boston, MA

Hands-on Sessions
Friday, May 20, 2011
Faculty: Dr. Chris Ramsey, Dr. Robert Ritter
For more information, please visit www.aacd.com

NBDS, DAC National Convention
May 23-28, 2011
Hotel Beausejour, Moncton, NB
Faculty: Dr. Paulino Castellon
For more information please contact the NBDS at 506-382-1106

Oral Health Convention
May 26-28, 2011
The Pepsi Centre, Corner Brook, NL
Visit BIOMET at Booth #25
For more information please contact the Newfoundland & Labrador Dental Association at 709-579-2362

Canadian Association of Oral Health and Maxillofacial Surgeons
May 29 - June 1, 2011
Fairmont Le Château Frontenac, Québec City, QC
Visit BIOMET at Booth #4
For more information please contact the CAOMS at 613-721-1816

Journées dentaires internationales du Québec
May 30-31, 2011
Palais des congres de Montreal, Montreal, QC
Visit BIOMET at Booths #720 and #722
Faculty: Dr. Harold Baumgarten
For more information please visit www.odq.qc.ca

Canadian Academy of Periodontology with the Quebec Association of Periodontists
June 3-4, 2011
Fairmont Tremblant Hotel, Tremblant, QC
Faculty: Dr. Munib Derhalli
For more information please visit www.cap-acp.ca

London Institute
June 13-18, 2011
Seattle, WA

Implant Surgery: Fundamentals to Details
Faculty: Dr. Robert London
For more information please contact The London Institute at 206-683-0655

Europe, Middle East And Africa

4th Annual South African Implantology Symposium
April 8-9, 2011
Muldersdrift – Johannesburg, South Africa
Faculty: Dr. Douglas Beere, Dr. Emile Cahi, Dr. Carlo Ferretti, Dr. Markus Hurzeier, Dr. Mohamed Issmail, Dr. Peter van der Muelen, Dr. Wynand Van Der Linden
For more information, please contact Mark@Selectivesurgical.co.za

OSIS EDI CBCT Guided Surgery Symposium with David Harris
May 7-8, 2011
Jahranka – Warsaw, Poland
Faculty: Dr. David Harris
For more information, please contact Beata@Dental-Depot.com

OSIS Annual Meeting
May 12, 2011
Jahranka – Warsaw, Poland
Faculty: Dr. Michael Block
For more information, please contact Beata@Dental-Depot.com

OSIS EDI Bone Symposium
May 14, 2011
Jahranka – Warsaw, Poland
Faculty: Dr. Myron Nevins
For more information, please contact Beata@Dental-Depot.com

BIOMET 3i South Central Turkey Symposium
June 3, 2011
Ankara, Turkey
Faculty: Dr. Dennis Tarnow
For more information, please contact Gonca.Delipinar@tamerholding.com

Moscow Quintessence Symposium
June 11-12, 2011
Moscow, Russia
Faculty: Dr. Roberto Cocchietto
For more information, please contact milman@comdental.ru

Central European Dental Exhibition, NYU Day
September 22-24, 2011
Poznan, Poland
Faculty: Dr. Edgar el Chaar, Mr. Kenneth Beacham
For more information, please contact Beata@Dental-Depot.com

6th Annual CEIA NYU OSIS Symposium
October 26-29, 2011
Krakow, Poland
Faculty: Dr. Piotr Majewski, Scientific Program Director, Dr. Christian Stappert, Dr. Dean Vafiadis
For more information, please contact Beata@Dental-Depot.com

Quintessence Poland Symposium
November 10-13, 2011
Warsaw, Poland
Faculty: Dr. Roberto Cocchietto
For more information, please contact Beata@Dental-Depot.com

Latin America

XIV Congreso Internacional De Odontologia
October 17-21, 2011
Radisson Victoria Plaza Hotel , Montevideo, Uruguay
Faculty: Dr. Ernesto A. Lee
For more information, please contact Asociación Odontológica del Uruguay www.aou.org.uy or Pro3implant SRL – 598 2 4083003 www.pro3implant.com.uy

FDI World Dental Federation
Annual World Dental Congress
September 14-17, 2011
Mexico City
New Horizons In Oral Health Care
For more information, please contact www.fdi2011.org
GLOBAL MEETINGS OF INTEREST

Asia Pacific

3i Asia Implant Support Systems Indonesia Symposium
April 2, 2011
Jakarta, Indonesia
Faculty: Dr. Ronnie Goené
For more information, please contact
Raymond@implant.com.sg

BIOMET 3i Asia Implant Support Systems Singapore Symposium
April 6, 2011
Singapore, ROS
Faculty: Dr. Ronnie Goené
For more information, please contact
Raymond@implant.com.sg

BIOMET 3i A-TEK Periodontal Symposium
April 8, 2011
Guangzhou, China
Faculty: Dr. Ronnie Goené
For more information, please contact
Grace.Lei@Atekgroup.com

BIOMET 3i Kuo Hwa Prosthodontic Symposia
July 28, 2011
Taipei, Taiwan
July 30, 2011
Kaohsiung, Taiwan
Faculty: Dr. Otto Zuur
For more information, please contact
Vivian@Kuohwa.com.tw

Taiwan Academy of Osseointegration
August 6-7, 2011
Taipei, Taiwan
Faculty: Dr. Ueli Gruneder
For more information, please contact
Vivian@Kuohwa.com.tw

BIOMET 3i Asian Symposium
November 5-6, 2011
Beijing, China
Faculty: Dr. Richard Lazzara, Dr. Michael Sonick, Dr. Christian Stappert
For more information, please contact
Michelle.Duval@Biomet.com

Registration Services

BIOMET 3i is excited to announce that Cvent will be our new online registration service. This online service will allow you to register for any event at any time by just logging into Cvent with the code provided for the program.

Registration is easy and quick and CE credits will be provided online so that certificates can be printed in your office immediately. We look forward to your feedback on this new service.

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