



Academy of
Osseointegration
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Academy NEWS

A QUARTERLY MEMBER NEWSLETTER

Exciting times at AO and implant dentistry

- 2025 Annual Meeting highlights and photo albums
- Keys to long-term success
- Medical insurance billing advancements



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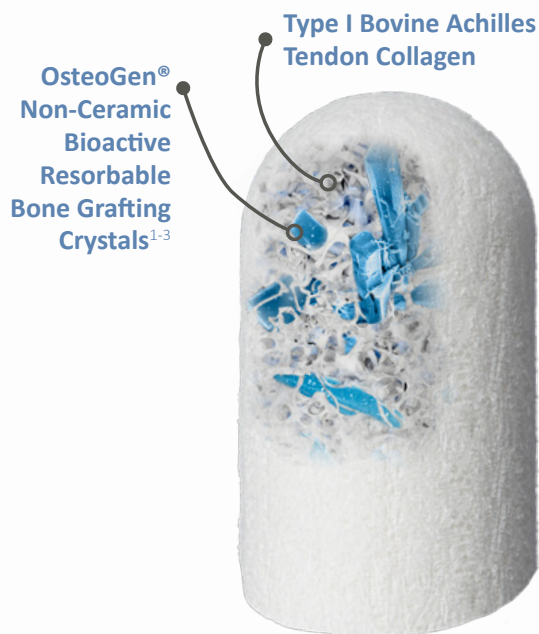
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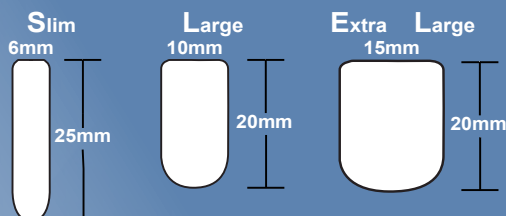
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ACADEMY NEWS

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President's Message

Exciting times at AO

By AO Fellow and Diplomate Robert C. Vogel, DDS

As summer approaches, I hope everyone is looking forward to some fun, relaxation and adventures.

It's such an exciting time to be in implant dentistry with all the new techniques, digital technology and product advancements. No place in the world was this information more evident and accessible than the 2025 AO Annual Meeting in Seattle. Since my first year out of residency, I've always looked forward to what I could take back to my practice and my patients from this meeting.

The feedback I received from AO Members, Fellows, Diplomates and Masters about the new and refreshing changes seen at the Seattle meeting reassures me we have a great future ahead. Some of the additions we saw this year included:

- A single track of main podium presentations from world class clinicians to ensure all team members were on the same page;
- The highest resolution screen of any major scientific meeting;
- Town Hall Presentations in the Exhibit Hall by amazing speakers on real life topics that could be put to use the Monday morning after the meeting;
- Tons of raffled gifts from our corporate supporters during the (usually fairly boring) Annual Business Meeting;
- Greatly improved lunch selections and quality;
- An opening session highlighting our very own members, **Emil and Dariel**, recently off their America's Got Talent fame.

But we are not resting on our laurels. The Academy of Osseointegration Board of Directors, Committee Chairs

and Staff are already working on more innovative and significant changes and truly encourage input from our members. This is your Academy and we want to hear from you.

Dr. Robert C. Vogel

While we remain laser focused and dedicated to our mission of being the premier provider of world class, scientifically based, unbiased education in implant dentistry, we will also continue to strive to be an inclusive family of outstanding clinicians at every level of experience.

Things to look forward to this year, prior to our 2026 Annual Meeting March 5-7 in Washington, DC include:

- Awards for outstanding clinicians, educators and researchers, who can be nominated by members on the AO website (see related article on [page 14](#)).
- An increased number of webinars on real world topics relevant to how we practice, available at no cost to members.
- A summit, already in the planning, on issues relating to implant prosthetics.

I also encourage everyone to show your dedication to education and patient care by becoming a Fellow, Master or Diplomate of the Academy and be recognized for the dedication you have to our profession.

I wish everyone a wonderful summer and look forward to seeing all of you in Washington, DC next year.



Robert C. Vogel, DDS takes helm as 39th AO President

"I have the time in my life to be president, and I am thrilled to be here," says AO Fellow and Diplomate **Robert C. Vogel**, DDS, who became the Academy of Osseointegration's newest president on March 29, 2025 in Seattle, WA.

About his history with AO, he said, "I became a member very early on and saw AO as an organization that filled the void in my implant education and where I could have an impact on our profession, even as a young clinician."

Dr. Vogel continued, "After a year or two, I realized we, the members, are the Academy of Osseointegration. If there is something members want to do, we are receptive to that."

"Something I would really like to see a change is focus on the comprehensive care - the surgeon, the restorative, the prosthetic, the perio - everybody working together to achieve symbiosis," Dr. Vogel revealed.

As elected by members at its Annual Business Meeting, AO's board for 2025-2026 will be:

President

AO Fellow and Diplomate **Robert C. Vogel**, DDS; a general practitioner from Palm Beach Gardens, FL

President-elect

AO Fellow and Diplomate **Joseph P. Fiorellini**, DMD, DMSc; a periodontist from Philadelphia, PA

Vice President

AO Fellow and Diplomate **Joseph Y. K. Kan**, DDS, MS; a prosthodontist from Loma Linda, CA

Treasurer

AO Fellow and Diplomate **Jeffrey Ganeles**, DMD; a periodontist from Boca Raton, FL

Secretary

AO Diplomate **Robert M. Lemke**, DDS, MD; an oral and maxillofacial surgeon from San Antonio, TX

Immediate Past President

AO Life Fellow and Diplomate **Joerg Neugebauer**, DDS, PhD; an oral surgeon from Landsberg Am Lech, Germany

Directors

AO Fellow and Diplomate **Lambert J. Stumpel**, DDS; a general practitioner from San Francisco, CA

AO Fellow and Diplomate **Robert A. Levine**, DDS; a periodontist from Philadelphia, PA

AO Fellow and Diplomate **Daniel I. Taub**, DDS, MD; an oral and maxillofacial surgeon from Philadelphia, PA

Harriet K. McGraw, DDS; a general practitioner from Harbor Springs, MI

Bach T. Le, DDS, MD; an oral and maxillofacial surgeon from Whittier, CA

AO Fellow and Diplomate **Todd R. Schoenbaum**, DDS, MS; a general practitioner from Augusta, GA

AO Fellow **Despoina Bompolaki**, DDS, MS, FACP; a prosthodontist from Portland, OR (one year Advisory Director)

▼ AO Board officers and directors (front row, from left): Drs. Kan, Lemke, Neugebauer, Vogel, Fiorellini and Ganeles. Back row (from left) Drs. Schoenbaum, Bompolaki, Le, Levine, Stumpel, Taub and McGraw; Executive Director Kevin P. Smith.



OF board slate set for 2025-26

The officers and directors for the Osseointegration Foundation (OF) have been selected, as approved by the Academy of Osseointegration (AO) Board of Directors at its March 2025 meeting.

The OF's slate also includes the addition of two new directors, AO Fellow **Christian Mertens**, DDS, PhD and **Megan A. Ratliff**, DDS, MS, with AO Fellow and Diplomate **Mehrdad Favagehi**, DDS, MS elected as president.

"It's an honor to become the OF president. I would like to thank the past OF Board of Directors, and especially our individual and corporate sponsors who have enabled us to follow our mission of supporting education, clinical and research," said Dr. Favagehi.

He continued, "Our community has developed the Foundation so that it's ready to meet its future mission goals. I'm very honored to have the opportunity to use the Foundation to help researchers in implant dentistry students, residents, and also patients who need implant services and can't afford it."

In sharing one of his goals and his vision for the year ahead, Dr. Favagehi said, "The Academy of Osseointegration just recently developed a strategic plan. We will follow their lead and develop a strategic plan."

With the generous support of its extensive community of donors, the Foundation in 2024 was able to provide:

- A cumulative total of nearly \$150,000 in Basic; Translational and Clinical; and Restorative Science Grants to dental academic faculty and students pursuing groundbreaking implant research.

- \$40,000 in named Research and Education funds to sponsor the Opening Symposium, Closing Session and Young Clinicians' Luncheon at the 2025 Annual Meeting.
- \$25,000 in Travel Grants to students from around the globe a cornerstone opportunity to present their research at the Academy's Annual Meeting.
- \$25,000 to bestow the 16th annual Nobel Biocare Brånemark Osseointegration Award to honor an individual's impact on, and leadership in, the field of implant dentistry in any or all of the Foundation's mission categories.

The 2025-2026 OF Board of Directors includes:

Officers

President

AO Fellow and Diplomate **Mehrdad Favagehi**, DDS, MS

Vice President

Nipul K. Tanna, DMD, MS

Secretary/Treasurer

Binnaz Leblebicioglu, DDS, MS, PhD

Past President

Hans-Peter Weber, DMD

Directors

AO Life Fellow and Diplomate **Joerg Neugebauer**, DDS, PhD (one year term)

AO Life Fellow and Diplomate **Amerian D. Sones**, DMD, MS

AO Fellow **Robert J. Miller**, DDS

AO Fellow **Christian Mertens**, DDS, PhD

Megan A. Ratliff, DDS, MS

▼ OF Board officers and directors (front row, from left): Drs. Tanna, Favagehi, Weber and Sones. Standing (from left): Drs. Leblebicioglu, Miller, Ratliff and Mertens.



AO's "Academy Awards" highlight dental implant excellence

The Academy of Osseointegration's (AO) Annual Meeting is not only a time to learn about the latest evidence-based science, but also to recognize excellence for the global dental implant community.

To that end, AO's 40th Annual Meeting in Seattle was no exception in honoring members, leaders and researchers for their exemplary efforts:

Nobel Biocare Brånemark Osseointegration Award

R. Gilbert Triplett, DDS, MD, PhD, was the 17th recipient of this prestigious honor, annually made possible by a grant from Nobel Biocare, and bestowed by the Osseointegration Foundation (OF). Dr. Triplett is an oral surgeon and Regents Professor at Texas A&M University School of Dentistry, retired from the U.S. Navy Dental Corps as a captain with 21 years of service.



OF President Dr. Hans Peter-Weber (second from left) with 2025 grant winners Drs. Ravida, Pow and Chen.

Osseointegration Foundation Grants

The Osseointegration Foundation annually funds three grants, each for \$50,000, to support research in osseointegration. The research is conducted over a 12-month period and upon completion, the recipients are invited to present their outcomes at our meeting. This year's recipients were:

Shoucheng Chen, DDS, PhD: Basic Science Research Grant

"2-DG/Mesoporous Silicon/Hydrogel Modulates Immune Balance by Targeting Glycolysis."

Ho Nang Edmond Pow, BDS, MDS, PhD: Restorative Science Research Grant

"A Novel A-I-based Intraoral Scanning System for Complete-arch Implant Rehabilitation."

Andrea Ravida, DDS, PhD: Translational and Clinical Science Research Grant

"Single-cell Sequencing to Characterize Bleeding on Probing Scores in the Diagnosis of Peri-implant Diseases."

Last fall, members of AO's Research Submission, Clinical Innovations and e-Poster committees reviewed each abstract and selected the most innovative and relevant research to highlight at this year's meeting. Committee members then attended the Clinical Innovations, Oral Research presentations and ePoster sessions and evaluated each of the lectures to determine this year's "Best Presentations." They were:

Best Clinical Innovation Presentation

Jinlong Shao, PhD: "Comparison of Artificial Intelligence Models for Automatic Segmentation of the Mandibular Canals and Branches."

Best Oral Clinical Research Presentation

Jacob Zimmer, DDS: "Risk Indicators for Peri-Implant Diseases and Peri-Implantitis Severity: A Cross-Sectional Study on Implants with 5 to 10 Years of Loading."

Best Oral Scientific Research Presentation

Heithem Ben Amara, DDS, MSc, PhD: "Osseointegrate and Vanish: Immunomodulation by Biodegradable Magnesium Implants Shapes Their Integration into Bone."

ePoster Awards

With nearly 200 ePosters on display and presented throughout the meeting, the following winners were determined by the AO ePoster Committee:

Alexander Rubinov, DDS: First Place ePoster Presentation
"Butterfly Graft: Optimizing Soft Tissue Outcomes in Adjacent Maxillary Implants Using a Digital Approach."

Parham Hazrati, DDS: Second Place e-Poster Presentation
"Comparison of Ultrasonography, CBCT, Transgingival Probing, and Probe Transparency with Histological Gingival Thickness: A Diagnostic Accuracy Study Revisiting Thick Versus Thin Gingiva."

Jamil Awad Shibli, DDS, MSc, PhD: Best ePoster Case Study Presentation
"Vertical Ridge Augmentation Using Ceramic 3D-printed Customized Bone Block-associated rhBMP-2: A Report After Four Years Implant-supported Restoration Loading."



AO's Got Talent: Emerging Leaders Competition

This initiative invited five early career clinicians and academicians with less than 10 years in the field the opportunity for a nine-minute presentation on the

Continues on page 8

AO's "Academy Awards" ... (continued from page 7)

main podium. A panel of judges ranked the presentations. After careful consideration, they selected:

Javier Calatrava, DDS, MSc: "Full Maxillary Arch Rehabilitation by Means of a Multidisciplinary Digital Workflow Using Customized Titanium Meshes and Guided Implant Surgery."



New AO Fellows (from left): Drs. Chang and Soldatos, Myneni, Malmstrom, and Emadi, joined by Drs. Neugebauer (third from left) and Vogel (far right).

New Fellows

Fellowship in the Academy is obtained by demonstrating a commitment to the field of osseointegration. Members must excel in both academics as well as service to the Academy. Six members achieved Fellowship status:

Wei-Jen Chang, DDS, MS, PhD

Tirakhsh Emadi, DDS, MS

Hans Malmstrom, DDS

Bharathi Devi Myneni, BDS

Nikolaos Soldatos, DDS, MSD, PhD

Tiziano T. Testori, MD, DDS, MSc

AO's prestigious **Masters and Diplomate credentialing program** provides in either Surgical, Restorative or a combination of both. The program is geared toward: incentivizing practitioners to obtain advanced education, training and experience; promoting high quality implant education; and enhancing patient care.

Of the 26 certificate recipients, 21 applied for and passed the rigorous **AO Masters Certificate** exam:

Keon Ahghar, DDS

Chanjuan Chen, DDS

Jeremiah Davis, DDS, MBA

Douglas Hock, DDS, MS

Cheng-Chieh Huang, DDS

Daizo Ishiguro, DDS

Kimberly Kim, DDS, MScD

Renli Li, DDS

Yongjian Li, DDS

Yen-Chun Lin, DDS

Hongping Liu, DDS

Tarik Patel, MDS, BDS

Jason Poon, DDS

Dandan Song, PhD

Gulin Tan, DDS

Huali Wang, DDS

Wei Wang, DDS

Rongjing Wang, DDS

Yangming Yu, DDS

Jinlong Zhang, DDS

Xianming Zhou, DDS



Several individuals also applied for the **AO Diplomate Certificate** this year. Recipients were:

Jeannette Chua, BDSC, MAC, MS

Cheng-Hsiang Hsu, DDS, MS

Kiarash Karimi, DDS

Kanyon Keeney, DDS

Toshiki Nagai, DDS, MSD

Please see related article on page 15 of this edition.



Academic Contribution Award

This new AO award recognized **Joey T. Chen** for his efforts in establishing the first AO training center in China and for meeting all of the requirements needed to prepare many of this year's recipients of our Master and Diplomate certificates. Dr. Chen was also instrumental in the initial development of the certification.

Congratulations to all for these tremendous achievements!

View award winner and all the photos from AO's exciting Annual Meeting via its [online photo album](#).



Top five reasons for long term implant success

By: Michael S. Block, DMD; Academy News Guest Contributor

Editor's Note: This article provides clinicians with five main factors that relate to long term success. Long term represents the lifespan of the patient, often requiring over 40 years of function on the implant restoration.

- 1 Long term follow up of implants must consider decades of functional stability.** Implant placement and restorative care should consider a long term solution which may extend to the lifetime of their patient. For example, a 25 year old patient will have a projected lifespan into her 90's. For the patient in their 40's requiring replacement of failed teeth their expected lifespan will require over 40 years of function on their implants. Depending on the age of the patient, considering the patient's lifespan, some implants may require over 70 years of function and stability. Over time, the restoration should be able to be retrieved and modified as necessary. The treatment strategy should withstand the natural trauma from years of chewing foods with varying textures. Over engineering the implant and prosthesis design is advantageous for long term implant success.
- 2 The final restoration must be hygienic.** Patients need to be able to clean their implant restorations effectively at home as they age because routine maintenance decreases over time. Marginal bone loss on full arch maxillary restorations after 5 years is seen in 50% of implants. When the prostheses had a minimal flange, peri-implantitis was found in 12%. Difficulty with hygiene maintenance is reported by 64.5% of patients with maxillary full arch hybrid style prostheses. Plaque coverage on the intaglio surface exceeded 50% with biofilm present in over 60% of the prostheses surfaces.
What are the solutions? For some reason, clinicians do not treatment plan full arch implant borne prostheses the same way they treatment plan a single implant supported tooth. When a single implant restoration is planned the clinician recreates the alveolus for optimal implant positioning and

Continues on page 11

Avoiding the Double Gum in full arch implant therapy with the FP3

By: Xavier E. Saab, DDS, MS; Academy News Guest Contributor

The FP3 is the oldest prosthetic solution for the treatment of edentulism with dental implants as presented by Prof.

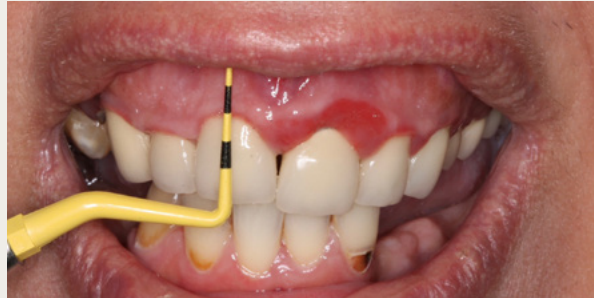
P.I. Branemark in 1977. It has several advantages over other prosthetic alternatives, but the most remarkable ones are the need for fewer number of implants, and the ability to restore even and symmetric gingival contours, especially when the patient presents with a high or unfavorable lip line.

The need for bone reduction is considered to be one of the disadvantages of this treatment modality. This necessity is usually attributed to the thickness requirements of the prosthetic material used. However, the gingival smile display should play an equal, if not more important role when determining the amount of bone reduction required for adequate prosthetic fabrication.

One of the common complications of the FP3 we encounter is the unesthetic display of the gingival prosthetic transition line when the patient smiles, particularly when restoring the maxilla: the “double gum,” commonly caused by an error in the analysis of the smile, and a lack of adequate bone reduction. A systematic analysis of the smile can help establish the ideal positioning of the prosthetic transition line under the upper lip when the patient expresses the highest possible smile.

When analyzing a terminal dentition, or when establishing a new teeth setup for a complete maxillary prosthesis, we start by establishing the ideal position of the maxillary incisal edges -- horizontally, at or behind, the wet-and-dry lip line or vertically, within the range of 0.5-3mm away from the lower lip. Incisal edges that touch the lower lip make the patient look too “toothy,” while incisal edges that are too far from the lower lip can create a reverse or “sad” smile line or occlusal plane. It is important to try to

develop a smile line that also follows the shape of that lower lip. This is usually achieved by raising the occlusal plane for more V-shaped lips and lowering the occlusal plane for more square-shaped lips.



Then, the tooth size needs to be selected. Length and shape can be selected according to the patient's skeletal architecture, size, sex and preference. For maxillary central incisors, a range from 9.5-11.5mm can be considered, or denture tooth molds or databases can also be utilized.

Now we can focus on the position of the gingival scallop in relation to the upper lip. A favorable lip line, which hides the gingival display requires no ridge repositioning for aesthetic purposes. Bone reduction in this case should only be done to comply with minimal prosthetic material thickness.

However, if the patient exhibits an unfavorable lip line where the gingival contours are displayed during the maximum possible smile, the amount of tissue displayed from the zenith of the incisors to the lip position must be measured. If the goal is to position the prosthetic transition

line 2-3mm beneath the upper lip, then the calculation for the necessary ridge repositioning, which equals the amount of bone reduction required, would be the sum of the amount of gingival display plus 2-3mm to assure the location of the prosthetic line under the lip.

Finally, with this information we can go to the CBCT and ask the question, if we reduce the amount of bone necessary to hide the prosthetic transition line, is there enough vertical bone left to place our implants? If the answer is yes, we have an ideal case for an FP3. If the answer is no, then we should consider a different prosthetic approach for the rehabilitation of this patient.

Looking ahead to 2026

While AO is still riding the high from its 2025 Annual Meeting in Seattle, it is also feverishly finalizing plans for its 2026 Annual Meeting.

Plan now to attend "Make a Difference: Transforming the Lives of Our Patients and Ourselves" March 5 - 7 in Washington, DC.

Under the leadership of Program Chair, **Paul A. Fugazzotto**, DDS, AO Annual Meeting Committee Chair, **Jeffrey Ganeles**, DMD, and President **Robert C. Vogel**, DDS, the Academy will also continue to offer exciting features such as the AO Town Hall, panel discussions, hands-on workshops, the Awards Ceremony and Prize Drawing, the Emerging Leaders Case Competition, and all presentations in brilliant, state-of-the-art 4K LED screen technology.

There will also be single track programming in the main ballroom starting with the Opening Symposium: It's All About the Why; then subsequently the topics of: Start With



the Why: Treatment of the Partially Dentate Patient; Start With the Why: Treatment of the Full-arch Patient; Mild to Moderate Atrophy, Severe Atrophy; Complications: Why We Have Them; Business of Implant Dentistry and the Closing Symposium: Answering Our Why.

Kicking off your opportunity to engage with the 2026 Annual Meeting will be the Call for Abstracts. The Academy invites you to submit original abstracts for Oral Clinical and Oral Scientific Research, Clinical Innovations, and ePosters. In addition, 30 Student Travel Grants will be awarded by the Osseointegration Foundation.

Watch AO's website, communications and social media for the kickoff announcement in June.

Top Five Reasons... (continued from page 9)

a natural emergence of the crown. This allows for proper embrasures to be developed and follows all of the principles dentists learn to allow for functional restorations which can be maintained by the patient throughout their life.

3 Grafts need to last over time. The implants should be placed into grafts that have low resorption profiles that will be present for the lifespan of the patient. Onlay grafting with materials such as allografts and autografts with significant "remodeling" may result in less bone present due to the nature of bone remodeling. Xenografts that are processed at high temperatures are less prone to resorption over time.

4 Thin bone resorbs over time. The facial bone thickness may be an important prognosticator for future bone thickness around an implant. When the facial bone thickness is 1 mm or less, progressive bone resorption can occur with accompanying vertical bone changes. In contrast, sites with thicker bone have less progressive bone thickness loss.

Because of the nature of the thin bundle bone on the facial of maxillary teeth, after tooth removal remodeling occurs with loss of the bundle bone. This is inevitable. Grunder and Buser recognized that labial bone thickness may decrease over time hence the need to start with 2 mm bone thickness, anticipating thinning of the facial bone.

5 Patients have systemic disease and they do age which need to be considered when choosing an implant solution. Variables associated with an increased hazard of failure include: osteoporosis, alcohol use, soft grafts, debilitation/frailty and short

implants. Risk factors for early implant failure are osteoporosis, alcohol use, and PCN allergy, smoking status, and depression. Patients who take Serotonin reuptake inhibitors (SSRI) have an increased risk for implant failure.

Appropriate risk discussion with the patient is recommended. Malposed implants or implants placed into soft bone grafts are associated with implant failure. Patients develop debilitating health issues as they age and even though their implants were placed when their health was good, after they age and become frail, they can develop progressive bone loss on implants necessitating implant removal. As our patients age we must continue to monitor them and adjust restorations and hygiene visits as needed as their general health decreases.

Keep these five points in mind to have long term implant success.

Dr. Block is clinical professor, Department of Oral & Maxillofacial Surgery at LSU School of Dentistry; and in private practice in Metairie, La.

Dr. Michael S. Block

Disclosure: Dr. Block has a financial association with X-Nav (stocks) and Jet Investments (stocks).



Highlights from the Academy's 2025 Annual Meeting

An AO Annual Meeting to remember!

The Academy's 40th Annual Meeting, March 27 - 29, was held in Seattle where AO was scheduled in 2020. Attended by implant professionals from around the world, "Controversies in Implant Dentistry" featured many new exciting enhancements, including AO Town Halls and 4K LED screen technology. It also incorporated four Hands-on Workshops, nearly 100 exhibiting companies, close to 230 research submissions, and 70 expert presenters, all to provide attendees a perspective on "How to Make it Easy." The major social scene was Friday night's President's Reception at the impressive Museum of Pop Culture, where attendees took in all the artifacts, tried their hand at interactive games, and danced to music!

01 One of the most meaningful functions is the passing of the gavel, which transitioned from **Joerg Neugebauer** to **Dr. Robert Vogel**.

04 Nearly 200 ePoster presentations provided attendees with many opportunities to discuss the latest research.

07 More than 100 people played Pickleball during their free time in the Exhibit Hall, as Seattle was the origination of this popular sport.

10 The "Selfie Station," where attendees could take fun photos to remember their time at the meeting continued to be popular.

13 AO's new Town Hall presentations proved to be a popular feature, bringing large crowds to the Exhibit Hall throughout the Annual Meeting.

02 Dr. Javier Calatrava won the "Emerging Leaders: AO's Got Talent" Case Competition between clinicians less than 10 years in practice.

05 Dr. R. Gilbert Triplett was bestowed the prestigious Nobel Biocare Brånemark Osseointegration Award.

08 Four hands-on workshops offered for attendees to learn the latest technologies were very popular, and in some instances, sold out.

11 The Young Clinicians' Reception is always a popular social event and opportunity for colleagues to re-connect every year.

14 During the meeting, attendees submitted questions to the presenters to further engage in interactive discussions and topics of the day.

03 Thirty OF Student Travel Grant recipients celebrate at the Young Clinicians' reception after presenting their research.

06 At the President's Reception at the Museum of Pop Culture, attendees took in all the artifacts, interactive games, and danced to music!

09 Thank you, AO Platinum, Silver and Bronze Corporate Sponsors. Without your support, a meeting of this magnitude would not be possible.

12 A chance to win one of 50 donated prizes, valued at \$25,000 provided excitement at a new prize drawing.

View the
online
photo album





Nominations now open for new AO Distinguished Awards

The Academy of Osseointegration (AO) is proud to announce four new awards which will recognize AO members who have made significant contributions to the field of implant dentistry.

Available only to AO members, the awards include:

Distinguished Researcher

The Distinguished Researcher Award is presented to an AO member who has made significant contributions to the field of implant dentistry through innovative research and publications. This award epitomizes the exceptional contributions of researchers who drive the scientific advancement of implant dentistry and inspire others.

Distinguished Educator

The Distinguished Educator Award will be presented to an AO member who has exhibited exceptional dedication to teaching and mentorship in the field of implant dentistry. The awardee shall have made significant contributions to the academic and professional development of their peers and students.

Distinguished Speaker

The Distinguished Speaker Award honors outstanding dental professionals who demonstrate exceptional skills in presenting and sharing knowledge in the field of implant dentistry. This award recognizes individuals who effectively communicate complex concepts, inspire their audience, and contribute significantly to the education and professional development of their peers.

Master Clinician

The Master Clinician Award is presented to an AO member who has demonstrated exceptional clinical skills and extensive experience in the field of implant dentistry and has shared this expertise with the professional community. The recipient is recognized at the highest level as a master clinician within the field of implant dentistry.

Nominees must be current AO members in good standing for at least the past two consecutive years, or a retired member with a minimum of seven years of AO membership. Nominations must be made by a current AO member who has maintained membership for at least three years.

Nominations are now open to all general practitioners and specialists and must be submitted by August 15. All nominee achievements must align with the specific award criteria. Please see our [website](#) for specific details and requirements for each award.

"We all have someone in our lives who've made a profound difference in our ability to provide the best dental implant at the highest level. This is your opportunity to thank that individual who has guided you to be the best that you can be," says **Joan Otomo-Corgel**, DDS, MPH, chair of the AO Distinguished Awards Committee. "I know we all have somebody that we really owe a debt of thanks to for making us what we are and giving us insight to be a better clinician, be a better person with our patients, manage complications."

Nominate your AO Distinguished Award honoree today!



Visit osseo.org for awards criteria or to nominate your colleagues





AO Certificate program forges ahead

The Academy's 2025 Annual Meeting saw another significant group of dental professionals bestowed with an AO Master or AO Diplomate Certificate, which speaks to the continued interest in and strength of this prestigious dental credentialing program.

A total of 26 recipients – 21 AO Masters and five AO Diplomates – were recognized on the main stage. See the full list of recipients on [page 8](#).

The success of this year's program was realized not only in terms of the large number of international individuals who earned this certification, but also because of the availability of a new AO training center.

Joey T. Chen, DDS, was instrumental in establishing the first AO training center in China, helping many of the recipients meet the requirements needed to earn an AO certificate. Upon completing a written exam at the training

center, applicants were also required to pass an oral exam on site in Seattle.

"I immediately recognized the value of this initiative and carefully designed a comprehensive course curriculum that fulfills the Academy's certification requirements, incorporating both didactic lectures and hands-on workshops across a wide range of essential topics in dental implantology," said Dr. Chen. "English is not their first language, and I also helped familiarize them with key implant-related terminology in English."

Dr. Chen was also instrumental in the initial development of the certification program.

The AO Certificate program provides Masters and Diplomate certificates in either Surgical, Restorative or a combination of both. While each one has its own specific requirements, the program is geared toward:

- incentivizing practitioners to obtain advanced education, training and experience;
- promoting high quality implant education; and
- enhancing patient care.

Become an AO Master or AO Diplomate!

Would you like to be among the next group of recipients to earn an AO Certificate and be recognized at AO's 2026 Annual Meeting? The next application period closes on October 31. For more information, please [see our website](#).

(top): New AO Master and AO Diplomate recipients proudly displayed their new certificates.

(left): All Certificate recipients, such as Dandan Song, DDS who earned an AO Master in Surgical Dentistry, had their picture taken with Drs. Joerg Neugebauer (left) and Robert C. Vogel (right).



The silent guardians: Fiduciary markers in digital full-arch implant dentistry

By: AO Fellow and Diplomate Riad Almasri, DDS; Academy News Guest Contributor

Digital workflows have revolutionized full-arch implant dentistry, offering unprecedented precision and predictability. However, the seamless integration of digital data hinges on one crucial element: fiduciary markers.

These seemingly small, often metallic, objects play a pivotal role in ensuring accuracy throughout the entire treatment process, from initial scans to final prosthesis fabrication.

Fiduciary markers, also known as fiducials, are reference points strategically placed on or within a patient's anatomy or dental appliance. Their primary function is to establish a common coordinate system across multiple digital datasets. This allows software to accurately align and merge information from various sources, such as CBCT, intraoral, and facial scans.

In full-arch implant dentistry, the complexity of the treatment necessitates meticulous data integration. Without fiduciary markers, inaccuracies can accumulate, leading to ill-fitting prostheses, compromised function, and potential complications. Here's a breakdown of their importance:

Accurate Data Registration

- **CBCT to Intraoral Scan Alignment:** Fiduciary markers placed on a radiographic template, or even directly on the patient, allow for precise alignment of CBCT data with intraoral scans. This is crucial for accurately determining implant positions relative to the existing bone and soft tissue.
- **Multiple Intraoral Scan Stitching:** In full-arch cases, multiple intraoral scans are often required. Fiduciary markers facilitate the seamless stitching of these scans, creating a comprehensive digital representation of the patient's dentition and soft tissues.
- **Facial Scan Integration:** Integrating facial scans with intraoral and CBCT data enables the creation of a virtual patient, allowing for a more holistic approach to treatment planning. Fiduciary markers ensure accurate alignment of these disparate datasets, enabling the creation of a prosthesis that harmonizes with the patient's facial aesthetics.



Enhanced Treatment Planning:

- **Implant Position Optimization:** Precise data registration allows accurate virtual implant placement, optimizing biomechanics and prosthetic support. Fiduciary markers ensure that the virtual implant positions accurately reflect the planned positions in the patient's anatomy.
- **Surgical Guide Fabrication:** Fiduciary markers are essential for the accurate fabrication of surgical guides, ensuring precise implant placement during surgery. This minimizes surgical errors and improves treatment predictability.
- **Prosthesis Design and Fabrication:** Accurate data registration is critical for the design and fabrication of well-fitting and functional prostheses. Fiduciary markers enable the creation of a prosthesis that accurately reflects the planned implant positions and the patient's anatomy.

Reduced Errors and Improved Outcomes

- **Minimizing Discrepancies:** Fiduciary markers minimize discrepancies between the planned treatment and the actual outcome, reducing the need for costly and time-consuming adjustments.
- **Improved Patient Comfort and Function:** Accurate prosthesis fabrication leads to improved patient comfort and function, enhancing overall treatment satisfaction.

Continues on page 17

Literature Reviews delivering high quality social media clinical content

One of the subgroups of AO's Social Media Committee (SMC) is the Literature Review, bringing high-quality, clinically relevant research to our unique community.

Led by SMC co-chair **Guo-Hao (Alex) Lin**, MS, DDS, this team identifies and reviews new studies from *The International Journal of Oral & Maxillofacial Implants* (IJOMI) and *The International Journal of Periodontics and Restorative Dentistry* (IJPRD), the official journals of AO.

The subgroup selects articles that offer valuable scientific updates or practical clinical insights in implant dentistry. Their goal is to make research findings easier to understand and apply in practice. After selecting key articles, members create short summaries and post them on AO's Instagram and Facebook pages. These posts help the AO community stay current with cutting-edge research in an accessible format.

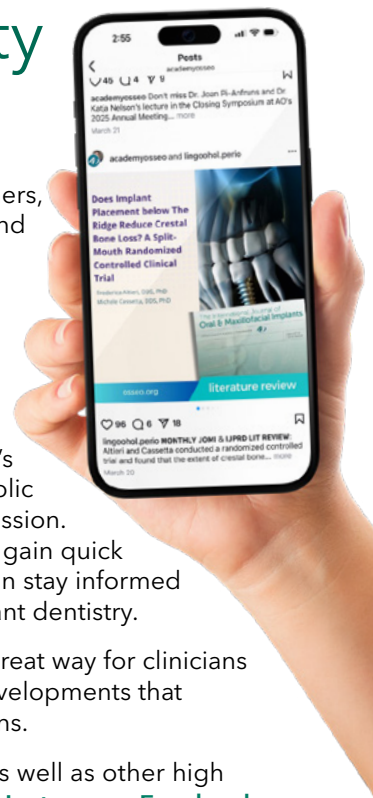
Subgroup members meet on a monthly basis to carry out this important work. During each meeting, the committee conducts a thorough review of the most recent issues of IJOMI and IJPRD, with an emphasis on identifying articles that demonstrate strong clinical relevance and offer

practical value for implant practitioners, restorative dentists, periodontists, and the wider dental team.

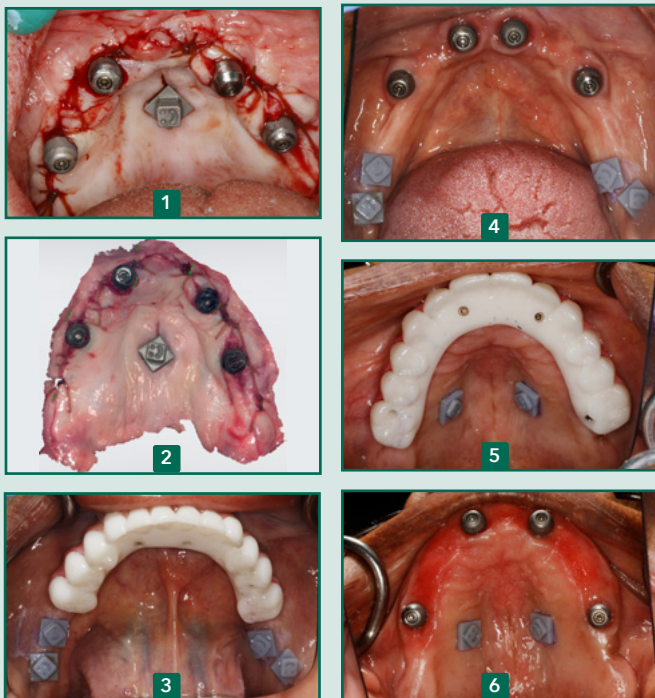
The selection process involves collaborative discussion, critical analysis, and consensus-building to ensure that the most impactful and pertinent studies are chosen. The final summary is then shared on AO's social media to encourage both public engagement and professional discussion. Through this process, AO members gain quick access to important research and can stay informed on the latest advancements in implant dentistry.

Following AO on social media is a great way for clinicians to keep up with evidence-based developments that support everyday treatment decisions.

Check out the Literature Reviews, as well as other high quality AO social media content on [Instagram](#), [Facebook](#), [LinkedIn](#) and [YouTube](#).



The Silent Guardians... (continued from page 16)



1 Post Op with Screw-In fiducial marker in place; **2** Post Op Intra Oral Scan; **3** Mandibular Provisional with Stick-On Markers in place, ready for IOS; **4** Soft-Tissue with Healing Caps & Stick-On Markers in place, Ready for IOS; **5** Maxillary Provisional with Stick-On Markers in place, ready for IOS; **6** Soft-Tissue with Healing Caps & Stick-On Markers in place, Ready for IOS

- **Increased Predictability:** By ensuring accurate data integration, fiducial markers increase the predictability of full-arch implant treatment, leading to more consistent and successful outcomes.

Types of Fiducial Markers

Various types of fiducial markers are available, including:

- Metallic spheres, squares or cylinders
- Radiopaque markers embedded in radiographic templates
- Specifically designed intraoral scan bodies containing fiducial geometry.

The selection of the appropriate fiducial marker depends on the specific clinical situation and the digital workflow being used.

In conclusion, fiducial markers are indispensable tools in digital full-arch implant dentistry. They act as silent guardians, ensuring the accuracy and reliability of digital data, ultimately leading to improved treatment outcomes and enhanced patient satisfaction. As digital technologies continue to evolve, the importance of these seemingly small objects will only continue to grow.

When Rock Cello and dentistry integrate

*Editor's Note: AO student members and brothers, **Emil Kovetski**, DMD (University of Kentucky), and **Daniel J. Kovetski**, DDS (University of Connecticut) also known as the world-renowned Rock Cello duo and America's Got Talent finalists, "Emil & Daniel," provided an energetic orchestral performance to kickoff AO's 2025 Annual Meeting. Academy News Editor **Mehrdad Favagehi**, DDS, MS recently had the opportunity to interview this unique duo.*

AN: You're internationally recognized for playing rock music on cellos – an uncommon and captivating combination. How did your musical journey begin, and how has being brothers influenced your collaboration?

E&D: We come from a unique blend of worlds. Three generations of musicians on our mother's side and three generations of dentists on our father's side, making music and dentistry intertwined parts of our DNA. We began our classical cello training when we were four years old, and we had daily lessons from our grandfather, Leonid Rubanchik, principal cellist of the Minsk Philharmonic and the Caracas Simfónica.

Shortly after we each learned to play the basics individually, our grandfather would arrange duets for us to play together. As we grew older, we began experimenting with alternative genres and got drawn to playing rock music. We started experimenting with effects pedals and guitar amps to develop the unique tones that our cellos now make.

Playing music as a duo forged an unbreakable collaborative bond between us that was innately strong with us being brothers and further strengthened in working through musical challenges and carefully listening to each other when playing music.

We are incredibly fortunate to be in the same field of implant dentistry as it feels like a continuation of our lifelong collaboration. More often than not, we think alike. But sometimes, our differences in perspective develop into better ideas after discussion. Much like in a band that is perfectly in sync, a stellar implant team is dependent on seamless collaboration between surgery, prosthetic design, and laboratory execution.

AN: You performed at AO's 40th Annual Meeting. What inspired you to become AO members and how has your involvement enriched your journeys?

E&D: Performing at AO was the ultimate honor. This was the third AO Annual Meeting for us. Two years ago, we never imagined we would be on that incredible stage kicking off the meeting. We were inspired to become members after our mentors shared how AO brings together the best voices in implant dentistry with a focus on evidence-based practices.

It is immensely inspiring to hear great lectures from esteemed speakers and see the dedication to excellence in implant dentistry worldwide. The interdisciplinary approach to care is what makes the Academy stand out for us. It's often easy to get caught up in the dogma of a single specialty, but the perspectives shared by clinicians with distinctive backgrounds all in one meeting make AO unique.

AN: Given your commitment to excellence in music and dentistry, what is the legacy you hope to build, and how do you envision impacting both communities?

E&D: Music will always be a core part of who we are. While we have no desire to be career musicians, we will always be musicians, and thanks to our grandfather, the cello will always be a close companion.

On the dental front, the future has never looked brighter in implant dentistry, especially for those committed to the pursuit of excellence. Our vision is to positively transform lives through exceptional, innovative dental care.

While our musical roots continue to inspire and shape us, our ultimate ambition lies in establishing a specialized practice that integrates our passion for periodontology and prosthodontics, as we aim to do our part in advancing the frontier of implant dentistry.

We would like to kindly thank AO for allowing us to be a small part of its 40th Annual Meeting. Thank you, Dr. **Mehrdad Favagehi**, for facilitating this interview. We also extend a very special thank you to our mentors, Drs. **Robert Vogel**, **Robert Levine**, and **Joseph Kan**, as well as the incredible AO Board of Directors, for their kind support, trust, and everything they do for this great profession.

There's more to this interview. [Click here](#) to read the full conversation.



View Emil & Daniel's exciting full performance on AO's YouTube channel.

AO Outstanding Dental Student Award honors more than 1,100

Since 2005, the Academy of Osseointegration (AO) has recognized more than 1,100 students around the United States with an Outstanding Dental Student in Implant Dentistry Award since 2005, including 53 students from the Class of 2025.

The award provides dental students with recognition among their peers and a head start on joining the professional field of implant dentistry. Nominated by their respective schools, each student receives a free year of AO membership, a complimentary subscription to the *International Journal of Oral & Maxillofacial Implants (IJOMI)*, \$500, and a certificate. Additionally, these selected students receive a complimentary registration to AO's 2026 Annual Meeting set for March 5 - 7, in Washington, DC.

[View the list](#) of 2025 awardees. Congratulations to all!



Aayushi Garg, Boston University Henry Goldman School of Dental Medicine



Lauren Mistretta, Stony Brook School of Dental Medicine



Sean K. Perry, LSU Health New Orleans School of Dentistry



Shruthi Prabhakar, Texas A&M University College of Dentistry



Logan Schweitzer, Midwestern University College of Dental Medicine-Arizona



Gavin L. Page, UT Health San Antonio School of Dentistry



Michael A. Wadley, University of Oklahoma College of Dentistry

Planting roots, building futures

By Mohammad Almutairi, DDS, MMSc; Academy News Guest Contributor

This year's Academy of Osseointegration (AO) Annual Meeting in Seattle came at a very special time in my life.

Just a few days after returning home, on April 1, I became a father to my beautiful daughter and firstborn, Norah. After an inspiring few days surrounded by peers and mentors in Seattle, and now holding my newborn in my arms, I couldn't help but reflect on the themes of growth, guidance, and possibility—concepts that, perhaps unexpectedly, mirror what the Academy represents for young clinicians like myself.



As a prosthodontics graduate of the Herman Ostrow School of Dentistry of USC and current implant fellow at the Harvard School of Dental Medicine, I've experienced firsthand how the AO nurtures early-career professionals. From generous travel grants for the opportunity to present research through oral and poster sessions, the Academy truly invests in our development. It doesn't just open doors – it encourages us to walk through them with confidence.

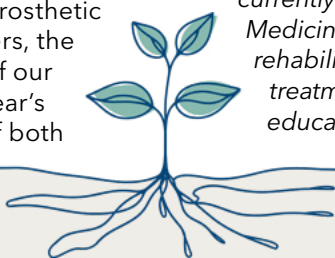
The Annual Meeting itself is a prime example of this support. With expertly curated surgical and prosthetic tracks led by internationally renowned speakers, the program reflects the interdisciplinary depth of our field. This year's meeting in Seattle, like last year's in Charlotte, offered a seamless integration of both

perspectives on one stage, allowing each of us to tailor our experience to our clinical interests and career aspirations.

What I found especially moving this year, however, was the sense of community. In between lectures and workshops, it was the social gatherings where I connected with mentors, peers, and fellow presenters – people who are passionate about the same things I am: excellence, innovation, and helping others. In many ways, it reminded me of the kind of environment I hope to create for my child – one full of encouragement, opportunity, and care.

Thank you to the Academy of Osseointegration for not only advancing the science of implant dentistry, but for cultivating a space where young professionals can grow roots and flourish. In both my personal and professional life, this season feels like a beginning. I'm incredibly grateful for the foundation the Academy helps to provide.

Mohammad Almutairi, originally from Kuwait, is DDS graduate of West Virginia University and is a prosthodontics graduate of the Herman Ostrow School of Dentistry of USC and currently an implant fellow at the Harvard School of Dental Medicine. His clinical interests include full-arch implant rehabilitation, digital dentistry and interdisciplinary treatment planning. He is passionate about mentorship, education, and advancing the field of implant dentistry.



What are the chances of this happening...

By: Harriet K. McGraw, DDS, AO board director and Academy News Guest Contributor

Following her nomination as an AO Board member at-large, I e-mailed **Despoina Bompolaki**, DDS, MS, FACP to extend my congratulations. I also took the opportunity to ask if her family heritage was from the island of Crete, since her last name, ending in -aki, is common to the island. I shared my maiden name, Papasifakis.

Upon greeting Despoina in person at the AO Annual Meeting in Seattle, I was quite surprised when she told me we had met before. It was at my first cousin's wedding in the village of Palaia Roumata in Crete, in 2001! My sister and I had accompanied our parents to the wedding and Despoina remembered us, recalling that we were the first women dentists she had met. I was very touched when she told me we had been the inspiration for her becoming a dentist.



Despoina was at the wedding with her parents and sister, her father having grown up in the village. I had met her father when visiting many years ago. This is where it gets interesting. Not only are our ancestral homes in the same small village but we are related! My grandfather and Despoina's great grandmother were first cousins.

AO Bylaws prohibit members of the same family from serving on the board at the same time. Using that standard, Despoina and I are allowed to be on the board together. We're happy Cretan standards weren't consulted, since we'd be considered close relatives. We're delighted to be fellow AO Board members!

Advancements in medical insurance billing

By: Christine Taxin, Academy News Guest Contributor

Advancements in medical insurance billing for dental patients include CBCT, bone grafts, implants, sleep apnea, and other procedures.

Patients are increasingly aware of the oral systemic connection and seek financial support from their medical plans. Comprehensive treatment with the oral physician can be enhanced by filing medical benefits, even if you remain fee-for-service. Here are four shared questions about starting medical billing:

- Why bill medical insurance?
- When to file for medical instead of dental?
- How to start and simplify the process?
- Avoiding Medicare issues.

The U.S. Surgeon General's report, Oral Health in America, in the year 2000 highlighted the link between oral and general health.¹ Oral exams can show signs of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders. Studies have also linked periodontal disease with diabetes, heart disease, stroke, and adverse pregnancy outcomes. Early diagnosis and treatment can be achieved by recognizing these oral symptoms. Family physicians should understand these connections and coordinate care with dental or medical specialists as needed.

Informed patients are now requesting medical billing for dental procedures to reduce financial costs. Dental professionals must navigate medical benefits and ensure diagnoses meet medical necessity criteria. This approach can improve patient care and collaboration with medical providers, bridging dental and overall health. Accurate documentation and knowledge of medical policies are crucial, especially for cases requiring medical intervention over dental procedures.

First, verify medical benefits to understand coverage and out-of-network options. If satisfactory, discuss reimbursement expectations. Then, document chief complaints, exam findings, and diagnosis in Subjective, Objective, Assessment, and Plan (SOAP) format to complete the medical claim. Software can simplify this, and many practices outsource billing to save time and focus on patient care.

Medical plan policies detail coverage criteria for treatments. For patients with functional impairments who can't tolerate dentures and need soft or liquid food, other billable procedures include exams, radiographs, frenectomies, mucositis, myofascial pain dysfunction (Botox®), third molar extractions, obstructive sleep apnea and TMJ appliance therapy, bone grafts, and implants. Read the contract before doing medical billing.

Collaborate with the medical provider for billing reasons. Patients must complete their medical history, but provider interaction with notes and diagnostic codes is essential. Know the exact codes, medication names, and patient risk scores.

Example: Subjective Complaints Medical Policy:

Oral implants may be covered if trials of mandibular prosthesis fail and there are issues like malnutrition, a diet limited to soft foods, persistent pain, mucosal hypertrophy, or upper intestinal problems.

Example: Bone Graft Medical Policy:

Coverage for oral surgery may be available under medical or a few dental plans, determined by reviewing diagnostics and medical necessities.

Medically Necessary:

Procedures are deemed medically necessary if they address significant functional

impairment and can improve it. Your documentation and collaboration with a medical provider work wonders in getting covered.

Reconstructive: Procedures are considered reconstructive when intended to correct a significant deviation from normal due to injury, disease, trauma, treatment of a disease, or congenital defect. *Note: Not all benefit contracts/certificates cover reconstructive services. Benefit language takes precedence.*

Medically Necessary:

Mandibular/Maxillary (orthognathic) surgery is considered medically necessary to treat a significant functional impairment when the procedure can be expected to improve the functional impairment. Significant functional impairment includes any one of the following (I, III, or IV below): Make sure you document why the need the treatment and the outcome. If it is a medical reason,



it is best to get the medical doctor to understand that the diagnostic reasons, he feels it is necessary.

- **Dysphagia** when all the following criteria (A, B and C) are met:
 - Symptoms related to difficulty chewing such as: choking due to incomplete mastication, or difficulty swallowing chewed solid food, or ability to chew only soft food or reliance on liquid food; and
 - Symptoms must be documented in the medical record, must be significant, and must persist for at least 4 months; and
 - Other causes of swallowing or choking problems have been ruled out by history, physical exam, and appropriate diagnostic studies;**or**
- **Speech abnormalities** determined by a speech pathologist or therapist to be due to a malocclusion and not helped by orthodontia or at least 6 months of speech therapy.**or**
- **Intra-oral trauma** while chewing related to malocclusion (for example, loss of food through the lips during mastication, causing recurrent damage to the soft tissues of the mouth during mastication).**or**
- **Masticatory dysfunction or malocclusion*** Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or a unilateral discrepancy of 3 mm or greater, given normal axial inclination of the posterior teeth

Document complete or partial tooth loss, matching atrophy to diagnostic reasons such as bone loss, infections, or other major medical conditions to



Christine Taxin

support your findings. You must learn how to use the SOAP format for documentation and visit the site for medical providers that are learning why they need to refer patients to oral providers so you can get the necessary information you need from them.

Visit the [website](#) that teaches the medical world about the oral collaboration. Also get a [free online tool](#) for Risk Assessments. If you don't get it, you are missing a valuable tool to back up your diagnostics and treatment plans.

Ms. Taxin serves as an adjunct professor at the New York University (NYU) Dental School and Resident Programs for New York City Programs, and is founder and president of Links2Success, which delivers continuing education seminars for dental and medical professionals.



AO events and CE calendar

September 10 - Noon EDT

AO Hotseat Podcast Review: How Digital Technologies Changed Prosthodontics...and My Life!

Irena Sailer, DDS

September 16 - Noon EDT

Laser Applications in Implant Dentistry

Mehrdad Favagehi, DDS, MS

October 8 - 8:00 pm EDT

AO Hotseat "Legends" Series: The Evolution of Soft Tissue Grafting and the Art of Tooth Preservation

Preston Dallas (PD) Miller, DDS

October 22 - Noon EDT

Crestal Sinus Lift: Complications and Their Management

Claudio Stacchi, DDS, MSc

November 11 - Noon EST

Prosthetic-Perio Interdisciplinary Care

Alvaro Blasi, DDS, CDT and Gonzalo Blasi-Beriain, DDS

AO strategic plan

By: AO Fellow and Diplomat Mehrdad Favagehi, DDS, MS; Academy News Editor

As implant professionals, we're very familiar with Benjamin Franklin's assertion that "If you fail to plan, you are planning to fail." Or as the French author and aviator, Antoine de Saint-Exupéry stated, "a goal without a plan is just a wish."

Recently, the AO Board of Directors adopted an updated strategic plan. The three-year plan is designed to serve our mission "to serve and support members in their efforts to advance the science and practice of implant dentistry, enhancing patient care and outcomes."

The plan was formulated based on our organization's philosophy and core values.

AO's philosophy according to the strategic plan:

The Academy of Osseointegration (AO) is dedicated to advancing implant dentistry through a commitment to innovation, research, and excellence. With members in 70 countries, AO fosters collaboration among dental professionals by sharing the latest evidence-based science and adopting cutting-edge techniques. By uniting specialists and generalists, AO sets the standard for excellence in education and patient care, positioning itself as the premier and most trusted authority in implant dentistry.

The AO vision, as listed in the strategic plan, is to set to establish the highest standards for implant dentistry based on three specific goals:

1

CULTIVATE

Cultivate a growth mindset by expanding and empowering membership, fostering leadership and building strategic alliances to drive innovation and achieve success.

2

ELEVATE

Elevate AO's status as the foremost, trusted authority in implant dentistry.

3

DELIVER

Deliver evidence-based and unbiased education.

To implement the above goals, AO's strategic plan lists 10 specific objectives and more than 20 strategies. All AO leaders, committee volunteers, members, and staff

are encouraged to align their AO activities with the strategic plan. The Osseointegration Foundation as the philanthropic arm of the Academy, is also formulating a strategic plan to align itself with AO's.

There are other implant organizations, societies and corporate entities that may mirror AO with continuing education, scientific publication and social media presence. But their agenda and scope are limited compared to the Academy and its comprehensive strategic plan.

From the beginnings of modern implant dentistry, AO has always been a leader as the world's premier science-based dental implant organization where experts from around the world collaborate to establish new standards in implant science and practice. AO's new strategic plan is a transparent roadmap for our Academy to accomplish its mission to serve and support members to enhance patient care and outcomes.

A core part of the plan is to seek feedback from our members about how we could serve them better. [Please use this link](#) to review the AO 2025-2028 strategic plan and provide us with your feedback to help our Academy continue its leadership in implant dentistry.



Dr. Mehrdad Favagehi



Academy of
Osseointegration

Complimentary Webinars Offering CE Credit



The Academy of Osseointegration is proud to offer its Webinar Series featuring complimentary* live and interactive webinars offering Continuing Education credit along with 100+ on-demand presentations. Participate in the live presentations or view them on-demand at your leisure.

UPCOMING LIVE WEBINARS INCLUDE:

Tuesday, September 16
Noon EDT

**Laser Applications in Implant
Dentistry**

Mehrdad Favagehi, DDS, MS

Wednesday, October 22
Noon EDT

**Crestal Sinus Lift: Complications and
Their Management**

Claudio Stacchi, DDS, MSc

Tuesday, November 11
Noon EST

Prosthetic-Perio Interdisciplinary Care

Alvaro Blasi, DDS, CDT and
Gonzalo Blasi-Berain, DDS

**Search the Webinar Series
site at osseointegration.org for dozens
of other archived
presentations available
for on-demand viewing.**

*Presentations are complimentary to members of the Academy of Osseointegration and available to non-members for a nominal fee.

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