

Want More?  
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# Eye On **3i**



Comprehensive  
Treatment

Enhanced  
Knowledge

Business  
Excellence

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## WELCOME FROM THE PRESIDENT



Maggie Anderson -  
President

Welcome to a NEW edition of Eye On **3i**! This edition is NEW because we are embracing environmentally friendly initiatives by bringing this issue to you electronically. It's also NEW because this issue will reflect the completion of **BIOMET 3i**'s year long quest to fully understand

the wants and needs of both patients and clinicians so that we can plan the course for the future. I am happy to relay to you that we have the course set and are more focused than ever to provide you with simple solutions to be successful – one patient at a time.

PROVIDING SOLUTIONS - ONE PATIENT AT A TIME™. This is the mission behind every activity that originates from BIOMET **3i**. Rather than thinking of our business in terms of the number of total procedures or products, we focus on each individual event between a clinician and a patient and how each event may require a different set of products or services from BIOMET **3i**. Our products and services fall into three distinct solutions: Comprehensive Treatment, Enhanced Knowledge and Business Excellence. These solutions provide a simple way for clinicians and laboratories to be successful—one patient at a time.

As you peruse this issue of Eye on **3i** we hope you will garner a better understanding of these solutions. For instance, a new Comprehensive

Treatment Solution is the introduction of the Low Profile Abutment, a solution designed to provide clinicians with more space for screw-retained restorations in areas of limited interarch distance.

We have numerous Enhanced Knowledge Solutions supporting professional education activities globally. These are instituted to give clinicians the knowledge and confidence to successfully treat their patients with BIOMET **3i** Products. In this issue, we share some of the programs you can take advantage of globally.

In today's increasingly competitive business environment, we also provide you with Business Excellence tools and resources to help you build and grow your business successfully as well as educate patients about the benefits of implant dentistry.

As you read this issue of Eye on **3i**, I hope it is evident to you that we have a strong focus on providing you with the solutions you need to successfully treat and educate patients about the benefits of implant dentistry, while offering you tools to help grow your businesses.

Warm Regards,

Maggie Anderson  
President

\*510(k) Pending. Not available for sale in the United States.



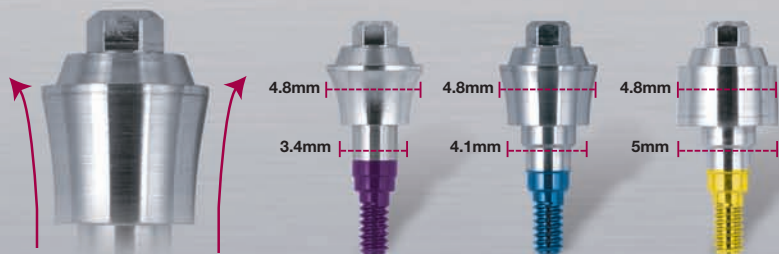
## Introducing **BIOMET 3i**'s Low Profile Abutment - Because Height Matters

Screw-retained restorations have a long history of documentation in implant dentistry. These abutments provide clearer access to, and retrievability of, single and multiple-unit implant restorations. In addition, certain patient situations may require the benefits of screw-retained restorations such as full mouth reconstruction and when employing immediate loading protocols. BIOMET **3i** now offers Low Profile Abutments and Restorative Components for ease of use and aesthetics.

At 2.2mm tall, the Low Profile Abutment has one of the lowest restorative profiles on the market today. This allows for functional aesthetic restorations in limited interarch spaces of 7.5mm, even when angle correction is necessary.

### Easy Placement

The Low Profile Abutment's new contoured emergence profile provides easier placement in subcrestal and flapless surgery. The emergence starts off straight, and then gently curves out to the restorative platform. This emergence mitigates the need for bone profiling prior to seating the abutments.



Contoured Emergence Profile

One Restorative Platform



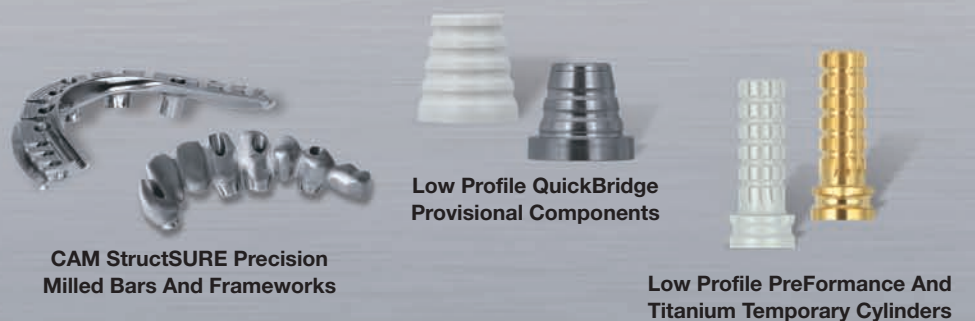
### Easy Delivery

Both one and two piece designs for the Low Profile Abutment have a disposable delivery tool for ease of use and sterile placement from the package to the patient.



### Multiple Restorative Options

The Low Profile Abutment offers a wide array of versatile restorative options. There are a variety of options for provisionalization or immediate loading procedures including BIOMET **3i**'s QuickBridge® Provisional Components, Titanium Cylinders with gold-colored TiN coating and PreFormance® (PEEK) Temporary Cylinders. Options for the definitive restoration range from castable Gold Cylinders to CAM StructSURE® Precision Milled Bars. All of these options are designed to provide restorative strength and aesthetic results.



CAM StructSURE Precision Milled Bars And Frameworks

Low Profile QuickBridge Provisional Components

Low Profile PreFormance And Titanium Temporary Cylinders

With its low height, contoured emergence profile and multiple restorative options, the new BIOMET **3i** Low Profile Abutment and Restorative Component Product Offering may be the best compliment to screw-retained restorations to date.

**For more information, please contact your local BIOMET 3i Sales Representative to find out how to achieve outstanding screw retained restorations with the Low Profile Abutment.**





Figure 1



Figure 2



Figure 3



Figure 4



Figure 5

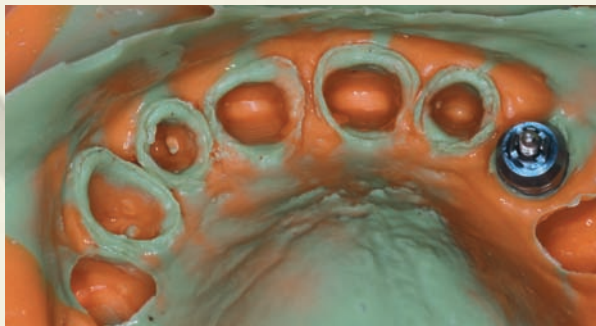


Figure 6



Figure 7



Figure 8

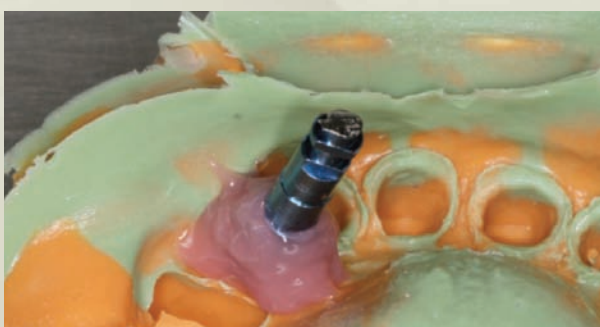


Figure 9

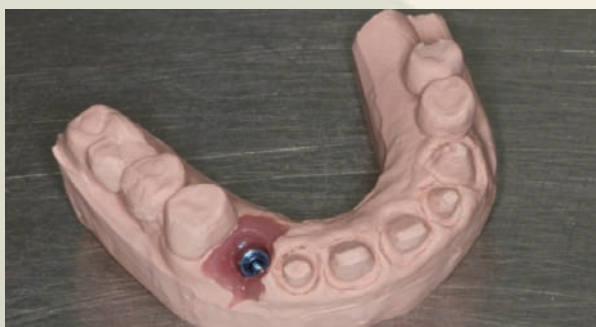


Figure 10

## Using Digital Technology to Address Challenges In The

Pär-Olov Östman, DDS, PhD

Immediate implant loading has become an attractive option for meeting some of the aesthetic and biomechanical challenges associated with using implants to replace single teeth, particularly in the aesthetic zone. Patients desiring improvement of their smiles with fixed restorations and aesthetic enhancements represent a growing segment of the population that can benefit from digital technologies. These technologies enable clinicians and laboratory technicians to fabricate aesthetic restorations with optimal gingival contours.

The following clinical presentation demonstrates the treatment of a 70 year old female patient who presented for replacement of tooth No. 11 [23], which had fractured due to trauma. She desired a fixed restoration, along with cosmetic enhancement of her unaesthetic, discolored maxillary anterior teeth (Fig. 1). Clinical and radiographic examinations confirmed that the patient had adequate bone volume to allow for placement of a dental implant immediately following extraction of the fractured canine.

The treatment plan called for the implant to be restored with a single-unit, zirconia Encode® Lab Designed Abutment and an all ceramic crown fabricated on a BellaTek™ Zirconia Coping. The natural teeth were to be restored with the placement of all-ceramic restorations fabricated on BellaTek Zirconia Copings for teeth Nos. 6-10 [13-22]. A periosteal was used around the crown and root tip of the fractured tooth, to protect the integrity of the buccal plate during extraction. After following the recommended drilling sequence, a 5mm diameter by 15mm length Certain® (internal connection) Implant was placed 2mm below the buccal bone margin.

Evaluation of the implant stability with an Osstell Mentor Instrument (Osstell AB, Gothenburg, Sweden) showed the implant stability quotient (ISQ) to be 82, which was deemed sufficient to allow for immediate provisionalization of the implant. A PreFormance® Post was placed on the implant and secured with a screw tightened to 20Ncm. The screw-access opening was blocked-out with polyvinylsiloxane light-body impression material. A prefabricated crown form was tried in on the prepared abutment. The form was then filled with composite resin, taking care not to overfill the prefabricated crown to avoid contaminating the implant-placement site. After light-curing the composite resin, the block-out material over the abutment screw was removed. The provisional crown was then removed, contoured, polished and replaced into the internal interface of the implant. The screw was tightened and the screw-access opening was restored.

The patient returned 12 weeks later and an impression was made of the existing anterior teeth, with the implant-supported provisional restoration in place. Teeth numbers 6-10 [13-22] were then prepared with an SS White Disposable Diamond Bur (SS White Burs, Inc., Lakewood, NJ) (Fig. 2). A Gingi-Plain® Retraction Cord (Gingi-Pak®, Camarillo, CA) was placed in the sulci around the tooth preparations and a pick-up impression coping was placed into the implant (Fig. 3). After three minutes, the retraction cord was removed and the prepared teeth were rinsed and dried (Fig. 4). Light-body polyvinylsiloxane impression material (Affinis®, Coltène Whaledent®, Switzerland) was syringed around the tooth preparations and the implant impression coping (Fig. 5). A stock tray with a hole created in the area of the implant was filled with heavy-body impression material and seated, per the manufacturer's instructions, until set (Fig. 6). An impression was made of the opposing arch.

To fabricate the provisional restoration, an impression made before preparation of the teeth was filled with self-curing acrylic resin (Fig. 7). This was allowed to set for three minutes.





## ies To Address Aesthetic e Anterior Maxillae

The restoration was trimmed, polished and secured to the prepared crowns with temporary cement (Fig. 8).

In the dental laboratory, a soft-tissue model was fabricated around the implant analog in the impression made of the implant and tooth preparations (Fig. 9). The maxillary master cast (Fig. 10) and the mandibular diagnostic cast were fabricated and articulated. The maxillary cast was scanned in a 3Shape Scanner and a Encode® Lab Designed Abutment was designed virtually. The data was sent to the BIOMET **3i** PSP Department in Valencia, Spain for fabrication of a Lab Designed Abutment in zirconia. The master cast was then pinned, sectioned and trimmed (Fig. 11). The implant abutment was scanned (Fig. 12), along with the tooth preparations for fabrication of zirconia copings.

BellaTek™ Zirconia Copings were fabricated in the BIOMET **3i** PSP Department and sent to the dental laboratory. These were placed on the master cast (Figs. 13 and 14). ZIROX® Ceramic (Wieland Dental+ Technik GmbH & Co., Pforzheim, Germany) was used to build the restorations on the copings. Because the material shrinks during firing, the first layer was overcontoured (Fig. 15). After firing, the crowns were placed on the dies in the master cast. A second layer of porcelain was applied (Fig. 16) and the crowns were removed, fired and replaced onto the dies. A stone was then used to trim the crowns. The crowns were prepared for a final correction firing (Fig. 17). After application and firing the final layer of porcelain, the finished crowns were placed back on the master cast (Fig. 18).

The patient returned to the dental clinic for delivery of the definitive restorations. The provisional restorations were removed and the prepared teeth were cleaned with water and 70% alcohol. The Encode Lab Designed Abutment was seated into the internal interface of the implant and secured with a Gold-Tite® Abutment Screw tightened to 20Ncm. The prepared teeth were dried. The crowns were then secured to the implant abutment and the five prepared teeth with RelyX™ Unicem Self-Adhesive Resin Cement (3M ESPE, St. Paul, MN) (Fig. 20). The occlusion was verified and the excess cement was removed. Periapical radiographs were taken to ensure complete removal of the cement. The patient received oral hygiene instructions and was released.

**Laboratory Colleague:** Åsa Kärner, Dentalgruvan Dental Laboratory, Falun, Sweden.

\*For more information on BellaTek and Encode Lab Designed Abutments, please contact your local BIOMET **3i** Sales Representative.



Figure 11

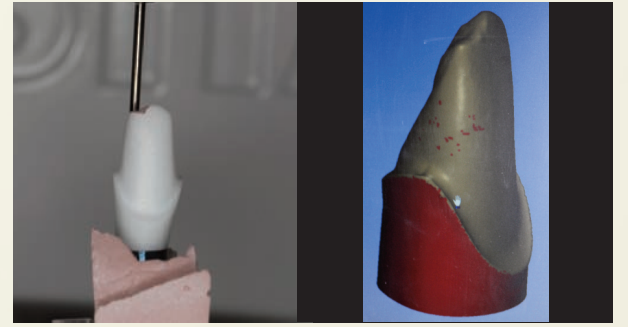


Figure 12



Figure 13



Figure 14



Figure 15



Figure 16



Figure 17



Figure 18



**Dr. Pär-Olov Östman**, received his dental degree from the University of Umeå, Sweden. He received his PhD in the department of Biomaterials, Institute for Surgical Sciences, Sahlgrenska Academy, Gothenberg University, Gothenberg, Sweden. He is Assistant Professor in the Department of Biomaterials, Institute for Surgical Sciences, Sahlgrenska Academy, Gothenberg University, Gothenberg, Sweden. Dr. Pär-Olov Östman is head of "Team Holmgatan" private practice clinic in Falun, Sweden.



Figure 19



Figure 20





## Dr. Edward Halusic Shares His Experience Growing His Practice By Offering Guided Surgery

**Q: As an oral surgeon specializing in implant therapy, how has the Navigator® System for Guided Surgery helped you differentiate your practice?**

**A:** We inform our patients that this is the most advanced technology available, while stressing the advantages of CT guided implant placement. It is very easy for our patients to understand the benefits of the technology. The surgery is relatively quick, which amazes patients. We have distinguished our practice as the leader in CT guided technology in our area by our commitment to the technology for all of our cases.

I have also presented locally to my referral base, which seems to have increased their understanding and acceptance of this technology. The ability to collaborate online with my referring dentists during the virtual treatment planning phase has helped my colleagues understand the technology's benefits. Being able to pre-plan implant positions, abutment angles and other restorative elements is invaluable. We are now in the process of organizing seminars at my referral dentists' offices, as their staffs also want to know more about CT guided surgery. My referral base is pleased with the fact that we are immediately provisionalizing cases for them. Patients do not have to bounce back and forth between offices as much and the restorative dentists' schedules run more smoothly. All of these factors are a direct result of utilizing CT guided surgery with the Navigator System technology, which has helped to set our practice apart.

**Q: How has this technology helped you grow your referrals?**

**A:** We are branding our practice as the leader in CT guided technology. As restorative dentists, auxiliary personnel and patients learn more about the benefit of the technology, more patients are selecting our practice for their implant-supported therapy.

**Q: How has this procedure increased patient acceptance of implant therapy?**

**A:** Most patients who accept implant therapy understand the benefit of implants. When we discuss how we are going to place the implants with CT guided technology, it gives them an added level of confidence that they have selected the right practitioner for their treatment.

**Q: What benefits of guided surgery resonate positively with your patient base?**

**A:** Patients easily grasp the benefits of three-dimensional versus two-dimensional imaging, especially with respect to vital structures such as the inferior alveolar nerve, sinuses and adjacent roots. Patients also seem to better understand the value of being able to visualize the available bone volume and placement of the implants exactly as planned. They are also very pleased with the short duration of the implant surgery and they appreciate the fact that a provisional restoration can be placed immediately, relieving them of the need to leave our office and go to the restorative dentists' offices. This saves the patients and restorative dentists time.

**Q: How have you overcome any patient objections to the slightly increased fees associated with the procedure?**

**A:** We discuss CT guided implant placement using i-CAT® Cone Beam 3-D Dental Imaging (Imaging Sciences, Hatfield, PA) and the Navigator System for Guided Surgery during the initial consultation. We do not offer the option of non-CT guided surgery, as our practice is committed to CT guided surgery due to numerous benefits for patients. With this approach, the increase in cost is accepted well. We use the Scan2Guide in conjunction with ImplantMaster Software (iDENT™, Ft. Lauderdale, FL) for most of our guided cases. As this technology gains acceptance, I think we will see costs associated with CT guided dental implant surgery decrease. I truly feel that our belief in the benefits of the technology resonates well with patients and they accept the associated increases in costs because they realize they are receiving superior care.

**Q: You have used Model Based Guided Surgery with the BIOMET 3i Navigator System to help patients who had definitively-restored, non-integrated implants. How has the accuracy of this system allowed you to do this?**

**A:** We have been able to replace three failed implants for three separate patients using the existing definitive abutments and restorations with minimal chairside adjustment of the definitive restorations. The accuracy of this "retrofitting" technique has been excellent. Patients have returned to the restorative dentists with the retrofitted replacement implants in place along with the original definitive abutments. The restorative dentists cement the *original* definitive crowns and make any minor occlusal adjustments. This saves the restorative dentist significant chair-time because he or she does not need to make impressions, while eliminating the need to have new abutments and crowns fabricated. Time-consuming procedures are eliminated for the restorative dentist, and this reflects favorably on our practice.



**Dr. Edward Halusic**, received his dental degree at the University of Pittsburgh School of Dental Medicine in 1980. Completion of his oral and maxillofacial surgery residency in 1984 at Allegheny General Hospital in Pittsburgh was followed by achievement of board certification in oral and maxillofacial surgery. He has been actively involved in implant surgery for twenty-eight years and has directed The Study Club for 20 years bringing nationally known speakers to the Western Pennsylvania area in an effort to promote quality dentistry. He has lectured regionally on implant surgery and more recently on the value of CT guided surgery, and has completed over 200 CT guided cases using the Navigator System.



## A Five-Year Prospective, Multicenter, Randomized-Controlled Study Of The Incidence Of Peri-Implantitis For Hybrid-DAE And Fully-DAE Implants

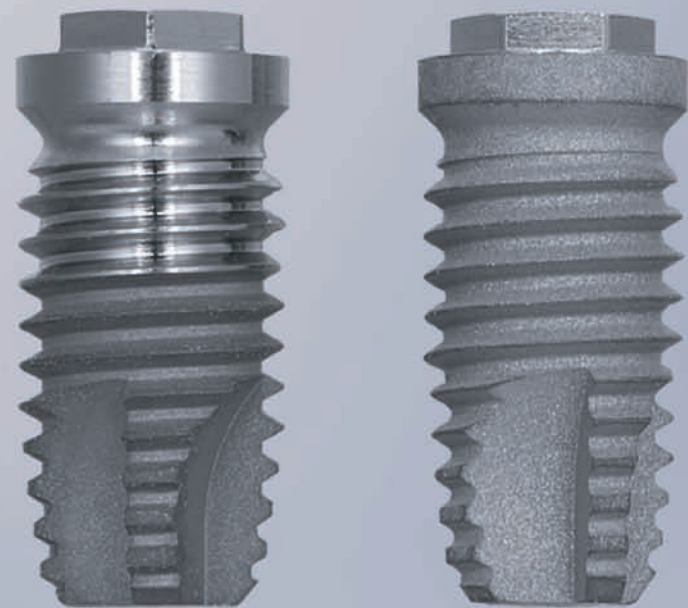
*Lars Zetterqvist, DDS; Sylvan Feldman, DDS;  
Bruce Rotter, DMD, MS; Giampaolo Vincenzi, MD, DDS;  
Jan Wennström, DDS; Andrea Chierico, DDS;  
Renée Stach, DDS; James Kenealy, PhD*

*J Periodontology 2009 Dec 23 (14pp.)*

### Abstract

The incidence of peri-implantitis has been reported to be as high as 14% and because peri-implantitis can cause progressive bone loss and is difficult to treat, it often leads to implant failure. Implants with a roughened collar surface are perceived to be at a higher risk for peri-implantitis and other mucosal complications. In 1996 the OSSEOTITE® Implant (BIOMET 3i) was commercially introduced with a “hybrid” design having a dual acid-etched surface (DAE, OSSEOTITE) extending the length of the implant from the apex to approximately the third thread where a machined surface is present up to the seating surface. Considerations for potential benefits of extending the DAE surface to the seating surface led to this prospective randomized-controlled study designed to assess the risk and incidence of peri-implantitis for fully-DAE-surfaced implants.

Study implants, fully- DAE-surfaced “test” implants and hybrid-DAE “control” implants, were placed in a single-stage approach with the seating surface level with the crestal margin of alveolar bone. Transmucosal abutments were placed and after 2 months of healing, implants were provisionalized with one of each implant type supporting each prosthesis to ensure that all conditions were consistent between groups. Final restorations were placed at six months and patients were followed for five years at annual intervals. Follow-up evaluations included Sulcus Bleeding Index scores (SBI), probing for suppuration, assessments for mobility, and periapical radiographs to identify radiolucencies and crestal bone levels.



One-hundred twelve patients were enrolled and 165 test and 139 control implants were placed supporting 127 prostheses. In the study, no substantial differences in mucosal health outcomes between test and control groups were observed throughout the 5-year follow-up. For both groups, the bleeding-on-probing scores were no different. There was one case of peri-implantitis reported over the five years of observation and this was for a hybrid implant. The condition was resolved following surgical intervention. Radiographic analyses of crestal bone regression demonstrate that the mean change from baseline (provisionalization) is less for test implants in comparison to control implants ( $P < .01$ ). The results of this 5-year study show no increased risk in soft tissue outcomes and peri-implantitis for fully-DAE-surfaced implants.

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## LITERATURE REVIEW

### A New Issue Of The Journal Of Implant And Reconstructive Dentistry® (JIRD)® Is Now Available On A New JIRD Website



A new issue of the Journal of Implant and Reconstructive Dentistry (JIRD) is available online at [www.JIRD-online.com](http://www.JIRD-online.com). This issue is exclusively devoted to reporting on the Gothenburg Research and Technology Forum held in Gothenburg, Sweden. Sponsored by **BIOMET 3i** and conducted in association with the Sahlgrenska Academy of the University of Gothenburg, the gathering provided an opportunity to discuss current research in the field of implant and reconstructive dentistry. Pioneering researcher Prof. Dr. Tomas Albrektsson, who served as Director for the Forum, commented, "The future of osseointegration has already begun. We are constantly trying to widen our indications, to treat more and more patients." Go to [www.JIRD-online.com](http://www.JIRD-online.com) to view the entire issue.

The new JIRD website offers media capability for iPad and more interactive elements such as video interviews, archives of back issues and multiple language options.

Not a subscriber to e-JIRD? Please take a moment to visit the journal online at [www.JIRD-online.com](http://www.JIRD-online.com) and sign up for a free electronic subscription to the journal. Subscribers will be notified via e-mail once the next issue is available.

For more information on JIRD, please contact your local **BIOMET 3i** Sales Representative today.



## CORPORATE NEWS

### Dentistry From The Heart

In May 2010, Periodontal Specialists of Grand Blanc participated in the second annual Dentistry from the Heart free dental care day, held by the Dental Care Team in Grand Blanc, Michigan. Dentistry From the Heart is a non-profit organization that provides free dental care to those who are in need.

This event offers free extractions, restorations and prophylaxis; however, this year applicants were screened to find the ideal candidate for an implant supported mandibular LOCATOR® OverdentSURE Restoration. On the day a candidate was chosen, Dr. Suheil Boutros with Periodontal Specialists of Grand Blanc performed the procedure by placing **BIOMET 3i** Dental Implants and LOCATOR Abutments. All products and related components were donated by **BIOMET 3i**. The patient was able to leave that day functioning without pain and dysfunction. "This humbling experience allowed us to give back to the community and to see the overwhelming need to educate people about the benefit of dental implants and how it can impact and change their lives forever" said Dr. Boutros.

Dentistry From The Heart (DFTH) is a national non-profit organization dedicated to providing free dental care to those who need it. Every year, individual dentists and practices across the country donate their time and resources to host their own DFTH events.

**For more information about DFTH please visit their website at <http://www.dentistryfromtheheart.org/>**

### Supporting Haiti

An estimated three million people were affected by the earthquake that struck Haiti on January 12, 2010. There have been continued initiatives coordinated by **BIOMET 3i** Team Members to support Haiti. One such event was a dinner organized by Julian Bejarano, **BIOMET 3i**'s National Sales Manager in Spain. The charitable dinner event collected more than \$6,000 dollars for people in Haiti.



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

**BIOMET 3i**  
PROVIDING SOLUTIONS - ONE PATIENT AT A TIME™



## Comprehensive® Reverse Shoulder System



The Comprehensive Reverse Shoulder System was designed to provide a complete, seamless system based on the Comprehensive shoulder platform. Recognizing the limitations of other reverse shoulders, innovation was engineered into each component.

This unique system minimizes the potential challenges of removing a well-fixed humeral stem by allowing conversion to a reverse shoulder using any of the existing Comprehensive stems. Biomet's exclusive RingLoc® and ArComXL® technologies have been incorporated into the design of the humeral tray and bearing to provide a true locking mechanism and minimize the potential for wear and oxidative breakdown.<sup>1-5</sup> The glenoid components were designed to eliminate the potential for scapular notching while taking advantage of the best glenoid bone available.

The Comprehensive® Reverse Shoulder System is simple, versatile and is the next generation reverse shoulder prosthesis.

### Clinical References:

1. Data on file at Biomet. Bench test results not necessarily indicative of clinical performance.
2. Trodonsky, S. et al. Performance Characteristics of Two-piece Acetabular Cups Series II. Scientific Exhibit. 62nd Annual AAOS Meeting. Atlanta, GA. 1996.
3. Fehring, T.K. et al. Motion at the Modular Acetabular Interface: A Competitive Study. Scientific Exhibit presented at the American Academy of Orthopaedic Surgeons. 62nd Annual Meeting. Atlanta, GA. 1996.
4. Rosner, B.I. et al. Cup/Liner Incongruity of Two Piece Acetabular Designs: Implications in the Generation of Polyethylene Debris. Scientific Exhibit presented at the American Academy of Orthopaedic Surgeons. 60th Annual Meeting. New Orleans, LA. 1994.
5. Trodonsky, S. et al. Performance Characteristics of Two-piece Acetabular Cups. Scientific Exhibit presented at the American Academy of Orthopaedic Surgeons. 59th Annual Meeting. San Francisco, CA. 1992.

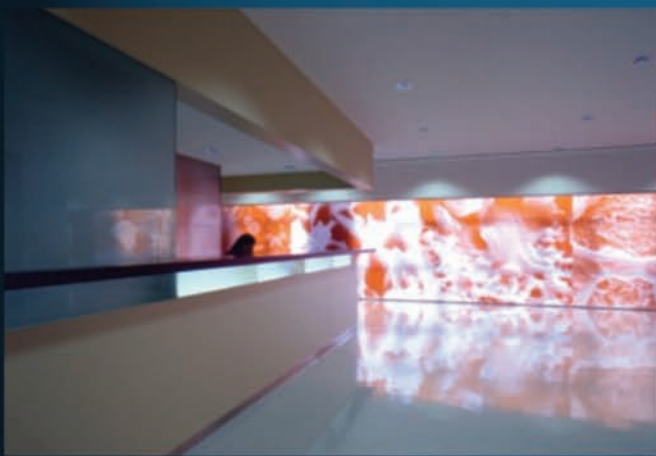
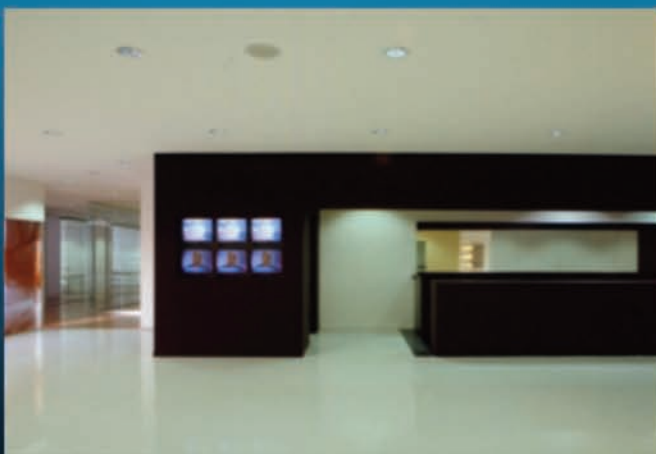
# BIOMET®





**BIOMET 3i™**

## Affiliate Spotlight – Italy's Biomax



Biomax started providing BIOMET 3i Products to the Italian marketplace more than 22 years ago and over recent years has successfully become the market leader in the Italian dental implantology field. It reported solid growth of more than 4% throughout last year.

Biomax is located in Vicenza, Italy and is headed by Antonio Coppola. He attributes the company's success to the dedication and quality of the people who work for the organization and a firm understanding of the customer's needs; servicing those needs quickly and efficiently. "Superior product offerings, sales excellence and education are fundamental solutions that we provide to our customers" says Coppola. "We have a very personal approach; we strive to understand every need for each and every customer intimately. We react to these needs by delivering customized solutions, then ensuring that the solutions we have given them are working." Coppola adds.

The Biomax Sales Force is managed by Roberto Ferrari with four sales coordinators assisting. They analyze data for their customers on a daily basis to ensure that a very personal solutions-based approach is delivered. That approach has led to focusing on providing customers with Comprehensive Treatment Solutions to better treat their patients. These solutions consist of the Tapered Implant System that is designed for initial primary stability and the Navigator® System for guided surgery allowing for immediate provisionalization.

Rounding out the fundamental solutions that Biomax provides to its customers are Enhanced Knowledge Solutions supporting professional education activities; led by Tino Valdesolo. Tino ensures that the more than 200 educational activities conducted a year provide clinicians with the knowledge and confidence to succeed.

Biomax is considered to be a very dynamic and innovative company that has the right people in place to continue to provide clinicians with solutions - one patient at a time.





## GLOBAL MEETINGS OF INTEREST

### North America

#### **Régénération Tissulaire et Osseuse Guidée- avec atelier pratique sure cadavre**

November 5-7, 2010  
Université Laval, Pavillon de Médecine Dentaire, QC

Faculty: Dr. Claude Laflamme

For more information, please visit  
[http://www.fc.ulaval.ca/webdav/site/fc/shared/doc/fmd\\_calendrier.pdf](http://www.fc.ulaval.ca/webdav/site/fc/shared/doc/fmd_calendrier.pdf)

#### **First Annual Atlantic Implant Symposium**

November 6, 2010  
Royal Oaks Golf & Estates  
Moncton, NB

#### **Implant Therapy: A Systematic Approach**

Faculty: Dr. Samer Abi Nader

For more information, please contact BIOMET **3i** at 800-363-1980 ext 2221

#### **Winter Clinic 2010**

November 12, 2010  
Metro Toronto Convention Centre  
Toronto, ON

For more information, please visit  
[www.tordent.com](http://www.tordent.com)

#### **Boston University**

November 19, 2010  
Boston, MA

#### **Current Advances in Implant Dentistry**

Faculty: Dr. Harold Baumgarten

For more information, please contact Boston University at <http://dentalschool.bu.edu/>

#### **AAOMS-DIC**

December 3, 2010  
Sheraton Chicago Hotel and Towers  
Chicago, IL

#### **Dental Implant Assisting Skills Lab for OMS Assistants**

For more information, please visit  
[www.aaoms.org](http://www.aaoms.org)

#### **Implant Surgery: Fundamentals To Details**

February 21-26, 2011  
Anspach Effort  
Palm Beach Gardens, FL

Faculty: Dr. Robert London

For more information, please call the London Institute at 206-683-0655

#### **The 146<sup>th</sup> Chicago Dental Society Midwinter Meeting**

February 24-26, 2011  
Chicago, IL

Faculty: Dr. George Priest

For more information, please visit [www.cds.org](http://www.cds.org)

### Europe

#### **1<sup>st</sup> BIOMET 3i Symposium Germany-Austria-Switzerland**

December 3-4  
Vienna, Austria

For more information, please contact us at [3i-deutschland@biomet.com](mailto:3i-deutschland@biomet.com)

#### **10<sup>th</sup> Iberic Symposium**

January 20-22, 2011  
Madrid, Spain

For more information, please contact us at [simposioibericobiomet3i@amexbarcelo.com](mailto:simposioibericobiomet3i@amexbarcelo.com)

#### **6<sup>th</sup> Symposium, Central European Implant Academy**

December 3-4, 2010  
Auditorium Maximum Jagiellonian University  
Cracow, Poland

Faculty: Dr. Paolo Corrado, Dr. Moshe Goldstein, Dr. Piotr Majewski, Dr. Barry Marshak, Dr. Ziv Mazor

For more information, please visit [www.ceia.pl](http://www.ceia.pl)

#### **Top Design Dental Office Gala**

February 25, 2011  
Warsaw, Poland

#### **Judges**

**Daniel Zielinski** – Designer  
**Piotr Kwasieborski** - Dean of Polish art Academy  
**Grzegorz Strzelewicz** - Prof. of Polish Art Academy  
**Joanna Kaminska** - Interior designer  
**Prof. Andrzej Wojtowicz** – Head of Polish Implant Association - OSIS  
**Maggie Anderson** – President, BIOMET **3i**

For more information, please visit  
[www.urzadzamy.pl/topdesign](http://www.urzadzamy.pl/topdesign)

### Asia Pacific

#### **Restoration Training**

November 9, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **Restoration Training**

November 23, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **BIOMET 3i Dental Implant Salon**

November 25, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **First Global Congress of Chinese Dentists**

December 4, 2010  
China Stomatology Association  
Xiamen, China

For more information, please visit  
[www.cndent.com](http://www.cndent.com)

#### **Restoration Training**

December 14, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **BIOMET 3i Dental Implant Salon**

December 16, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **BIOMET 3i Dental Implant Basic Class**

December 18-19, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **Nurse and Assistant Training**

December 20, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

#### **Restoration Training**

December 22, 2010  
Guangzhou, China

For more information, please contact Atek International Inc. at +86-21-6329-1265

### Latin America

#### **Congreso de Nanotecnología**

November 18-19, 2010  
NH Columbia Hotel,  
Montevideo, Uruguay

Faculty: Dr. Pablo Palassoli

For more information, please contact Asociación Odontológica Uruguay, [aou.org.uy](http://aou.org.uy)