



**The Illinois Academy of General Dentistry
&
The Illinois State Dental Society**



Present

**MACdentistry: The What, When, How
and Why of Current Indirect
Restorative Materials, Adhesives, and
Cements**

&

**Be Aware of Wear: A Systemic
Approach to Diagnosing, Treatment
Planning, and Restoring the Worn
Dentition**

Thomas Dudney, DMD

Friday, September 7, 2016

**Bloomington-Normal Marriott
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MACdentistry: The What,When,How, and Why of Current Indirect Restorative Materials, Adhesives, and Cements

Course Description:

As restorative materials, adhesives, and cements, continue to evolve, change, and improve it becomes more difficult for restorative dentists to keep up with the latest advances. With increasingly higher patient expectations for long term clinical success, it is important that the dentist have an understanding and working knowledge of these materials in order to make sound decisions. This half day lecture will discuss factors affecting the selection of indirect restorative materials that will satisfy the aesthetic and functional goals of the patient as conservatively as possible. Cases will be used to demonstrate the use of these materials, bonding agents, and cements in different clinical situations.

Learning Objectives:

- The factors affecting material selection.
- Monolithic vs. layered restorations.
- Combining aesthetics and function with emax lithium disilicate.
- Advantages and disadvantages of full contour zirconia.
- The benefits of the new universal adhesives.
- Which cements to use when and why.
- How to treat the tooth and the restoration when conventionally cementing or adhesively bonding.
- The long term benefits of bioactive cements.

Material selection and color of the tooth will determine :

- Amount of tooth preparation
- Margin design and placement

Factors Affecting the Selection of an Appropriate Restorative Material

- Aesthetic goals for the patient
- Functional requirements of the restoration
- Color of the tooth or substructure being restored
- Location of the tooth (anterior vs. posterior)
- Single unit or bridge
- Cement or bond
- Previous experience

All teeth should be restored with the most conservative restoration that satisfies the patient's esthetic and functional requirements.

Frank M. Spear, DDS, MSD
Advanced Esthetics &
Interdisciplinary Dentistry
Vol. 1, No. 4

Ideal Restorative Material

1. Aesthetic (ability to mimic natural tooth)
 - Translucency
 - Opalescence
 - Fluorescence
2. Strong (ability to withstand occlusal forces)
 - High flexural strength
 - High fracture toughness
 - High compressive strength
 - High tensile strength
 - High sheer strength

Ideal Restorative Material

1. Aesthetic (ability to mimic natural tooth)
2. Strong (ability to withstand occlusal forces)
3. Biocompatible
4. Color stable
5. Kind to opposing dentition
6. Not easily abraded
7. Low solubility in the presence of oral fluids
8. Ease of fabrication
9. Predictability of results
10. Versatile

Material Options

- Monolithic Restorations (uniform in structure throughout the restoration)
- Layered Restorations (requiring a core or framework and a veneering ceramic)

Monolithic Materials

Powder/Liquid Glass Ceramics (60-100 MPa)
Ceramco 3 (Dentsply)
Creation (Jensen)

Heat Pressed Leucite Reinforced Glass Ceramics (120-160 MPa)
IPS Empress (Ivoclar Vivadent)
Authentic (Microstar)

Milled Feldspathic and Leucite Reinforced Ceramics (120-160 MPa)
Vitablocs Mark II (Vident)
IPS Empress CAD (Ivoclar Vivadent)

Milled Resin Nano Ceramic (200 Mpa)
Lava Ultimate (3M ESPE)

Milled and Pressed Lithium Disilicate Glass Ceramics (360-400 MPa)
IPS emax Cad and Press (Ivoclar Vivadent)

Milled High Strength Crystalline Ceramics (900-1200 MPa)
BruxZir solid zirconia (Glidewell)
Lava Plus (3M ESPE)

Characteristics of Monolithic Materials

- Aesthetic
- Often require less tooth reduction
- Often can be used with supragingival margins
- Possess a glass matrix that enables them to be bonded to tooth structure (except zirconia)
- Glass ceramics more translucent but poor at masking
- Zirconia and lithium disilicate have ability to mask dark teeth

Advantages of Minimal Preparation

- Most conservative
- Predictability of bond to enamel
- Less risk of sensitivity
- Supragingival margins can be utilized
- Less flexibility under loading

Situations Requiring Enamel and Dentin Replacement

- Interproximal restorations or decay
- Discoloration
- Malposition of teeth
- Loss of tooth structure due to wear, erosion, or fracture

Clinical Situations for Using Monolithic Materials (Anterior and Posterior)

- Enamel Replacement (minimal or no prep veneer)
- Enamel and Dentin Replacement (3/4 crown or veneer-crown)
- Anterior Crown
- Posterior Crowns and Anterior 3-unit Bridges (Lithium Disilicate)
- Posterior crowns and bridges (zirconia)

Advantages of Lithium Disilicate as a Monolithic Material

- Strength (360-400 Mpa)
- Can be pressed or milled
- Versatility - can be used for veneers,thin veneers, crowns, anterior bridges, inlays, onlays, and implant restorations
- Ease of fabrication
- Can be bonded or cemented
- Most aesthetic of the higher strength materials especially when cut back and layered

Advantages of Zirconia as a Monolithic Material

- Strength (900- 1200 Mpa)
- Less occlusal clearance necessary
- Can be used with feather edge margins
- More aesthetic than metal
- Functions well under heavy occlusal loads
- Ease of fabrication
- Can be cemented or bonded for increased retention

Cementing And Adhesive Bonding Options

- Zinc Phosphate
Hy-Bond (Shofu Dental)
- Zinc Polycarboxylate
Durelon (3M ESPE)
- Glass Ionomer
Ketac Cem (3M ESPE)
- Resin-Modified Glass Ionomer
RelyX Luting Plus (3M ESPE)
FugicEM Automix (GC America)
- Bioceramic Luting Cement
Ceramir Crown and Bridge (Doxa Dental)
- Resin Cements

Resin Cements

- Self Adhesive
RelyX Unicem 2 Automix (3M ESPE)
Clearfil SA Cement (Kuraray)
- Dual Cure with Paired Self Etching Primers
Multilink Automix (Ivoclar Vivadent)
Panavia F 2.0 (Kuraray)
- Dual Cure with Total Etch or Self Etch Capability
Duo-Link Universal (Bisco)
RelyX Ultimate ARC (3M ESPE)
- Light Cure with Dual Cure Capability
Variolink II (Ivoclar Vivadent)
NX3 (Kerr)
- Light Cure Only
Variolink Veneer (Ivoclar Vivadent)
RelyX Veneer Cement (3M ESPE)

Protocol for Total Etch Adhesive Bonding of Glass Ceramics with Light Cure Resin Cement

- Isolate with rubber dam and disinfect prepared teeth
- Place phosphoric acid gel, rinse, leave teeth moist
- Apply bonding agent, evaporate solvent, and light cure
- Place resin cement on teeth and seat all the restorations
- Clean excess cement with gauze, cotton rolls, and brushes
- Tack restorations at gingival margins
- Floss interproximal contacts and light cure
- Remove cured cement on facial with scaler
- Polish interproximal contacts with finishing strips
- Adjust occlusion where necessary and polish with rubber points and polishing paste

Steps For Preparing Restorations

- Place phosphoric acid on internal surface
- Rinse, dry and apply silane coupler
- Allow to sit for 1 min. then dry
- Paint silanated surface with bonding agent
- Set aside in a safe place organized by tooth number



Unique Features/Benefits Of All Bond Universal

- Flexibility of Technique: self etch, total-etch, or selective-etch procedures



- High bond strengths to all indirect substrates, including metal, glass ceramics, zirconia, alumina, and lithium disilicate.
- Designed to be fully compatible with light-cured, self-cured and dual-cured composite and luting cements
- Low film thickness (less than 10µm)
- No additional activator required

Protocol for Adhesive Resin Bonding of Solid Zirconia and Resin Nano Ceramic

- Disinfect prepared teeth with chlorhexidine
- Rinse and lightly air or blot dry
- Apply self etching primers
- Lightly air dry to evaporate solvent and light cure
- Inject dual cure resin cement in automix syringe directly into restorations
- Seat restorations and while applying finger pressure light cure excess resin for 1-2 seconds
- Remove gelled excess with scaler/explorer and floss contacts
- Light cure, adjust occlusion, and polish

Layered Core Materials

Lithium Disilicate (350-400 MPa)

- IPS Eris (Ivoclar)
- OPC 3G (Jeneric Pentron)

Alumina (500-650 MPa)

- In-Ceram (Vita/Vident)
- Procera (Nobel Biocare)

Zirconia (900-1200 MPa)

- Cercon (Dentsply)
- Lava (3M ESPE)
- Zeno (Wieland Dental)

Metal Ceramics

- Captek (Precious Chemical Co.)
- Goldtech Bio 2000 (Argen)

Clinical Situations for Using Layered Core or Framework Materials

- Full crown when tooth color is dark
- Metal post and core
- Metal implant abutment
- Long span and posterior bridges

Characteristics of Layered Core Ceramics

- Require more tooth reduction
- Usually will be brighter and more reflective
- Ability to mask dark teeth
- Can be used for bridges
- Can be cemented conventionally

Zirconia Restorations

Advantages of Zirconia

- High flexural strength (900-1200 MPa)
- High fracture toughness
- Biocompatible
- Excellent fit (cad-cam technology)
- Can be used anywhere in the mouth (not ideal anterior)
- Can be used as implant abutments
- Can be used in long span bridges
- Can be used with dark substructures
- Cementable

IPS e.max System

- IPS e.max Press (lithium disilicate)
- IPS e.max Cad (lithium disilicate)
- IPS e.max ZirCad (zirconium oxide)
- IPS e.max ZirPress (flour-apatite glass)
- IPS e.max Ceram (nano flour-apatite layering ceramic)
- IPS e.max Cad-on (lithium disilicate press to zirconia framework)

Cementing Zirconia and Metal Restorations

Resin Modified Glass Ionomers (RMGI)
RelyX Luting Plus (3M ESPE)
FujiCEM Automix (GC America)

Self Adhesive Resin Cements
RelyX Unicem (3M ESPE)
Maxcem (Kerr)

Bioceramic Luting Cement
Ceramik Crown and Bridge (Doxa Dental)

Cementing Zirconia and Metal Restorations


Ceramik Crown and Bridge (Doxa Dental)

Capsules containing glass ionomer powder, calcium aluminate powder, and water
Self adhesive (no bonding agents or primers required)
Self curing with easy clean-up in gel state
Excellent retention due to formation of hydroxyapatite crystals
Biocompatible
Antibacterial
No post-op sensitivity

Anterior Inlay (Maryland) Bridges

Conservative Approach When Implants Are Contra-indicated

- Fiber-reinforced resin framework with ceramic veneer (two piece)
- Zirconia wings with layered ceramic pontic (one piece)
- Temporary or transitional with Ribbond



“These are world-renowned speakers that we get the opportunity to spend time with, talk to, and listen to their experiences in the dental field. It’s pretty amazing.”

Shailain Patel, DMD
Sacramento, CA
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Be Aware of Wear: A Systematic Approach to Diagnosing, Treatment Planning, and Restoring the Worn Dentition

Course Description:

In today's society tooth wear is more prevalent than ever and it is therefore incumbent upon the entire dental team to be well versed in recognizing the clinical signs of wear while understanding the importance of prevention when possible and the restorative options when necessary. This half day lecture will illustrate the different types of tooth wear with clinical examples, and demonstrate a systematic approach to diagnosis and treatment.

Learning Objectives:

- Recognize the clinical signs of intrinsic and extrinsic erosion.
- Office protocols to help patients prevent and/or treat acid erosion.
- Recognize the clinical signs of horizontal and vertical wear patterns.
- Designing an occlusal scheme that fits and grinding patterns of the patient.
- Bite opening vs. crown lengthening vs. orthodontic intrusion to gain space for restorations.
- The importance of an interdisciplinary team in treating wear cases.
- A systematic approach in the treatment of simple to complex wear cases.

Definitions

Attrition Tooth wear resulting from contact between opposing teeth.

Erosion A gradual tooth-surface loss process caused by an electrolytic or chemical mechanism without bacteria being involved. The acids causing the erosion may be extrinsic or intrinsic in nature.

Abrasion The wearing away of the tooth's outer covering caused by mechanical forces from a foreign object.

Definitions (cont.)

Abfraction The wedge-shaped lesions in the cemento-enamel junction area. Tooth flexure caused by eccentric occlusal forces during horizontal movements has been proposed as the etiology.

Demastication The physiologic wearing away of teeth during chewing. (functional wear)

Etiology of Tooth Wear
Daniel A. Paesani
Quintessence Publishing 2010

Abrahamsen Definitions

Abrasion

- Bruxism
- Toothpaste Abuse

Erosion

- Regurgitation
- Coke-swishing
- Fruit-mulling

Thomas C Abrahamsen, D.D.S., M.S.

Dzakovich Conclusions

Laboratory studies have not been able to reproduce lateral stress induced lesions
Toothbrush without dentrifice has not been able to reproduce cervical lesions
Toothbrush with dentrifice and vertical brush strokes has not been able to reproduce cervical lesions
Toothbrush with dentrifice and horizontal brush stokes has reproduced cervical lesions identical to abfraction

Work of Abrahamsen and Dzakovich

Conclusions:

- "Toothbrush Abrasion" is an incorrect term
- "Toothbrush Recession" occurs
- "Toothpaste Abrasion" occurs
- "Abfraction" due to lateral occlusal forces is doubtful
- "Abfriction" is primarily related to toothpaste and horizontal brushing

Characteristics of Attrition

- Wear facets match
- Wear is located in areas of contact
- Wear facets have sharp edges
- Wear of enamel and dentin is even

Additional Clinical Signs

- Fractures of teeth and/or restorations
- Tooth Mobility
- Pulpal Necrosis
- Masticatory Muscle Hypertrophy
- Tongue Indentations

Characteristics of Erosion

- Wear in locations of no occlusal contact
- Wear facets are dull with dentin cupped and rounded
- Acid will erode tooth structure but not restorations

Key Point

In the presence of acid teeth are more easily abraded and wear facets may be present

Treatment Options

- Diet Counseling
- Appliance (night)
- Equilibration (with or without composite)
- Direct Composite (esp. with acid erosion)
- Trial Therapy (splint, composite, provisionals)
- Indirect Restorations

Key Points

1. Patients must recognize their tooth wear as a problem and understand the long term consequences before they will accept treatment
2. Wear cases are often difficult to treatment plan because as teeth wear they move
3. Most wear cases almost always have more than one treatment option

How To Treat

- **Diagnosis** – acid erosion caused by esophageal reflux or attrition with a vertical wear pattern due to a constricted envelope of function
- **Treatment Goals** – restore worn teeth, increase incisor length, correct gingival asymmetry, improve smile aesthetics, restore function, etc.
- **Treatment Plan** – crown lengthen to correct gingival asymmetry and increase incisor length, porcelain veneers or crowns to restore worn teeth and improve smile aesthetics and function
- **Sequencing** – perio, ortho, endo, restorative

Developing the Treatment Plan

- Aesthetic Component
- Functional Component
- Structural Component
- Biologic Component

Developing the Treatment Plan What Happens When Teeth Wear

- Aesthetics – teeth get shorter decreasing incisal display – teeth erupt causing gingival asymmetry and occlusal plane disharmony
- Function (occlusion) – in horizontal wear overbite and overjet are lost as well as anterior guidance – in vertical wear overbite increases and overjet decreases
- Structural – there is often less tooth structure available to be restored and usually a lack of room for restorations
- Biologic – periodontal health is usually good, but endodontic and crown lengthening procedures are often required

Aesthetic Component	
Incisal Edge Position	} — established intra-orally with mock-ups, provisionals, etc.ly
Tooth Display	
Gingival Levels	
Functional Component	
Ant. Guidance	} — determined with a diagnostic wax-up on mounted models
Overbite and Overjet	
Occlusal Planes	
Structural Component (options to gain structure and/or space)	
Orthodontic Intrusion or Extrusion	
Periodontal Crown Lengthening	
Bite Opening	
Endo with Post and Core	
Orthognathic Surgery	
Biologic Component	
Periodontal Health	
Pulpal Health	
Caries Removal	

Key Points

1. Start with incisal edge position to establish aesthetic goals
2. Mounted models and diagnostic wax-up to establish functional goals

The diagnostic wax-up integrates the aesthetic goals with the functional goals

Aesthetic Goals

- Size
- Shape
- Position
- Color

Functional Goals – Stable Occlusion

- Overbite
- Overjet
- Occlusal planes
- Anterior guidance – posterior disclusion

Stable Occlusion

- Simultaneous equal intensity centric stops
- No posterior contact in excursive movements
- Anterior guidance in harmony with the patient's envelope of function

Acid Erosion

2 Types of Acid Erosion

Intrinsic (regurgitated stomach acid)

- Gastroesophageal Reflux (GERD)
- Bulimia

Extrinsic (ingested acid)

- Beverages
- Citrus Fruits

Options for Gaining Space

Crown lengthening

Orthodontic intrusion

Bite opening



Reasons for Altering Vertical Dimension

- To improve aesthetics
- To improve occlusal relationships
- To gain space for restorations



Methods for Determining New Vertical

- Trial Appliance
- Facial Proportion
- Freeway space
- Tens
- CEJ to CEJ Measurement

“Choose the vertical dimension that requires the least amount of opening to accomplish the aesthetic and functional goals of the case”

Frank Spear, DDS, MSD

Laboratory Communication for a Diagnostic Wax-up at New VDO

- Study Models
- Centric Relation Bite
- Face Bow Transfer
- Incisal Edge Position
- Length of Centrals
- Impression and Pictures of Mock-up
- Series of Photographs
- Written Rx

Ways To Find CR

- Bimanual manipulation
- Lucia jig
- Leaf gauge
- Kois Deprogrammer
- Composite ball
- Others

Clinical Signs of Extrinsic Erosion

Beverages (carbonated, sports, and energy drinks)

1. Poolers – wear on occlusals of mandibular posteriors
2. Swishers – facial erosion on maxillary anteriors

Citrus Fruits

1. Citrus
2. Fruit suckers – anterior facial and lingual erosion
3. Citrus fruit mulling – more posterior wear than anterior

Frank Spear DDS, MSD

Additional Risk Factors for Acid Erosion

- Acidic foods (healthy diets)
- Occupational hazards
- Sustained recreational drug use
- Low salivary flow

Prevention of Erosion

- Avoid or reduce direct contact with acids
- Increase acid resistance with fluoride therapy
- Utilize the benefits of calcium and phosphates
- Provide proper tooth brushing instructions
- Monitor salivary flow
- Make medical referrals when necessary

Key Point

Prognosis is very good for acid erosion cases especially when acid source can be eliminated or prevented

Dysfunctional Wear

Parafunction - grinding patterns caused by the occlusion most likely due to interferences or instability

Bruxism – grinding most likely initiated by the CNS resulting in patients that will continue to grind even after treatment

Frank Spear DDS, MSD

Trial Therapy

- Appliance – check for wear patterns
- Equilibration – in conjunction with composite bonding – check for breakage
- Provisionals – patient has accepted treatment – evaluate for evidence of wear

Attrition

2 Types of Wear Patterns

1. Horizontal – wear is broad and flat with facets on incisal edges and cusp tips and a loss of overall tooth length - horizontal wear patterns are usually less predictable to treat (cow)
2. Vertical – wear is present on the facial surface of the mand. anterior teeth and the lingual of the max. anteriors and is usually associated with a deep overbite - vertical wear patterns are often more predictable to treat (rat)

Goals of Treatment for Horizontal Wear Patterns

Design an occlusion and restorations that fit the grinding patterns of the patient

- Minimize overbite
- Shallow guidance
- Group function (bruxers)

Key Point

In protrusive wear pattern, design bite to have mesial of the mandibular premolar contact the distal of the maxillary canine to help share the load so patient wont push with as much force

Goals of Treatment for Vertical Wear Patterns

Design an occlusion and restorations that fit the grinding patterns of the patient (use of an incisal guide table is often beneficial)

- Increase overjet
- Decrease overbite

Options for Leveling the Occlusal Plane



Crown lengthen and shorten

Orthodontic intrusion

Raise the posteriors



Key Point

Which teeth need restorations will often dictate the treatment plan

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*Canadian dues rates reflect limited advocacy benefits.

Dear Colleague,

It is with great pride that I introduce the Chicago Component of the Illinois Academy of General Dentistry's 2016-2017 Seminar Series! We are excited to announce that we are going to offer the same decrease in registration costs as last year as an AGD Member Benefit. AGD members will pay only \$400 for a season pass, which will include ALL FOUR COURSES. In true Chicago spirit, we will be returning to Ditka's Restaurant in Oak Brook Terrace to network with our dental colleagues while enjoying their phenomenal food and ambiance. Once again, The 2016-2017 seminar series registration will be completed entirely online. This convenient method of registration allows for easy payment and immediate confirmation for all attendees at any time of day. Visit www.ilagd.org and click on Continuing Education/Chicago Component Events to register! As always, we encourage you to consider purchasing the 4-event Season Pass and save over individual event ticket prices. I look forward to seeing you at the seminars!

Sincerely,

Kate Limardi DDS
2016-2017 Education Program Course Director
Chicago Component of the Illinois Academy of General Dentistry
klimardi@gmail.com

Register online at www.ilagd.org

Any cancellation on or after day of course
will not be refunded

<u>Attending:</u>	<u>Price:</u>
AGD Dentist(s)	\$150
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Hygienist(s)	\$135
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27
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Kate Limardi DDS
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Chicago Component

PRESENTS

CAGD Seminar Series 2016-2017

**Cutting Edge Technology with
Digital Design and Real World
Cosmetic Dentistry
September 23, 2016**

**Predictable Low Stress Endodontics
for the General Practitioner
November 4, 2016**

**THE END – of Complications,
Sensitivity, Discomfort and
Open Contacts
and
New Tools in Modern Marketing
March 3, 2017**

**Conquer the Kids and
Win the Family
May 5, 2017**

Registration is online at ilagd.org

Cutting Edge Technology with Digital Design and Real World Cosmetic Dentistry; Faults, Failures, and Fixes

Speaker: Joyce Bassett, DDS

September 23, 2016
7:30am-4:00pm (Registration at 7:30 am)
Ditka's Restaurant
2 Mid America Plaza, #100, Oakbrook Terrace, IL



Dr. Bassett practices comprehensive restorative and aesthetic dentistry in Scottsdale, AZ. She is President and an Accredited Fellow of the American Academy of Cosmetic Dentistry. She is an Associate member of the American Academy of Esthetic Dentistry, a KOIS mentor, an active member in the Academy of Fixed Prosthodontics and a

Fellow in the AGD. Dr. Bassett is adjunct faculty where she has taught the aesthetic continuum at the Arizona School of Dentistry. She was voted Top 5 female CE educators. She is an international lecturer, published author and is a member of the editorial board of several peer-reviewed publications. She is a recipient of the Volunteer Dentist of the Year award for Arizona CASS dental clinic and has received the Give Back a Smile volunteer service award twice.

Course Description:

Failures in dentistry are frequently blamed on materials, but many times operator error is the culprit. This innovative course will focus on aesthetics that are BUILT TO LAST. Clear, systemized techniques will be presented to treat cases involving veneers, crowns and implant restorations. These protocols will increase profitability by preventing failures that occur day-to-day in your office.

New preparation techniques that will simplify difficult space management cases will be presented, along with how to handle shade challenges and master digital photography. A clinical update on adhesive technology and ceramics will be presented, along with dimensions of color and anatomic stratification of anterior composite to attain a polychromatic imperceptible result.

Aesthetic and functional parameters of incisor position and morphology, dental facial treatment planning, determination of vertical dimension, and bite force management will be presented as components that allow comprehensive restorative treatment.

Predictable Low Stress Endodontics for the General Practitioner

Speaker: John C. Flucke, DDS

November 4, 2016
7:30am-4:00pm (Registration at 7:30 am)
Ditka's Restaurant
2 Mid America Plaza, #100, Oakbrook Terrace, IL



Dr. John Flucke is in private practice in Lee's Summit, Missouri. He serves as Technology Editor for Dental Products Report magazine as well as Chief Dental Editor where he writes, edits, and does video demos of products featured in his "Technology Evangelist" columns.

Dr. Flucke has one of the most popular dental blogs on the Internet, "The Dental Technology Blog," featuring daily updates on technology in health care.

Dr. Flucke uses technology in every aspect of his practice and personal life. He loves testing the latest gear he can get his hands on. He lives his life by the motto "you can't have too many toys". He also consults with manufacturers helping with development of techniques, technologies, and products which allows him to see things from the "duct tape stage" all the way through to the completed item. Dr. Flucke graduated from the University of Missouri - Kansas City with a BA in Psychology as well as his DDS. He is a past president of the Greater Kansas City Dental Society as well as serving as the Missouri State Peer Review Chairman.

Course Description:

In this exciting hands-on course, Dr. Flucke will help you discover how to make endodontics predictable, profitable, and low stress. He will cover topics such as: diagnosis, canal location, instrumentation, irrigants, intra-canal medicaments and obturation. As a general practitioner Dr. Flucke understands the endodontic challenges faced by other "in the trenches" General Practitioners. This course will help you realize how manageable endodontics can truly be.

Course Objectives:

- Gain understanding of proper case selection
- Learn diagnostic techniques
- Discover Isolation tips and tricks
- Learn revolutionary instrumentation techniques
- Compare irrigation choices and delivery
- Discover effective obturation techniques

THE END – of Complications, Sensitivity, Discomfort & Open Contacts

Morning Session

Speaker: Todd Snyder, DDS

March 3, 2017
7:30am-4:00pm (Registration at 7:30 am)
Ditka's Restaurant
2 Mid America Plaza, #100, Oakbrook Terrace, IL



Dr. Todd Snyder received his doctorate in dental surgery at the University of California at Los Angeles School of Dentistry. He has trained at the F.A.C.E. institute for complex gnathological (functional) and temporomandibular joint disorders (TMD). Dr. Snyder is an Accredited Member of the American Academy of Cosmetic Dentistry.

Dr. Snyder has been on the faculty at U.C.L.A. and is currently on the faculty at Esthetic Professionals. He also founded and is CEO of Miles To Smiles, a non-profit children's charity that helps indigent and underprivileged children.

Course Description:

The days of sensitive teeth, discomfort or open contacts upon placing a permanent restoration should be gone in our offices. Today's program is going to provide practical solutions utilizing various materials to solidify The End of your restorative complications.

Course Objectives:

- Preparation techniques to instill greatness
- Perfect occlusion with minimal to no adjustment
- Composite placement techniques that rival nature
- Impression techniques to get it right the first time!
- Glass ionomer applications to eliminate headaches

New Tools in Modern Marketing (The Peanut Butter & Jelly Method)

Afternoon Session

Course Description:

Learn facts about modern marketing techniques to market one's practice over the internet. The program will show how to create a web presence that people notice. Create brand identity, public awareness and popularity. Gain a huge advantage over competitors by setting up different internet accounts and tracking them daily.

- No-cost marketing with a high return
- Improved visibility on the internet
- Increased new patient flow

Conquer the Kids and Win the Family

Speaker: Carla Cohn, DMD

May 5, 2017
7:30am-4:00pm (Registration at 7:30 am)
Ditka's Restaurant
2 Mid America Plaza, #100, Oakbrook Terrace, IL



Dr. Cohn graduated from the Faculty of Dentistry at the University of Manitoba in 1991. She then went on to complete a post graduate internship in Children's Dentistry at Health Science Centre Children's Hospital.

Dr. Cohn was alarmed at the rampant tooth decay she encountered in very young children, despite all of the knowledge available on prevention. Today her ground breaking private practice at Kid's Dental, focuses on prevention.

Dr. Cohn holds an appointment at the University of Manitoba, Faculty of Dentistry, and the Dean's Advisory Board at the University of Manitoba. She has surgical privileges as a shareholder at Western Surgery Centre. and has lectured extensively on risk assessment, prevention, behavior management and restorative treatment.

Course Description:

Learn strategies to complete infant and toddler examination. Address many frequent patient and parent concerns. This course will provide you with everything you need to know about risk assessment for children—including patient questionnaires and clinical testing. A "tool box" of preventive strategies will be presented.

Keep the kids and their parents IN your practice. This course will give you practical points on how to treat your little patients well. Restorative treatment options and their clinical indications will be presented. Indications for glass ionomer, composite, and aesthetic full coverage in anterior and posterior teeth will be demonstrated. You've heard it before - treat the kids well and your practice will thrive.

Course Objectives:

- Treat caries as an infectious disease
- Complete a risk assessment
- Provide a wide range of preventative therapies

Registration is online at ilagd.org

About the Speaker:

Dr. Joseph Kim

Joseph Kim, DDS, JD, received his dental training from the University of Michigan. He maintains a general practice in Yorkville and Sugar Grove Illinois, focusing on full arch implant therapy, as well as receiving referrals for both implant and sedation dentistry from the Chicagoland area. Since 2008, he has trained hundreds of dentists in implant surgery and restoration, with support from various implant and dental materials manufacturers. Dr. Kim also owns and operates an implant dental laboratory, giving him a unique perspective on the state of the art in implant prosthetics.

**Full Arch
Implant Therapy**

Dr. Joseph Kim



Program Site:

**Giovanni's Restaurant
& Convention Center**

*610 N. Bell School Rd.
Rockford, Illinois
(815)398-6411*

For information contact:

Stephen Petras, DMD,MAGD

Phone: (815) 947-3700

Fax: (815) 947-9058

petrasdmd@gmail.com

Friday, October 14, 2016

NORTHERN ILLINOIS COMPONENT

**Dr. Stephen Petras
P.O. Box 146
Stockton, IL 61085**



**Academy
of General Dentistry**

PACE

**Program Approval for
Continuing Education**

Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
by a state or provincial board of
dentistry or AGD endorsement
9/1/2016 - 8/31/2019

**Next NIAGD Seminar:
Practice Management
4/28/2017**

Or Current Resident

**PRESORTED
STD MAIL
US Postage Paid
Stockton, IL
Permit No. 15**

Full Arch Implant Therapy

Over the past several decades, implant dentistry has become a welcome modality as an alternative to conventional prosthodontics, especially in situations where traditional methods cannot provide adequate restorative solutions. This is particularly true for edentulous patients in need of implant assisted full arch or full mouth rehabilitation, as well as, partially edentulous patients whose remaining dentition are not in mechanically optimal positions. Despite its promise, restorative dentists avoid certain full arch implant solutions, often due to inadequate patient communication and lack of experience. Conversely, there is a disturbing trend to push patients to remove otherwise healthy teeth and their supporting structures in favor of one size fits all hybrid prostheses. This course will explore the benefits and limitations of fixed and removable treatment options in the context of full arch reconstruction. Special attention will be paid to common problems and how to avoid and address them. This course is appropriate for surgical and restorative clinicians who want to better understand and implement full arch fixed and removable implant therapy in their practices.

ACKNOWLEDGEMENT

Presenting a program of this nature is a group effort, and would not be possible without the assistance of many individuals and companies. A complete listing of contributing companies will be available at the program site.

Course Objectives:

- Review the concept of prosthetically driven treatment planning
- Understand the importance of patient and laboratory communication
- Be aware of full arch fixed and removable prosthetic options
- Review full arch occlusal concepts
- Learn how to maintain fixed and removable prostheses

Schedule

Friday, October 14, 2016

8:00—8:30 *Registration*
 8:30—12:00 *Lecture*
 12:00—1:00 *Lunch*
 1:00—4:30 *Lecture*

CE CREDITS

7 hours of *lecture* credit may be used towards FAGD, MAGD or re-licensure for dentists and hygienists.

Radisson Hotel, 200 S Bell School Rd,
 Rockford, IL 61108. (815) 266-2100 and
Staybridge Suites, 633 N Bell School Rd,
 Rockford, IL 61107 (815) 397-0200

Group rate of \$119.95/night for participants..
 Reservations must be made 15 days in advance.

REGISTRATION FORM

	AGD	Non-AGD
Dentist or first person- From office	\$300	\$350
First additional staff member		\$100
Each additional staff member		\$50
Total Number Attending _____		
Amount Enclosed _____		
Signature _____		
<i>Please Print:</i>		
Name: _____		
AGD/ADA No. _____		
Name: _____		
AGD/ADA No. _____		
Name: _____		
AGD/ADA No. _____		
Address: _____		
City, State, Zip: _____		
Office Phone: _____		
Fax No: _____		
E-Mail Address: _____		

Refund Policy: Full tuition refund is available without penalty up to one week prior to scheduled course.

Fellowship

FAQs

Distinguish yourself professionally through quality continuing education (CE) by pursuing the prestigious Academy of General Dentistry (AGD) Fellowship Award!

Learn more about AGD Fellowship and the requirements to attain the award from the frequently asked questions (FAQs) below. For additional questions, contact the AGD Membership Services Center toll-free at 888.AGD.DENT (888.243.3368) or membership@agd.org.

What are the requirements for AGD Fellowship?

- Active dentist membership in the AGD for three (3) continuous years (36 months) by December 31 of the year in which your Fellowship application is received.
- Completion of 500 hours of FAGD-approved CE credit, with at least 350 hours earned in live course attendance.
- Successful completion of the AGD Fellowship Exam.
- Completion and approval of a Fellowship application.
- Attendance at an AGD Convocation Ceremony, held during the AGD annual meeting, to receive your award (successful candidates are allowed three years following application approval to complete this requirement).

I joined the AGD during my last year of dental school. Does that year count toward my three years of continuous membership?

No, student membership in the AGD does not count toward this requirement for Fellowship. Your three years of continuous active dentist membership in the AGD begins no earlier than the date of your dental school graduation.

Do I have to wait until I have earned 500 CE credit hours to take the AGD Fellowship Exam?

No, you may take the exam as early as 90 days after your active dentist membership in the AGD begins, and before you've fulfilled the other two requirements for Fellowship. The AGD recommends that recent graduates take the exam within their first two years of active dentist membership while they're still familiar with test-taking and the subject material covered.

When and where can I take the exam?

The exam is available year-round at Schroeder Measurement Technology (SMT) computer testing centers throughout the U.S. and Canada. In addition, a paper/pencil version of the exam is offered annually at the AGD Annual Meeting & Exhibits and at various locations in the fall immediately following the AGD National Fellowship Review Course.

How do I locate a local SMT computer testing center?

Visit www.agd.org to find a testing center online. Simply head to the Education & Events section of the AGD website and click on "Exam/Awards," then "Fellowship Exam." Testing appointments may be made through SMT's registration department once a paid exam application has been received and processed by the AGD Headquarters office.

How many times can I take the exam in a single year?

There are two different computer-based exams available annually, October through December, so you may have up to two chances in a given year. You may continue to re-test until you pass, but you may not take the same exam version twice.

How is the exam graded?

The Fellowship Exam is norm-referenced. Scores are based on the candidate's total number of correct answers. The annually established minimum pass score indicates a level of dental knowledge appropriate for attainment of the Fellowship Award. Each year's exam is statistically equated to the previous year's exam, assuring the pass level is consistent so that candidates do not have to compete against each other.

How many members pass the exam the first time?

In a given year, approximately 70 to 75 percent of members taking the exam will pass on their first attempt.

What tools are available to help me prepare for the exam?

- **AGD Fellowship Exam Study Guide:** The AGD sells multiple print and online versions of the AGD Fellowship Exam Study Guide for \$96 each. Submit a completed copy of your answer sheet to receive 15 hours of CE credit. Multiple editions of the study guide may be purchased; however, CE credit will be granted only once for a maximum of 15 hours.
- **AGD National Fellowship Review Course:** The AGD National Fellowship Review Course is offered annually at the AGD Annual Meeting & Exhibits and at various locations throughout the country in the fall. The national review course is designed to provide a refresher in 17 different dental disciplines, as well as to assist members in preparing for the AGD Fellowship Exam, which they have the option to take on the day immediately following the review course. All registrants will receive a complimentary copy of the AGD Fellowship Exam Study Guide prior to attending the national review course.
- **Local AGD constituent courses:** Select AGD constituents may offer a local Fellowship Exam prep-course or study group. To determine availability in your area, visit the Membership section of the AGD website and click on "Member Connections," then "Connect With Constituents."
- **Other study aids:** Several dental review books are available through online retailers such as Amazon and eBay, including *Mosby's Review for the NBDE Part II* and *First Aid for the NBDE Part II*. Additionally, a series of comprehensive dental flashcards are available for purchase online at www.dentaldecks.com.

Can I receive Fellowship credit for attending any live CE course?

No, to be eligible for Fellowship credit, course content must be scientific in nature and directly related to the practice of dentistry. Additionally, only courses hosted by approved program providers are eligible for Fellowship credit. Approved program providers include those accepted by the Committee on Program Approval for Continuing Education (PACE), intrastate program providers approved by AGD Constituent Academies, or those approved by the American Dental Association's (ADA) Continuing Education Recognition Program (CERP). As an exception, however, up to 10 hours of credit may be applied toward Fellowship for approved self-improvement courses taken on or after July 1, 1985.

Can I receive Fellowship credit for completing a postgraduate residency training?

Yes, individuals who join the AGD within four years of completing a one-year Commission on Dental Accreditation (CODA)-accredited General Practice Residency (GPR) or Advanced Education in General Dentistry (AEGD) program may earn up to 150 hours of participation credit, and up to 300 hours of credit for a two-year program.

A maximum of 450 hours of participation credit may be earned for non-concurrent completion of both program types. Credit is awarded as follows:

- Current AGD member upon program completion: 100 percent of credits awarded
- Join the AGD within one (1) year of program completion: 100 percent of credits awarded
- Join the AGD within two (2) years of program completion: 75 percent of credits awarded
- Join the AGD within three (3) years of program completion: 50 percent of credits awarded
- Join the AGD within four (4) years of program completion: 25 percent of credits awarded
- Join the AGD four (4) or more years after program completion: 0 percent of credits awarded

Please note that AEGD and GPR programs are the only residencies that qualify for Fellowship credit. To receive credit, send either a copy of your residency certificate or a letter (on official letterhead) from the director of the residency program verifying that you have completed the program. Be sure to include the beginning and ending dates of the program, along with the type of residency completed.

Can I receive Fellowship credit for teaching?

Yes, if you have a faculty appointment at an ADA- or Canadian Dental Association (CDA)-accredited institution, you can receive up to 150 hours of approved credit. To receive teaching credit for a faculty appointment, a verification letter from the director of the program is required. The letter should be on official letterhead and include the dates of the teaching appointment and the subject taught. CE presentations sponsored by AGD PACE- or ADA CERP-approved providers also are eligible for credit. Verification on letterhead or other official correspondence must be sent by either the sponsoring organization or the lecturer.

A combined maximum of 150 CE credit hours from teaching/publication may be applied toward Fellowship and Mastership.

Can I receive Fellowship credit for publishing an article?

You can receive as many as 150 CE credit hours toward Fellowship and Mastership for authoring published scientific articles. To receive credit for an article that has been published, submit a copy of the article as it appears in the publication. Articles written about practice management are not eligible for credit. Credit is awarded as follows:

- 40 hours for scientific articles published in a refereed journal (30 hours for articles published in a non-refereed journal)
- 65 hours for writing a textbook or chapter of a dental textbook
- 10 hours for a published case report, technique paper, or clinical research report in a refereed journal (5 hours for articles published in a non-refereed journal)

A combined maximum of 150 CE credit hours from teaching/publication may be applied toward Fellowship and Mastership.

Can I earn the 500 CE hours required for Fellowship by teaching, publishing articles, and taking self-instruction courses only?

No, a minimum of 350 of the 500 total CE hours required for Fellowship must be taken through live course attendance. A combined maximum of 150 of the required hours may be earned through teaching, publication, or self-instruction.

How can I track my progress toward Fellowship?

Use your online transcripts to monitor your CE activities. The AGD Award Transcript lists all of the credits that you've accrued since joining the AGD that are approved for Fellowship credit. To access your Award transcript at any time, visit the Education & Events section of the AGD website and click on "Manage My CE," then "View My Award Transcript."

I have registered to take the AGD Fellowship Exam. Am I automatically registered to receive the Fellowship Award?

No, there are two separate applications and fees for Fellowship. The first application registers you for the Fellowship Exam. Once you have passed the exam, a Fellowship Award application will automatically be sent to you, or you can call and request an award application whenever you are ready. Your award application must be postmarked by December 31 in order to qualify to attend the Convocation Ceremony and receive your Fellowship at the AGD annual meeting the following summer.

Refer a Colleague to Join the AGD and You Could Win a Trip to AGD 2017!



THE PREMIER MEETING
FOR GENERAL DENTISTRY
AGD2017

LAS VEGAS
JULY 13 TO 15, 2017
WWW.AGD2017.ORG



Recruit at least one qualifying new dentist member to the AGD by Dec. 31, 2016, and you'll be entered to win our grand prize – a trip to AGD 2017 in Las Vegas, including:

- Round-trip airfare
- Three-night stay at Caesars Palace Las Vegas Hotel and Casino, the AGD 2017 Headquarters hotel
- Complimentary meeting registration
- \$200 to apply toward CE courses offered at AGD 2017*

Visit
www.agd.org/refer
to learn more
and start recruiting
today!



* No purchase necessary to enter or win. Promotion runs through Dec. 31, 2016, and is open to all AGD dentist members in good standing who recruit at least one qualifying new dentist member to the AGD during the promotional period. Random drawing to be held on or about Jan. 1, 2017. Both the recruiting winner and the winner's new member will each receive a trip to AGD 2017. If the winner has recruited more than one new member to the AGD by Dec. 31, the AGD will choose at random which new member will accompany the winner to AGD 2017 in Las Vegas. Travel to be completed July 13 to 15, 2017. Promotion subject to all applicable federal, state, and local laws and regulations. Visit www.agd.org/refer for complete program rules and eligibility.



For more information, visit www.agd.org/savings.



AGD Marketplace & Career Center:
A 20 percent discount on online postings



All-Star Dental Academy:
\$400 discount on dental team online training program



CareCredit:
Offices can enroll for only \$25 to offer patient financing



Dentist's Advantage:
A free year of professional liability coverage for new graduates, 10 percent discount on premium for AGD members, 15 percent discount on premiums for AGD Fellows, and 20 percent discount on premiums for AGD Masters



Dental Card Services Alliance:
Free terminal and no termination fee for AGD members on credit card processing



Earnest:
\$400 welcome bonus for refinancing student load debt



Engel Institute:
A 5 percent discount on implant training courses



Getaroom.com:
Exclusive membership discounts on hotels worldwide



Hagan Barron Intermediaries:
Discounts on health, life, disability, and other personal insurances



Healthy Paws:
10% discount on policy premium to insure your pet



Liberty Mutual Insurance:
Discounts on auto and home insurance



Officite:
Up to a 40 percent discount on website, social media marketing, and search engine optimization services



The Online Practice:
Up to a 50 percent discount on website templates and online visibility services



Solutionreach:
\$1 activation fee and additional subscription discounts on patient relationship management tools



Vatech America:
Discounts on training, support, and education with the purchase of a 2-D or 3-D digital imaging scanner



Virgin Hotels Chicago:
A rate of \$155 to \$220 per night for a room and a 20 percent discount on suites



Virgin America:
Discounts on airline tickets

ILLINOIS ACADEMY OF GENERAL DENTISTRY

For all of your Statewide AGD information, including upcoming CE courses, please visit:

ILAGD.org

From this home base, you can also visit the Chicago, Central and Northern component sites for their specific details and CE offerings.



www.facebook.com/agdillinois/

CALENDAR

Update 8-10-16

Board Report Deadlines: 10/4/16, 1/22/17,

Seminar Brochure 1st Mailing Deadlines: 6/7/16 (Sept. 7, 2016), 11/25/16 (2/25/17)

AGD National Meetings

ADA National Meetings

2016

Oct. 20 – 25 Denver

2017 CE & Governance split, TBA

Oct. 19 – 24 Atlanta

2016

Wed.	Sept. 7	ISDS/ILAGD Seminar & ILAGD Board Mtg.	Dr. Thomas Dudney, Restorative, Bloomington/Normal
Th/Sat	Sept. 8 - 10	ISDS Annual Meeting	Bloomington/Normal, IL
Thurs.	Sept. 15	MasterTrack	5:00 pm Reporting, Holiday Inn Chicago West, Itasca, IL
Fr/Sat.	Sept. 16, 17	MasterTrack	Dr. Karl Koerner, Oral Surgery Bisco, Schaumberg, IL
Fri.	Sept. 23	Chicago AGD	Dr. Joyce Bassett, Anterior Esthetics, Ditka's, Oak Brook, IL
Fri.	Oct. 14	NIAGD	Dr. Joseph Kim, Implant Assisted Dentures, Giovanni's, Rockford, IL
Thurs.	Oct. 27	MasterTrack	5:00 pm Reporting, Doubletree, Wood Dale, IL
Fr/Sat.	Oct. 28, 29	MasterTrack	Dr. Lee Ann Brady, Composites, Patterson Dental Wood Dale, IL
Fri.	Nov. 4	Chicago AGD & IL AGD Board Mtg.	Dr. John Flucke, Endo Course, Ditka's, Oak Brook, IL
Fr/Sat	Nov 18, 19	SIU SDM/CIAGD	Dr. Tanaka, Prosthodontics/Occlusion/TMD Alton, IL

2017

Wed.	Feb. 22	ILAGD Seminar & ILAGD Board Mtg.	Dr. Brian Novy, Offensive Dentistry, ADA Bldg., Chicago
Fri.	Mar. 3	Chicago AGD	Dr. Todd Snyder, Mrkting and the END Ditka's Oak Brook
Fri/Sat	Mar. 24,25	CIAGD	Spec Needs: Karen Baker RPH, Pharm/Dr. John Olsen Oral Meds & Path, Alton
Thurs.	Apr. 6	MasterTrack	5:00 pm Reporting, Springhill Suites by Marriott, Elmhurst, IL
Fr/Sat.	Apr. 7, 8	MasterTrack	Dr. Jeff Horowitz, Orofacial Pain, Henry Schein, Elmhurst, IL
Fri.	Apr 28	NIAGD & ILAGD Board Mtg.	TBA Practice Management, Giovanni's, Rockford, IL
Fri.	May 5	Chicago AGD	Dr. Carla Cohn, Pediatric Dentistry, Ditka's, Oak Brook, IL
Thurs.	May 11	MasterTrack	5:00 pm Reporting Springhill Suites by Marriott, Elmhurst, IL
Fr/Sat.	May 12, 13	MasterTrack	Dr. Paresch Shah, Implants, Henry Schein, Elmhurst, IL
Fr/Sat	June 9,10	CIAGD	Drs. Malamed & Ritt, Anesthesia/Emergency Med/Pain Mgmt/Control, Alton
Thurs.	Sept. 14	MasterTrack	5:00 pm Reporting Springhill Suites by Marriott, Elmhurst, IL
Fr/Sat.	Sept. 15, 16	MasterTrack	Dr. Sam Halabo, Dental Materials, Henry Schein, Elmhurst, IL
Wed	Sept 27	Chicago AGD & ILAGD Gen Assem/ Board Mtg	Dr. Todd Shatkin, Success with Mini Implants,
Thurs.	Oct. 12	MasterTrack	5:00 pm Reporting, Springhill Suites by Marriott, Elmhurst, IL
Fr/Sat.	Oct. 13, 14	MasterTrack	Dr. Robert Convissar, Laser Dentistry, Henry Schein, Elmhurst
Fri.	Oct. 27	NIAGD	Dr. Lee Ann Brady, Top Clinical Tips, Tx Plans & Case Presentations, Rockford
Fri/Sat	Nov. 17, 18	CIAGD	Dr. Nadir Sharifi, Implant Supported Removable Prosthodontics, Alton
Fri	Dec. 1	Chicago AGD & ILAGD Board Mtg.	Dr. Jeff Horowitz, Sleep Apnea,

2018

Fri.	Mar. 9	Chicago AGD	TBA
Fr/Sat	Apr 13/14	MasterTrack	Dr. Allan Schwartz, Sedation
Fri	Apr. 27	NIAGD	TBA Oral Surgery, Giovanni's, Rockford, IL
Fri.	May 11	Chicago AGD	TBA
Fr/Sat	May 18/19	MasterTrack	Dr. William Nudera, Endodontics
Fr/Sat	Sept. 7/8	MasterTrack	Dr. Robert Lowe, Occlusion, Schien, Elmhurst, IL
Fri.	Oct. 26	NIAGD	TBA Updates in Geriatric Dentistry, Giovanni's, Rockford, IL

NOTE: There is an Executive Board Meeting 2 weeks prior to each scheduled Board Meeting.

***All officers and directors are encouraged to attend and participate at State AGD and Midwinter seminars.**

An ILAGD Board Member must attend at least 3 of 4 ILAGD Board Meetings.

Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

ADA American Dental Association®

America's leading advocate for oral health

Department of Membership Information
211 East Chicago Avenue, Chicago, Illinois 60611
T 312.440.2607 800.621.8099 ADA.org

Thank you for your interest in becoming a member of organized dentistry.

The American Dental Association and your state and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed and considered by your state or local society, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct or will conduct the major portion of your practice; your state or local society may request additional information. For complete information regarding the *Bylaws* and the *Principles of Ethics* and *Code of Professional Conduct* of the ADA which govern the professional conduct of members, please visit ADA.org/ethicsconduct. A list of state dental societies can be found at ADA.org/societydirectories.

Please complete all sections of this application. Print or type all information.

Personal Information

Name (First) _____ (Last) _____ (Middle) _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		
ADA ID Number (if known) _____		Date of Birth (MM/DD/YYYY) _____		
Primary Office Address _____			Suite _____	
City _____	State _____	Zip _____	Phone (include area code) _____	
Email Address _____			Fax (include area code) _____	
Home Address _____			Phone (include area code) _____	
City _____	State _____	Zip _____	Please indicate if you prefer to have mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Office	Please indicate if you prefer to have email sent to: <input type="checkbox"/> Home <input type="checkbox"/> Office
Email Address _____				
Spouse's Name (optional) _____ (First) _____ (Last) _____ (Middle) _____ (Alias/Previous/Maiden)		Is spouse a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If an ADA member encouraged you to join, please indicate: _____		Name _____	State _____	

Biographical

Dental School _____	Country _____	Graduation Date (MM/DD/YYYY) _____
Advanced Education Program (if applicable) _____	Completion Date (MM/DD/YYYY) _____	Certificate/Degree _____
Do you have a degree in an ADA recognized specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which specialty? <input type="checkbox"/> Endodontics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Orthodontics and Dentofacial Orthopedics <input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <input type="checkbox"/> Oral & Maxillofacial Surgery		
Is your practice limited to one of the above specialties? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which specialty? _____
<i>Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.</i>		
Please indicate if practicing in, or looking for: <input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Partnership <input type="checkbox"/> Associateship <input type="checkbox"/> Clinic <input type="checkbox"/> Faculty <input type="checkbox"/> Federal Dental Service <input type="checkbox"/> Other: _____		

If practicing in other than a solo practice, please indicate the group or practitioner's name and location.

Name _____		
Street _____		
City _____	State _____	Zip _____
Please indicate if licensed: <input type="checkbox"/> Presently <input type="checkbox"/> License pending		If licensed, please list license number(s), date, year and state(s). Please indicate specialty license information if applicable.

Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

Personal Background

Have you ever been denied a dental license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state:	If yes, why?
Have you ever had your license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state:	If yes, why?
Have you ever been censored, suspended or expelled by a dentally related organization (i.e. dental society)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state:	If yes, why?
Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? (A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (include dates, offenses and penalties):	

Applicant Signature

I hereby apply for a tripartite membership in the American Dental Association and resolve to abide by the *Bylaws and Principals of Ethics and Code of Professional Conduct* if accepted into membership. If I have paid by credit card below*, my signature authorizes payment. Review the bylaws and code at ADA.org/ethicsconduct.

Signature	Date (MM/DD/YYYY)
-----------	----------------------

*Your society will contact you if payment is required. Do not send payment now.

To Be Completed By Society:

Constituent Society	Date Received (MM/DD/YYYY)	Approval Name		
	Date Approved or Disapproved (MM/DD/YYYY)	Approval Signature		
Component Society	Date Received (MM/DD/YYYY)	Approval Name		
	Date Approved or Disapproved (MM/DD/YYYY)	Approval Signature		
Dues Section	ADA	\$	Method of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
	Constituent	\$		
	Misc.	\$	Credit Card Number	
	Misc.	\$	Expiration Date (MM/YY)	Security Code
	Component	\$	Name on Credit Card	
	Total Dues Owed	\$		

Please submit your completed 2-page application to your state or local dental society. A listing of state dental societies is available on our website at ADA.org or you may contact the ADA Department of Membership Information at 312.440.2607 for more information.

Membership in the ADA is based on the calendar year from January to December. ADA dues allocation to **JADA**, \$25.00, to **ADA News**, \$8.00, and is not deductible from the dues amount.

United States Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses that they incur by engaging in lobbying, as defined in the law. Accordingly, only that portion of an associations' member's dues not attributable to lobbying activities remains deductible as an ordinary and necessary business expense. The law requires associations to provide their members with a reasonable estimate of the non-deductible percent of their dues attributable to lobbying activities. For 2012, 8.8% of a member's ADA dues are allocated to lobbying activities (\$45.00 for members paying the full active dues of \$512.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

ADA State Dental Societies

Alabama Dental Association

334.265.1684
800.489.2532
Fax: 334.262.6218
greger@aldaonline.org
www.aldaonline.org

Alaska Dental Society

907.563.3003
800.478.4675*
Fax: 907.563.3009
info@akdental.org
www.akdental.org

Arizona Dental Association

480.344.5777
800.866.2732
Fax: 480.344.1442
azda@azda.org
www.azda.org

Arkansas State Dental Association

501.834.7650
800.501.2732
Fax: 501.834.7657
info@arkansasdentistry.org
www.arkansasdentistry.org

California Dental Association

800.232.7645*
Fax: 916.498.6177
membership@cda.org
www.cda.org

Colorado Dental Association

303.740.6900
800.343.3010
Fax: 303.740.7989
info@cdaonline.org
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Connecticut State Dental Association

860.378.1800
Fax: 860.378.1807
jdennehy@cgsda.com
www.cgsda.com

Delaware State Dental Society

302.368.7634
Fax: 302.368.7669
dedeltasociety@gmail.com
www.delawarestate
dentalsociety.org

District of Columbia Dental Society

202.547.7613
Fax: 202.546.1482
info@dcdental.org
www.dcdental.org

Florida Dental Association

850.681.3629
800.877.9922
Fax: 850.561.0504
fda@floridadental.org
www.floridadental.org

Georgia Dental Association

404.636.7553
800.432.4357*
Fax: 404.633.3943
phillips@gadental.org
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Hawaii Dental Association

808.593.7956
800.359.6725
Fax: 808.593.7636
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Idaho State Dental Association

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800.932.8153*
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Illinois State Dental Society

217.525.1406
800.475.4737*
Fax: 217.525.8872
info@theids.org
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Indiana Dental Association

317.634.2610
800.562.5646
Fax: 317.634.2612
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Iowa Dental Association

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800.828.2181
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Kansas Dental Association

785.272.7360
800.432.3583
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kevin@ksdental.org
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Kentucky Dental Association

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Louisiana Dental Association

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800.388.6642
Fax: 225.926.1886
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Maine Dental Association

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www.medental.org

Maryland State Dental Association

410.964.2880
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Massachusetts Dental Society

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Michigan Dental Association

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Minnesota Dental Association

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Mississippi Dental Association

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Missouri Dental Association

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800.688.1907
Fax: 573.635.0764
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Montana Dental Association

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800.257.4988*
Fax: 406.443.1546
mda@mt.net
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Nebraska Dental Association

402.476.1704
888.789.2614*
Fax: 402.476.2641
nda@windstream.net
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Nevada Dental Association

702.255.4211
800.962.6710
Fax: 702.255.3302
anthony.ferreri@nvda.org
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New Hampshire Dental Society

603.225.5961
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New Jersey Dental Association

732.821.9400
800.831.6532*
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New Mexico Dental Association

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New York State Dental Association

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North Carolina Dental Society

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North Dakota Dental Association

701.223.8870
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Ohio Dental Association

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800.282.1526
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Oklahoma Dental Association

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Oregon Dental Association

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Pennsylvania Dental Association

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Colegio de Cirujanos Dentistas de Puerto Rico

787.764.1969
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Rhode Island Dental Association

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South Carolina Dental Association

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South Dakota Dental Association

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Tennessee Dental Association

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Texas Dental Association

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Utah Dental Association

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Vermont State Dental Society

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Virgin Islands Dental Association

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Virginia Dental Association

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West Virginia Dental Association

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Wisconsin Dental Association

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Wyoming Dental Association

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*intra-state calls only

Note: state societies are also called constituent state societies. For the most up to date list of state contact information, visit ADA.org/societydirectories