2014 CONFERENCE PROGRAM

Multidisciplinary Progress in Maxillofacial Rehabilitation of the Head and Neck Cancer Patient
NEW TITLES in Prosthodontics from QUINTESSENCE

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Welcome Colleagues
to the 61st meeting of the
American Academy of Maxillofacial Prosthetics

Conference Dates: November 1-4, 2014
Westin New Orleans
New Orleans, Louisiana

2014 Conference Title:

Multidisciplinary Progress in Maxillofacial
Rehabilitation of the Head and Neck
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AAMP Mission Statement

We are an association of prosthodontists who are engaged in the art and science of maxillofacial prosthesics. Our mission is to accumulate and disseminate knowledge and experience; and, to promote and maintain research programs involving methods, techniques and devices used in maxillofacial prosthetics.

The Academy is devoted to the study and practice of methods used to habilitate esthetics and function of patients with acquired, congenital and developmental defects of the head and neck; and of methods used to maintain the oral health of patients exposed to cancer-cidal doses of radiation or cytotoxic drugs.

MEMBERSHIP INFORMATION

How to Become a Member:
If you are interested in becoming a member, attending our Annual Meeting is the best way to become familiar with the membership and educational process. There are three primary membership tracks for the AAMP:

• Affiliate • Associate • Honorary Fellow

Application Process and Membership Categories
Individuals eligible for membership in the AAMP include:
• Licensed dentists in good standing in the country in which they practice and retain citizenship
• Persons licensed, registered or otherwise permitted by law to practice as dental or maxillofacial prosthetic technicians who are involved in only non independent or indirect patient care as directed or prescribed by a licensed dentist
• Student Membership is also available. Please see the AAMP web site to view the qualifications and to apply.

For more information, please navigate to our website: www.maxillofacialprosthetics.org and click membership tab
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Welcome Message

Welcome and thank you for joining me for the 61st Annual Meeting of the American Academy of Maxillofacial Prosthetics. Our program chair, Dr. Gerald T. Grant, has assembled a world renowned list of speakers that challenge us to tackle the changing dynamics of our subspecialty and to uphold our leadership role in the future.

The Program Theme for this year’s meeting is "Multidisciplinary Progress in Maxillofacial Rehabilitation of the Head and Neck Cancer Patient" and includes three days of lectures, Sunday-Tuesday (November 2nd - November 4th). Our optional CE program is outstanding this year. 3D Systems will be supporting a workshop titled: Craniofacial Reconstruction: Digital Workshop- Scan, Plan, 3D Print on all three days. This will be presented by Mr. Kevin Atkins. On both Monday and Tuesday Factor II will be providing a workshop titled: Advances in Coloring Techniques Workshop (Introducing the E-skin Spectrocolorimeter System). This workshop will be presented by Mr. Alan Bocca and Professor Mark Waters.

As leaders in dentistry, it is imperative that we take an active role in shaping the future to advance the quality of patient care. This year’s program is devoted to that concept.

Take some time to enjoy the attractive surroundings and special events that have been thoughtfully organized. We look forward to your active participation in this year’s academic and social venue.

Betsy K. Davis, DMD, MS
President, American Academy of Maxillofacial Prosthetics
**Biography**

Dr. Betsy Davis holds the Wendy and Keith Wellin Endowed Chair position in Maxillofacial Prosthodontics and Dental Oncology at the Medical University of South Carolina (MUSC). She is an Associate Professor of the Department of Otolaryngology - Head and Neck Surgery and Associate Professor of Oral & Maxillofacial Surgery at the Medical University of South Carolina with special interests in maxillofacial prosthodontics, dental oncology, and implant prosthodontics. Dr. Davis is a cum laude graduate of Wofford College and received her D.M.D. degree from the Medical University of South Carolina. Dr. Davis pursued graduate training in Prosthodontics at the University of Iowa where she received her Certification and Master's degree in Prosthodontics. She joined the faculty at Ohio State University where she taught and practiced from 1989-1992. Davis completed her fellowship training in Maxillofacial Prosthodontics at M.D. Anderson Cancer Center in Houston, Texas, followed by a Maxillofacial Prosthetic/Implant Residency at UCLA Maxillofacial Prosthetic Clinic. She returned to her home state of South Carolina in 1994 to develop the MUSC Maxillofacial Prosthodontic Clinic.

Dr. Davis is an adjunct faculty member in the Department of Bioengineering at Clemson University. Dr. Davis' research focuses on rehabilitation of the maxillofacial patient. Her collaboration with the Bioengineering Department at Clemson University includes studies in 3D modeling and rapid prototyping of facial prostheses, implant biomechanics focusing on photoelastic and finite element analysis of tissue bar designs in head and neck cancer patients, and tissue engineering. Future plans include the development of a Functional Outcome Center to measure the functional recovery of head and neck cancer patients.

Dr. Davis is the President of the American Academy of Maxillofacial Prosthetics and Treasurer of the International Society of Maxillofacial Rehabilitation. She is a member of the Academy of Osseointegration, American Academy of Maxillofacial Prosthetics, American College of Prosthodontists, American Dental Association, International College of Prosthodontists, International Society of Maxillofacial Rehabilitation, and the American Academy of Dental Sleep Medicine. She has been selected to be in the Consumers'
Research Council of America in their publication of the "Guide to America’s Top Dentists", 2006-2014. She has been inducted into the International Academy of Dentistry and is a reviewer for the Journal of Prosthetic Dentistry. In her free time, Dr. Davis enjoys painting, swimming, and golf.
Welcome to New Orleans and the 61st Annual Scientific Session of the American Academy of Maxillofacial Prosthetics!

Perhaps no other discipline in dentistry so thoroughly embraces technology to the degree as Maxillofacial Prosthetics. We as a subspecialty sit at the crossroads of dentistry, medicine and surgery and as a result, we define and develop the technologies that help all three healing arts and sciences to optimize our working together as a team. Maxillofacial Prosthodontists have put into daily practice the imagined innovations of years ago and many of our AAMP members are leading developers of these new technologies and early adopters of these innovations.

From basic science, to imaging, to scanning, to planning, to milling, to surgery, to aftercare – this year, the 2014 AAMP Program Committee has put together an information-packed 3 day meeting. In addition, we have organized 2 cutting-edge, hands-on workshops that will broaden your planning and clinical skills. Ideas are contagious! The fellowship of the AAMP is reinforced and friendships are made only when you are in the presence of others. Enjoy your stay in New Orleans-share your ideas with your friends and colleagues, spend time with our generous corporate sponsors and take the time to wonder and think for the future!

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AAMP 2014 Program Chair
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<td>Richard J. Grisius, D.D.S.</td>
<td>1988</td>
<td>Baltimore, MD</td>
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<tr>
<td>Stephen M. Parel, D.D.S.</td>
<td>1990</td>
<td>Charleston, SC</td>
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</table>
Donald L. Mitchell, D.D.S... 1992 Tampa, FL
Clifford W. VanBlarcom, D.D.S...... 1993 Palm Springs, CA
James E. Ryan, D.D.S............... 1996 Kansas City, MO
*Carl J. Andres, D.D.S.................. 1997 Orlando, FL
Salvatore J. Esposito, D.M.D......... 1998 Victoria, BC
Alan J. Hickey, D.M.D.............. 2001 New Orleans, LA
Robert E. Gillis Jr., D.M.D, M.S.D. 2002 Orlando, FL
Mark T. Marunick, D.D.S, M.S...... 2004 Ottawa, Canada
Thomas J. Vergo Jr., D.D.S........ 2005 Los Angeles, CA
Rhonda F. Jacob., D.D.S., M.S....... 2006 Maui, HI
Jeffrey E. Rubenstein, D.M.D, MS 2007 Scottsdale, AZ
Terry M. Kelly, D.M.D............. 2008 Nashville, TN
Glenn E. Turner, D.M.D., M.S.D... 2009 San Diego, CA
Steven E. Eckert, D.D.S., M.S...... 2010 Orlando, FL
Robert M. Taft, D. D. S.............. 2011 Bathesda, MD
Steven P. Haug, D.D.S............... 2012 Greenwood, IN
Lawrence E. Brecht, D.D.S......... 2013 New York, NY

*Denotes Deceased

We thank all past AAMP Presidents for their dedication and service.
SOCIAL EVENTS

Saturday, November 1st
07:00 - 16:00   AAMP Board of Directors Meeting  
                Location: River Room - 12th Floor

17:30 - 20:00   Poster Session & Exhibit Reception  
                Location: Ballroom I and Foyer - 12th Floor

Sunday, November 2nd
07:00-08:15     Continental Breakfast in Exhibit Room  
                Location: Ballroom I and Foyer - 12th Floor

08:15-08:30     Opening Show & Welcome  
                Location: Ballroom II - 12th Floor

08:30-13:00     General Session  
                Location: Ballroom II - 12th Floor

10:30-12:30     Saints & Sinners Tour of St. Louis Cemetery  
                (elective) Meet in Main Hotel Lobby

13:05-14:25     AAMP Luncheon & Business Meeting  
                AAMP Members Only  
                Location: Crescent Ballroom - 11th Floor

14:30-16:45     Workshop One - CranioFacial Reconstruction:  
                Digital Workshop - Scan, Plan, 3D Print.  
                By 3D Systems  
                (Medical Modeling & Geomagic Solutions)  
                Location: Imperial Room - 12th Floor

18:00-22:00     AAMP Social Outing  
                Mardi Gras World Tour (elective)  
                Meet in Main Hotel Lobby

Monday, November 3rd
07:00-08:15     Continental Breakfast in Exhibit Room  
                Location: Ballroom I and Foyer - 12th Floor

07:00-08:15     New Members Breakfast  
                Location: Chairman’s Room
08:15-13:15  General Session  
Location: Ballroom II- 12th Floor

13:00-15:00  New Orleans Culinary Tour (elective)  
Meet in Main Hotel Lobby

14:30-16:45  Workshop Two- CranioFacial Reconstruction:  
Digital Workshop- Scan, Plan, 3D Print.  
By 3D Systems  
(Medical Modeling & Geomagic Solutions)  
Location: Imperial Room- 12th Floor

Workshop Four- Advances in Coloring Techniques Workshop  
(Introducing the E-Skin Spectrocolorimeter System) By Factor II  
Location: Terrace Room- 12th Floor

19:00-22:00  AAMP Presidential Reception & Banquet  
(elective)  
Location: Ballroom I and Foyer/Ballroom II- 12th Floor

**Tuesday, November 4th**

07:00-08:15  Continental Breakfast in Exhibit Room  
Location: Ballroom I and Foyer- 12th Floor

08:15-13:00  General Session  
Location: Magnolia Ballroom- 3rd Floor

14:00-17:00  Workshop Three - CranioFacial Reconstruction:  
Digital Workshop- Scan, Plan, 3D Print.  
By 3D Systems  
(Medical Modeling & Geomagic Solutions)  
Location: Imperial Room- 12th Floor

Workshop Five- Advances in Coloring Techniques Workshop  
(Introducing the E-Skin Spectrocolorimeter System) By Factor II  
Location: Crescent Ballroom- 11th Floor
**SCIENTIFIC PROGRAM OVERVIEW**

**Saturday, November 1st**

- **07:00 - 16:00**  
  AAMP Board Meeting - Board Members only

- **17:30 - 20:00**  
  Poster Session & Exhibit Reception

**Sunday, November 2nd**

- **07:00-08:15**  
  Continental Breakfast in Exhibit Room

- **08:15-08:30**  
  Opening Show and Welcome

**Session Title:** The Future in Reconstruction  
**Moderators:** Mark George & Brian Chang

- **08:30-09:15**  
  Chad R. Gordon, D.O.  
  Validation of Surgical Guides with Navigation in Face Transplant Surgery

- **09:15-10:00**  
  Katie Weimer, MS  
  Virtual Surgical Planning and its Impact on Craniofacial Reconstructions

- **10:00-10:45**  
  AM Break

- **10:45-11:30**  
  Suzanne Verma, MAMS, CCA  
  Virtual Preoperative Planning & Intraoperative Navigation in Craniofacial Prosthetic Reconstruction

- **11:30-12:15**  
  Rosemary Seelaus, MAMS, CCA  
  Exploring Efficiencies of Technology-Based Applications in Facial Reconstruction

- **12:15 - 13:00**  
  Panel Discussion

- **13:00**  
  Session Adjourns
13:05-14:25  AAMP Business Meeting & Luncheon

14:30-16:45  Workshop 1
Craniofacial Reconstruction: Digital Workshop-Scan, Plan, 3D Print. By 3D Systems (Medical Modeling & Geomagic Solutions)

18:00 - 22:00  AAMP Social Outing: Mardi Gras World Tour

Monday, November 3Rd

07:00-08:15  Continental Breakfast in Exhibit Room
07:00-08:15  New Members Breakfast

Session Title: The Future Speaks
Moderators: William Wilson & Joe DiFazio

08:30-08:55  Cynthia Aita-Holmes, DMD
Digital Fabrication of Facial Prosthesis

08:55-09:20  Evan B. Rosen, DMD, MPH
Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center: Experiences of a Recent Graduate

09:20-09:45  Eszter Somogyi-Ganss, DMD, MSc, Pros, PhD and FRCD(C)
Biofilm on the Tracheoesophageal Voice Prosthesis: Considerations for Oral Decontamination

09:45-10:10  Nicole A. Smith, Maj, USAF, DC, (DMD, MS)
A Custom Tissue Stent for a Total Mandibulectomy Patient

10:10-10:30  Questions & Answers
10:30-11:15  **AM Break**

11:15-11:35  Matilda Dhima, DMD, MS  
*Novel Multidisciplinary Treatments for the Maxillofacial Prosthetic Patient*

11:35-12:00  Tanya Somohano Marquez, DMD, FACP  
*Mandibular Incisors Sacrificed for Surgical Access and Treatment Limitations in the Oncologic Patient: A Case Report*

12:00-12:25  Jeff Rodney, DMD  
*A NAM Appliance Approach Applying Simple Geometric Principles*

12:25-12:50  Amanda C. Colebeck, DDS, MS  
*Use of Orbital Conformer to Improve Speech in Patients with Confluent Maxillectomy and Orbital Defects*

12:50-13:15  **Questions & Answers**

13:15  **Session Adjourns**

14:30-16:45  **Workshop 2**  
*Craniofacial Reconstruction: Digital Workshop-Scan, Plan, 3D Print. By 3D Systems (Medical Modeling & Geomagic Solutions)*

**Workshop 4**  
*Advances in Coloring Techniques Workshop (Introducing the E-skin Spectrocolorimeter System) By Factor II*

19:00-22:00  **AAMP Presidential Reception & Banquet**
Tuesday, November 4th

07:00-08:15  Continental Breakfast in Exhibit Room

Session Title:  Future Trends in Oral Cancer
Moderators:    Kenneth Kent & Anton Petrich

08:30-09:15  Alvin G. Wee, BDS, DDS, MS, MPH
Oral Cancer Examinations Can Save Lives

09:15-10:00  David J. Reisberg, DDS, FACP
Rehabilitation and HBO

10:00-10:45  AM Break

10:45-11:30  Paul Friedlander, MD, FACS
Current Trends in Head and Neck Cancer

11:30-12:15  James A. Kelly, DDS, MS, MBA, FACP
Maxillofacial Prosthetic Support in Cancer Treatment

12:15-13:00  Terry A. Day, MD, FACS
Future of H&N Care- Collaborations on the Corporate, Patient and Organizational Front to Affect Change

13:00

Session Adjourns

14:00-16:45  Workshop 3
Craniofacial Reconstruction: Digital Workshop- Scan, Plan, 3D Print. By 3D Systems (Medical Modeling & Geomagic Solutions)

Workshop 5
Advances in Coloring Techniques Workshop (Introducing the E-skin Spectrocolorimeter System) By Factor II
AAMP 2014 SCIENTIFIC PROGRAM

Sunday, November 2\textsuperscript{nd}

AAMP 2014 Conference Title:

\textit{Multidisciplinary Progress in Maxillofacial Rehabilitation of the Head and Neck Cancer Patient}

\begin{tabular}{l}
08:15-08:30 & Opening Show and Welcome \\
Moderators: & Mark George & Brian Chang \\
08:30 & Chad R. Gordon, DO \\
& Assistant Professor \\
& Clinical Director, Face Transplant Program \\
& The Johns Hopkins Outpatient Center \\
& Baltimore, Maryland USA \\
\end{tabular}

\textit{Validation of Surgical Guides with Navigation in Face Transplant Surgery}

Dr. Gordon’s presentation will encompass the establishment and developments surrounding a pre-clinical, orthotopic, swine model for the investigation of functional, immunological, and aesthetic outcomes related to osteocutaneous maxillofacial allotransplantation. The research team includes a multidisciplinary group extending between The Johns Hopkins Hospital/Johns Hopkins University School of Medicine (Baltimore, MD), The Johns Hopkins University Applied Physics Laboratory (Laurel, MD), and the Walter Reed National Military Medical Center (Bethesda, MD). Funding for this research includes the American Society of Maxillofacial Surgery’s Research Grant Award (2011), the American Association of Plastic Surgeons’ Furnas Academic Scholar Award (2012-14), the Accelerated Translational Incubator Program Award at Johns Hopkins University’s Institute for Clinical and Translational Research (funded by National Institutes of Health, 2012-13)*, an Independent Research and Development grant from the Johns Hopkins University Applied Physics Laboratory, and The Abell Foundation Award from the Johns Hopkins Alliance for Science and Technology development.
Virtual Surgical Planning and its Impact on Craniofacial Reconstructions

At its most basic level virtual surgical planning is about utilizing medical image data to accurately plan surgery in a computer environment and then transferring that virtual plan to the patient using customized instruments. The surgeon brings his/her clinical knowledge and desired surgical plan to an online webmeeting (or it remains on the surgeon's desktop) and the three-dimensional patient data is digitally measured, osteotomized, moved and manipulated until the surgeon digitally completes the surgical plan just as they would in the operating room. Patient-specific/plan specific disposable instruments are then 3d printed for use in the operation. This digital thread of medical imaging, planning, design and manufacturing is changing the standard of care in craniofacial reconstructions.

Common applications of this technology include 1) Orthognathic surgical planning with CAD/CAM intermediate and final splints 2) Mandibular or maxillary reconstruction with free flaps, 3) Trauma reduction surgery including repositioning guides and augmented DICOM data for navigation assistance, and 4) Distraction osteogenesis planning including vector positioning and distractor placement. Less common but growing applications include cranial vault remodeling, microtia
reconstruction and even facial transplantation planning. A large group of peer-reviewed journal articles substantiate the clinical uses of virtual surgical planning. Improved surgical planning, enhanced surgeon confidence, surgical time savings, improved surgical outcomes/accuracy and a more efficient workflow are just a few of the ways that virtual surgical planning has impacted clinical care.

**10:00 AM Break**

**10:45**  
**Suzanne Verma, MAMS, CCA**  
Assistant Professor  
Department of Oral & Maxillofacial Surgery  
Baylor College of Dentistry  
Texas A&M University  
Dallas, Texas USA

_Virtual Preoperative Planning and Intraoperative Navigation in Craniofacial Prosthetic Reconstruction_

Purpose: Surgical Navigation systems provide the benefits of virtual preoperative planning, elimination of the physical surgical guide, and real time intraoperative visualization that is driven by the proposed prosthetic outcome. This technology was utilized preoperatively for implant and prosthetic planning and intraoperatively to place craniofacial bone anchored implants for patients receiving an implant retained facial prosthesis.

Methods and Materials: Using a navigational planning system, (Stryker Intellect Cranial, Stryker® Navigation) virtual visualizations of soft tissue and bone were created by segmenting DICOM images acquired from spiral CT data. When treating patients with unilateral facial defects, radiographic data from the unaffected soft tissue was mirrored onto the skull of the defect side to visualize the future prosthesis. Preoperative planning for patients with bilateral defects or disfigured opposing anatomy entailed pairing the patient’s DICOM data with imported “digital donor anatomy“ from either a different patient’s CT, or an .stl file from a surface scan. Using navigational software, implant locations were planned in the anatomical area that would lead to the best aesthetic prosthetic
result, as well as the appropriate bone height for implant stability. The surgical sites were located intra-operatively using integrated navigational instrumentation.

Results: For implant retained facial prosthetic cases, the implant locations were determined solely by virtual planning using navigational technology. This eliminated the need for preoperative measurements, impressions, and fabrication of a CT template and surgical guide. The use of virtual planning versus traditional surgical guides saved the anaplastologist an average of 10 hours of preoperative clinical and laboratory time and eliminated two clinical visits with the patient. The intraoperative virtual representation of the mirrored anatomy gave the surgical team the ability to make any necessary surgical decisions based on the future prosthetic outcome. Preoperative planning using the navigational system improved the accuracy of implant placement by the surgeon, thus leading to more predictable prosthetic result.

Conclusions: The utilization of navigational systems in prosthetic reconstruction enhanced clinical efficiency, eliminated the need for a traditional or prototyped surgical guide, enabled prosthetic driven intraoperative repositioning, and aided in the future design of anatomical forms. With further development and the ability to export to open architecture platforms, this system could enable the team to take specific craniofacial intraoperative plans and create physical prototypes or custom anatomical implants.
Exploring Efficiencies of Technology-Based Applications in Facial Reconstruction

Technology-based solutions to clinical challenges have been well demonstrated globally in surgical and prosthetic reconstruction. While clinical applications with computer-based techniques have been described extensively in the literature, demonstrating definitive efficiencies, direct quantitative benefit, and a value-added experience for both patient and clinician have remained enigmatic.

The tools of technology are becoming increasingly more accessible which presents both promise and problem for the motivated clinician. Selection of appropriate technologies can be overwhelming. Meanwhile, demand to demonstrate improved efficiencies in patient care is increasing, together with increased patient populations and pressure to deliver better, faster patient care. Clearly defined improvements in treatment efficiencies are needed. The clinician is faced with the question; Can a technology-driven approach to care deliver the improved efficiency, reduced costs & better outcomes we require?

This presentation explores described solutions and challenges associated with implementing computer-based solutions, and explores the potential efficiencies that technology-based clinical care has to offer.

12:15-13:00 Panel Discussion
13:00 Session Adjourns
13:05-14:25 AAMP Business Meeting & Luncheon
14:30-16:45 Workshop 1-By 3D Systems
18:00 Social Outing at Mardi Gras World
Monday, November 3\textsuperscript{rd}

07:00-08:15 \textit{Continental Breakfast in Exhibit Room}
07:00-08:15 \textit{New Members Breakfast}

Moderators: William Wilson & Joe DiFazio

08:30 Cynthia Aita-Holmes, DMD
Prosthodontist, Hospital Dental Clinic
Fort Gordon Dental Activity
Fort Gordon, Georgia USA

\textbf{Digital Fabrication of Facial Prosthesis}

The fabrication of facial prostheses for children can be a difficult and lengthy process. Conventional facial impression techniques often require that young children and infants be unconscious or heavily sedated, resulting in multiple modifications in the fabrication and delivery of the prosthesis. This presentation will describe a step by step procedure using advances in photogrammetry technology and digital cameras, as an alternative method for fabricating a facial prosthesis for a young child. The aim is to familiarize the audience with digital workflow in fabricating facial prostheses, and discuss the advantages and limitations of this quickly emerging technology.

08:55 Evan B. Rosen, DMD, MPH
Boston, Massachusetts USA

\textbf{Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center: Experiences of a Recent Graduate}

This presentation will discuss the experiences of a recent graduate of the Maxillofacial Prosthetics Fellowship Program at Memorial Sloan Kettering Cancer Center. An overview of the Maxillofacial Prosthetics Fellowship Program will be described. Clinical and research experiences will be presented. At the conclusion of the presentation attendees will have a general understanding of the educational opportunities available for a Maxillofacial Prosthetics Fellow at Memorial Sloan Kettering Cancer Center.
Objectives
Tracheoesophageal puncture (TEP) restores verbal communication after total laryngectomy using a one-way valved voice prosthesis (VP). Microbial colonization can shorten VP device life, and antifungals are usually prescribed to improve it. Our aims were to investigate patterns of prosthetic and oral colonization, describe oral decontamination regimens prescribed on the basis of microbial assessment, and record changes in VP device life after targeted decontamination.

Materials and Methods
We conducted a retrospective review of TEP clinic patients at the University of Texas MD Anderson Cancer Center between 01/01/2003 and 07/01/2013. Patients with microbial analysis of the VP were included. Two subgroups were analyzed: 1) patients with microbial analysis of the VP and the mouth were analyzed to identify patterns of common contamination, and 2) patients who were prescribed targeted oral decontamination on the basis of the microbial analysis of the VP were analyzed to evaluate effects on device life.

Results
Forty-two of 605 TEP patients who had microbiological analysis of the VP were included. Of 42, 3 patients had only fungal, 5 only bacterial, and 33 had fungal and bacterial colonization. In the TEP-oral microflora subgroup (15), 7 had common infections in the mouth and on the VP, of which 3 were fungal, 3 bacterial and one mixed. Among the 23 in the decontamination cohort, 6 patients received broad spectrum rinse, 16 antifungal agents and 13 antibiotics, or a combination of these. After targeted decontamination, the median device life of prostheses improved.
from 7.89 to 10.82 weeks (p=0.260).

Conclusion
In this preliminary study, the majority of patients with a short VP device life had mixed bacterial and fungal colonization; VPs rarely had fungal contamination alone (3%). For this reason, we have recently explored the use of targeted decontamination regimens that were associated in this study with 164% improvement in VP duration.

09:45 Nicole A. Smith, Maj, USAF, DC (DMD,MS)
San Antonio, Texas USA

A Custom Tissue Stent for a Total Mandibulectomy Patient

The purpose of this presentation is to show a custom tissue stent, created at the San Antonio Military Medical Center, Department of Maxillofacial Prosthodontics, for a patient that suffered a complete mandibulectomy secondary to a squamous cell carcinoma. The attendee will be exposed to the specific technique, materials and the management methods used to treat this patient. The goal for this treatment was to minimize the difficulty that was incurred with multiple dressing changes and to restore the appearance of the patient, ultimately improving their quality of life.

10:10 Questions & Answers
10:30 AM Break
Novel Multidisciplinary Treatments for the Maxillofacial Prosthetic Patient

An overview of the evolving functional and esthetic needs of the maxillofacial prosthetic patient is provided. Focus is placed on practical integration of modern technology, surgical, oncologic and prosthetic advancements to provide effective and predictable rehabilitation. The challenges and benefits of integrating novel treatment approaches are discussed.

Mandibular Incisors Sacrificed for Surgical Access and Treatment Limitations in the Oncologic Patient: A Case Report

Head and neck cancers can be treated with surgical resection, radiation therapy, chemotherapy and a combination of two or more of these modalities. The effects of radiation therapy to the oral cavity and management protocols have been discussed in detail in the literature. From a surgical perspective, treatment of oral tongue cancers usually requires a total or subtotal glossectomy, and several considerations need to be taken into consideration. Literature extensively reviews outcomes in quality of life such as speech, deglutition and swallowing, but to a lesser degree aesthetic outcomes. In dentate patients, the loss of mandibular incisors as a sequela to the surgical intervention is seldom discussed. Restorative considerations often require a multidisciplinary approach. The number of prosthetic options
are reduced in the surgically resected and radiated patient as a result of the comorbidities associated with cancer treatments.

12:00

Jeff Rodney, DMD
University of Michigan
Ann Arbor, Michigan USA

A NAM Appliance Approach Applying Simple Geometric Principles

Nasoalveolar molding (NAM) is a pre-surgical adjunctive treatment utilized to improve cleft lip/palate and nasal molding surgical repair results. The intaglio surface of the NAM appliance is adjusted by the clinician on a weekly basis with the use of soft-relining material to aid in movement of the cleft segments. These adjustments are normally based on subjective interpretation of this movement progression and, in many instances, trial and error guides treatment. This study applies simple geometric principles to material application to provide for a helpful format in achieving better treatment outcomes.

12:25

Amanda C. Colebeck, DDS, MS
Cheektowaga, New York USA

Use of Orbital Conformer to Improve Speech in Patients with Confluent Maxillectomy and Orbital Defects

The basic objective in prosthetic restoration of confluent maxillary and orbital defects is to achieve a comfortable, cosmetically acceptable prosthesis that restores speech, deglutition, and mastication. It is a challenging task complicated by the size and shape of the defects. The maxillary obturator prosthesis often satisfies the objective of adequate deglutition;
however, orbital defects that are not obturated in the medial septal or posterior walls allow air to escape, negatively impacting phonation. This presentation describes a technique to achieve favorable prosthetic rehabilitation in a patient with a maxillectomy and ipsilateral orbital exenteration. The prosthetic components include maxillary obturator, orbital conformer, and orbital prosthesis connected utilizing rigid magnetic attachments.

12:50 Questions & Answers
13:15 Session Adjourns
14:30-16:46 Workshop 2- By 3D Systems
          Workshop 4- By Factor II
19:00-22:00 AAMP Presidential Reception & Banquet
Tuesday, November 4th

07:00-08:15  Continental Breakfast in Exhibit Room

Moderators:  Kenneth Kent & Anton Petrich

08:30  Alvin G. Wee, BDS, DDS, MS, MPH
Omaha, Nebraska USA

*Oral Cancer Examinations Can Save Lives*

This presentation explores the lack of survival rate improvement in the U.S. for oral and pharyngeal cancer (OPC) and expounds upon our current rationales to explain such data, particularly examining the delayed diagnosis of OPC. Strategies to prevent delayed diagnosis of OPC will be elaborated, including promoting medical providers to carry out routine non-symptomatic OPC screenings. Recommendations will also be provided regarding vigilant surveillance of OPC recurrence, as prosthodontists treating and managing patients for oral facial prosthetic rehabilitation.

09:15  David J. Reisberg, DDS, FACP
Oak Park, Illinois USA

*Rehabilitation and HBO*

It has become common practice to use hyperbaric oxygen therapy as a prophylactic measure prior to placement of osseointegrated implants in irradiated bone. For the most part, this has been based on work presented by Dr. Robert Marx. This presentation will analyze data related to studies of Marx and others with a goal of reevaluating this protocol.

10:00  AM Break
Current Trends in Head and Neck Cancer

During the past two decades, the management of head and neck cancer has undergone significant change. Many forces have led to transformation of our treatment algorithms. These include the increasing prevalence of HPV associated malignancies, advances in technology (minimally invasive surgery), and societal expectations concerning healthcare delivery and survivorship. In this presentation, we will discuss these factors with a focus on minimally invasive surgery and the long term needs of our patients who are afflicted with head and neck cancer.

Maxillofacial Prosthetic Support in Cancer Treatment

Maxillofacial prosthetics plays a vital role in supporting the Head and Neck Oncology team. Prosthetics and education is paramount for patients undergoing cancer treatment. Maxillofacial prosthetics not only supports our oncologic colleagues during the patient’s care, but also supports patients so they can enjoy the activities of life they are passionate about. The objectives of this presentation are to look at different treatments to support the Head and Neck Oncology team, and to demonstrate different ways to support the patient’s needs.
Future of Head and Neck Oncology Care - Collaborations on the Corporate, Patient, and Organizational Front to Affect Change

Head and neck oncology has seen a rapid shift in demographics, etiopathogenesis, treatment and outcomes in the past decade. This is partially related to the emergence of HPV associated cancers, robotic surgery and celebrity cancer survivors. Never before has such a spotlight been on the head and neck oncology world and in a time of increased emphasis on quality, cost and oversight of patient care, these changes represent both challenges and opportunities.

During this presentation, discussion will assess how the history of head and neck cancer care has impacted the current state-of-the-art and future of head and neck oncology. The major source of research and education funding has historically been through governmental and corporate sponsorship. Head and neck cancer treatment has been dictated by head and neck surgeons and radiation oncologists while outcomes were assessed by survival. National societies have primarily focused upon research and education to their respective constituents and individual mission statements. Current head and neck cancer patient caregivers will witness significant changes in upcoming years in all of these areas with the cancer survivor as the focus. Partnerships among clinicians and their specialty organizations, researchers, industry, government, and hospitals will be vital to the optimization of education, research, and ultimately, outcomes in the care of the head and neck cancer patient.
13:00  Session Adjourns
14:30-16:45  Workshop 3- By 3D Systems
            Workshop 5- By Factor II
Chad R. Gordon, DO
Assistant Professor
Clinical Director, Face Transplant Program
The Johns Hopkins Outpatient Center
Baltimore, Maryland USA

A craniofacial plastic surgeon and translational science researcher, Dr. Chad R. Gordon is the clinical director of facial transplantation at Johns Hopkins and an Assistant Professor in Hopkins’ Department of Plastic and Reconstructive Surgery. In December 2008, while completing his plastic and reconstructive surgery training at the Cleveland Clinic, Dr. Gordon helped to coordinate Americas first face transplant and was one of eight surgical team members. For his contributions to this event, the Cleveland Clinic presented him the Bruce Hubbard Stewart Memorial Award for Humanistic Medicine. Dr. Gordon has also received numerous other local, regional and national awards, including the 2006 Best Overall Research Paper Award by the American Society of Reconstructive Surgery and the 2011 Joseph E. Murray, M.D. Award for best resident/fellow paper by the New England Society of Plastic and Reconstructive Surgeons. In 2011-12, he received both the American Society of Maxillofacial Surgery’s Research Grant Award and the American Association of Plastic Surgeons’ Furnas Academic Scholar Award to help establish a pre-clinical, orthotopic, swine model for the investigation of functional, immunological, and aesthetic outcomes related to osteocutaneous maxillofacial allotransplantation. He has since authored over 60 peer-reviewed publications, including numerous face transplant articles in journals such as the Lancet, American Journal of Transplantation,
Plastic and Reconstructive Surgery, and Transplantation along with 18 textbook chapters on surgery-related subjects. He is an Associate Editor for the Annals of Plastic Surgery, and serves on several editorial boards including the Journal of Craniofacial Surgery and Microsurgery, and has been an invited speaker on facial transplantation throughout the U.S. and Europe. The book he co-edited by him, Transplantation of Composite Tissue Allografts, was published in 2008 and was the first U.S. textbook dedicated to this subject. Among Dr. Gordon's contributions to facial transplantation and craniofacial surgery are “improved methods for optimizing outcomes in Le Fort-based maxillofacial transplantation” and the “pericranial-onlay cranioplasty technique”. An honors graduate in fine arts from The George Washington University, Dr. Gordon earned his medical degree at the Philadelphia College of Osteopathic Medicine. He then completed a general surgery residency at the UMDNJ-Robert Wood Johnson Medical School at Camden that included an additional one-year microsurgery research fellowship on composite tissue allotransplantation. In 2010, he went to Harvard Medical School/Massachusetts General Hospital to complete his craniomaxillofacial surgery fellowship. Today, his main research interests are facial transplantation and adult craniomaxillofacial surgery.
Ms. Weimer received her undergraduate degree in mechanical engineering from the University of Missouri - Kansas City. She then continued at the University of Missouri - Kansas City where she received her Master of Science degree in Mechanical Engineering. Her thesis title for her masters was “Development and Validation of a Subject - Specific Computational Knee Model in a Dynamic Knee Simulator to Include Ligament and Tendon Bone Wrapping”. In December 2007 she earned the honor of Order of the Engineer. She developed and now manages a team of engineers and patient specific / plan specific models, guides and templates to be used in the operating room. She has published 10 manuscripts in scientific journals and has spoken on her area of expertise in virtual surgical planning regionally, national, and internationally.
Ms. Verma is Assistant Professor with the Oral & Maxillofacial Surgery Department and Certified Clinical Anaplastologist with the Center for Maxillofacial Prosthetics at Texas A&M University Baylor College of Dentistry in Dallas, Texas. Her teaching responsibilities include directing a course in maxillofacial prosthetics for the graduate Prosthodontics department, and lecturing to post-doctorate oral surgery residents and dental students. Suzanne received her Bachelors' in Biological Pre-Medical Illustration from Iowa State University, and a Masters in Biomedical Visualization, with an emphasis in Facial Prosthetics from the University of Illinois at Chicago (UIC). Her clinical training experiences include UIC's Craniofacial Center, The Maxillofacial Prosthetics and Dental Oncology Department at the University of Nebraska Medical Center, and The Maxillofacial Unit Laboratory of Morriston Hospital in Swansea, Wales, UK, where she worked as a visiting Anaplastologist. Before arriving in Dallas, Suzanne worked as an Anaplastologist in both research and clinical capacities with COMPRU (now IRSM) in Edmonton, Alberta Canada. Her research interests on which she has lectured nationally and internationally include: Applications of navigational surgery in extra oral implant placement, Incorporations of advanced technology in craniofacial reconstruction, and Pre-surgical planning in autologous auricular reconstruction. Suzanne is an active member of numerous field oriented associations, past Vice President of the Board for Certification in Clinical Anaplastology, Director on the Board for the World Coalition of Anaplastology, and serves as Vice President Elect for the International Anaplastology Association.
Rosemary Seelaus is Senior Anaplastologist at The Craniofacial Center, Department of Surgery, Division of Plastic & Reconstructive Surgery at the University of Illinois Hospital & Health Sciences System, Chicago, Illinois, USA. Prior to her current position of 9 years, Ms. Seelaus was a Clinical Anaplastologist and Research Fellow at the Institute for Reconstructive Sciences in Medicine (iRSM) in Edmonton, Canada. Ms Seelaus is an active, researcher, instructor and developer of advanced technology processes in anaplastology – an area of study she has pursued the entirety of her career. She has a particular interest in the contribution of digital technologies toward improving surgical and prosthetic outcomes globally. Ms. Seelaus received a Master of Associated Medical Sciences in 1997 from the University of Illinois at Chicago, and a Bachelor of Science degree in 1989 from Northwestern University, Evanston, IL. Ms. Seelaus has been practicing clinically for nearly sixteen years, and maintains a clinical focus on the use of osseointegrated implants and technology in facial prosthetic rehabilitation. She is past President of the International Anaplastology Association; and, past board member of the Board for Certification in Clinical Anaplastology. Ms Seelaus currently serves as Co-Chair for the Special Interest Group in Facial Prosthetic Rehabilitation (SIGFPR) for the International Society of Maxillofacial Rehabilitation (ISMR); and Chairs the Education Committee for the Advanced Technology in Head & Neck Reconstruction North American Leadership Group. She likes to dance and is an avid outdoorswoman.
Monday, November 3rd

Cynthia Aita-Holmes, DMD
Prosthodontist, Hospital Dental Clinic
Fort Gordon Dental Activity
Fort Gordon Georgia USA

Born and raised as a French Canadian in a suburb of Montreal, Quebec. Obtained a Bachelor of Science in Biochemistry at McGill University in Montreal, Canada in 1989. Completed a DMD from Montreal University in 1994 and was awarded the “Pierre Fauchard Award of Excellence”. Joined the Canadian Forces Dental Services as a dental commissioned officer in 1991. Completed a specialty certification in Prosthodontics at Fort Gordon, GA in 2002. After 12 years of service, was honorably released from the Canadian Army in 2003. Joined the US Army as a dental officer in 2004. Obtained the specialty board certification in Prosthodontics in 2007. Completed a Maxillofacial Prosthetics Fellowship with the Naval Postgraduate Dental School in Bethesda, MD in 2014. Was previously assigned with the US Army at Fort Drum, NY and Fort Wainwright AK. Current assignment is at Fort Gordon, GA.
Dr. Evan Rosen is an Instructor in the Department of Restorative Dentistry and Biomaterials Sciences at the Harvard School of Dental Medicine. He earned his dental degree from the University of Florida College of Dentistry and his Masters in Public Health from Florida International University. Dr. Rosen completed his residency in Prosthodontics from the Eastman Institute of Oral Health in Rochester, New York and then completed his Fellowship in Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center in New York City. Dr. Rosen has a continuing focus on patient care, education, and research.
Dr. Eszter Somogyi-Ganss received her DMD degree from the Semmelweis Medical University in Budapest, Hungary. After completing her dental training Dr. Somogyi-Ganss spent five years studying calcium-binding molecules at the Karolinska Institute in Stockholm, Sweden to complete her doctoral thesis in basic sciences. Following this period she moved to Canada, where she completed her prosthodontic residency at the University of Toronto. Dr. Somogyi-Ganss continued her education at the Department of Head and Neck Surgery at the University of Texas MD Anderson Cancer Center. Here she completed her fellowship in Maxillofacial Prosthetics and Oncologic Dentistry under the direction of Dr. Mark S. Chambers.
Dr. Smith is the 2014 graduate of the Maxillofacial Prosthodontics Fellowship, 59th Dental Training Squadron, Lackland AFB, Texas. She received her dental degree from the Southern Illinois University School of Dental Medicine (2008), Certificate in Prosthodontics from Wilford Hall Medical Center (2013), and Masters of Science degree in Prosthodontics from the University of Texas Health Science Center San Antonio (2013). Dr. Smith is a member of the American Academy of Maxillofacial Prosthodontics, the American College of Prosthodontics, the American Dental Association, and the Chicago Dental Society.
Matilda Dhima DMD, MS is an Assistant Professor and Maxillofacial Prosthodontist at the University of Pittsburgh School of Dental Medicine. Dr. Dhima is part of the medical staff of the University of Pittsburgh Medical Center Dental Medicine Department. She serves as one of the investigators in a multidisciplinary research group (ITAPD) developing innovative maxillofacial prosthetic devices. Dr. Dhima has published landmark articles on novel treatments for complex prosthodontics patients, mentoring of students in prosthodontics, patient based evidence for prosthodontics management of edentulous patients, and fixed prosthodontics care. She lectures on these topics at national and internationally venues.

Dr. Dhima obtained her Doctorate degree from the University of Pennsylvania School of Dental Medicine. She trained in prosthodontics and maxillofacial prosthetics at the Mayo Clinic where she also obtained a Master’s in biomaterial science. Dr. Dhima has been recognized with several prestigious national and international awards for her outstanding and innovative research to advance patient care and the field of prosthodontics. She serves on the editorial board of several international prosthodontics journals. Dr. Dhima currently serves a 3 year term as an officer of the American Association for Dental Research Ethics Committee. Her research has been recognized by grant awards including the Academy of Prosthodontics, American Academy of Fixed Prosthodontics, Greater New York Academy of Prosthodontics. She continues to focus her teaching, patient care and research on clinical outcomes and dental biomaterial science.
Dr. Somohano received her Dental Medicine Doctor degree from the University of Puerto Rico, School of Dental Medicine, in San Juan Puerto Rico on June of 2008. She followed with a two year general practice residency program at the Bronx Lebanon Hospital in New York, where her second year was served as a chief resident. Sequentially she pursued three years in the Advance Program in Prosthodontics at the New York University, where she served her senior year as the chief resident and received her degree in June of 2013. Dr. Somohano is a Diplomate of the American College of Prosthodontics and did her Maxillofacial Prosthodontics training at the University of California Los Angeles 2013-2014. Her future plans are to practice Maxillofacial Prosthetics and Prosthodontics in a hospital setting.
Dr. Rodney received his DMD degree from the University of Pennsylvania School of Dentistry. He received his prosthodontic specialty certificate from UMDNJ in Newark, New Jersey. Dr. Rodney practiced prosthodontics in private practice in Pennington, New Jersey for over 20 years. He recently completed his one year fellowship in maxillofacial prosthodontics at UCLA. Dr. Rodney presently practices and teaches maxillofacial prosthetics at The University of Michigan in Ann Arbor, Michigan.
Dr. Amanda C. Colebeck received her DDS degree, summa cum laude, from the State University of New York at Buffalo School of Dental Medicine. Following graduation, she remained in the same institution to complete her prosthodontics residency and masters in oral sciences. Dr. Colebeck continued her education after residency at Memorial Sloan Kettering Cancer Center where she completed a fellowship in maxillofacial prosthetics. Following fellowship, Dr. Colebeck returned to Buffalo to pursue a multi-dimensional career in academia and practice. She is currently a part-time faculty member in the Division of Dental Oncology and Maxillofacial Prosthetics at Erie County Medical Center, a part-time clinical associate professor at the University at Buffalo School of Dental Medicine, and she maintains a practice limited to prosthodontics in Orchard Park, NY.
Dr. Wee obtained his dental degrees from the National University of Singapore in 1992 and from Creighton University in 2013. In 1994, he was awarded a Rotary International Foundation Ambassadorial Scholarship in Singapore to the University of Iowa to complete his M.S. degree and specialty certificate in Prosthodontics. He then spent an additional year at the University of Pittsburgh Medical Center as a Clinical Fellow in Maxillofacial Prosthetics. While on faculty at The Ohio State University, Dr. Wee completed a certificate in Clinical Research (NIH K30), a one-year National Research Service Award (NIH T32), and an M.P.H. degree. Dr. Wee is currently a Ph.D. candidate and will complete his Ph.D. in clinical translational research from the University of Nebraska Medical Center by 2014, while being partially funded by an NIH K23 award. Dr. Wee has received research funding as a principal investigator (NIH R15, NIH K23) and co-investigator (NIH R01, VA RR&D) from the National Institutes of Health, Department of Veteran’s Affairs, as well as several other agencies. Dr. Wee has authored 68 peer-reviewed publications, 51 peer-reviewed abstracts, and three chapters in textbooks. He is Co-Chief of Maxillofacial Prosthodontics at the Veterans Affairs Nebraska-Western Iowa Health Care System in Omaha, Nebraska. Dr. Wee currently serves on the Board of Directors for the American College of Prosthodontists, the International Society for Maxillofacial Rehabilitation and the International Academy for Oral and Facial Rehabilitation.
Dr. David Reisberg received his dental degree from Case Western Reserve University in 1977. He received a specialty certificate in Prosthodontics from Tufts University and one in Maxillofacial Prosthetics from The University of Chicago. He has been Director of the Maxillofacial Prosthetics Clinic at The University of Illinois Hospital and Health Sciences System in Chicago since 1981. He served as Medical Director of their Craniofacial Center from 1998 to 2010. Dr Reisberg works with a team of medical and dental specialists and allied health professionals to provide care for children and adults with congenital or acquired craniofacial conditions. He is a member of the AAMP Board of Directors and is past president of the International Society for Maxillofacial Rehabilitation and the Illinois Association for Cleft/Craniofacial Teams. He is the current president of Ameriface, a national organization that supports people with facial differences. Dr. Reisberg is proud to be certified by the American Board of Prosthodontics.
Dr. Friedlander is currently the Chairman of the Department of Otolaryngology at Tulane University School of Medicine. He is a graduate of Georgetown University. He received his medical degree from LSU School of Medicine (New Orleans) in 1989. He completed his prerequisite two years of General Surgery residency at George Washington University in 1991 and completed an Otolaryngology residency at LSU School of Medicine (New Orleans). He then completed a head and neck surgical oncology fellowship at Memorial Sloan Kettering Cancer Center in 1997. After completion of training, Dr. Friedlander joined the LSU School of Medicine Department of Otolaryngology and was Director of Head and Neck Oncology (1997 – 2005). His research initially focused upon tumor targeting for head and neck cancer using novel adenoviruses and immunostimulatory agents. After the disruption of Hurricane Katrina, he joined Tulane University (2005 – present) and became Chairman of the Department of Otolaryngology in 2009. Since joining Tulane, his research has been focused upon health care delivery for the underserved. He founded Healing Hands Across the Divide – a faith and community based organization whose mission is to identify and address health care disparity in the inner city of New Orleans. He has been recognized for the treatment of the underserved through the American Cancer Society Spirit Award in 2009, the New Orleans City Business Health Care Heroes in 2011, and the “Unsung Hero” Award from the CLOUT Ministerial Alliance in 2013. He currently is involved with development of patient centric navigation systems for patients afflicted with head and neck cancer.
James studied at the Creighton University School of Dentistry from 2000-2004. He attended the UCLA Advanced Prosthodontics residency from 2004-2007. After obtaining his Masters in Oral Biology from UCLA in 2007, he completed a Fellowship in Maxillofacial Prosthetics and Oncologic Dentistry at the University of Texas M.D. Anderson Cancer Center in 2008. He taught and practiced at Creighton University from 2008 to 2010. From 2010-2014, he was the director of UCLA's Maxillofacial Prosthetics program. He is currently an Assistant Professor and Consultant at Mayo Clinic. James is a Diplomate of the American Board of Prosthodontics, and is a Fellow of the American Academy of Maxillofacial Prosthetics. He enjoys active involvement in many different organizations.
Dr. Day received his medical degree from the University of Oklahoma. He completed his residency at Louisiana State University before pursuing a fellowship in head and neck oncologic surgery at the University of California, Davis and in craniomaxillofacial surgery at Inselspital-Bern in Bern, Switzerland. Following fellowship, he joined the faculty in the Department of Otolaryngology-Head and Neck Surgery at Vanderbilt University Medical Center in Nashville, Tennessee and is now Professor, Vice Chair and Director of the Division of Head and Neck Oncologic Surgery in the Department of Otolaryngology-Head and Neck Surgery at the Medical University of South Carolina in Charleston, USA. He also serves as Director of the Head and Neck Tumor Center at the NCI Designated Hollings Cancer Center at MUSC and has a joint appointment in the Department of Craniofacial Biology, Department of Stomatology and College of Graduate Studies.

Dr. Day currently serves as Immediate Past-President of the American Head and Neck Society and serves on the Council of the International Academy of Oral Oncology while having completed a four-year term on the Board of Directors of the American Academy of Otolaryngology-Head and Neck Surgery. He has served as a Senior Examiner with the American Board of Otolaryngology. He has also served on the National Cancer Institute’s Head and Neck Steering Committee, Head and Neck Surgical Subcommittee for RTOG and Head and Neck Working Group for the American College of Surgeons Oncology Group.
Dr. Day volunteers his time as President of the Head and Neck Cancer Alliance, Inc. and as Treasurer of Charleston Moves and in 1998 started the inaugural international Oral and Head and Neck Cancer Awareness Week (OHANCAW) in 1998. Since completion of his fellowship, Dr. Day has limited his clinical practice to patients with tumors of the head and neck region, including robotic surgery, oropharyngeal, skull base, thyroid, skin cancer and salivary gland tumors. He also is active in research in molecular diagnostics and therapeutics in head and neck cancer. He spends his free time hanging out with his kids, Austen and Meredith. You might find them paddle boarding, climbing a 14er or snowboarding on long weekends.
AAMP WORKSHOP COURSES

WORKSHOPS #1,2,3
CranioFacial Reconstruction: Scan, Plan, 3D Print
By 3D Systems (Medical Modeling & Geomagic Solutions)
Sunday, Monday & Tuesday
14:30-16:45

3D Systems is a leading provider of 3D printing centric design-to-manufacturing solutions including 3D printers, print materials and cloud sourced on-demand custom parts for professionals and consumers alike in materials including plastics, metals, ceramics and edibles. These solutions are used to rapidly design, create, communicate, prototype or produce functional parts and assemblies, empowering customers to manufacture the future. 3D Systems is showcasing innovative digitally designed facial prosthetics, implants and surgical guides from its customers that restore cancer, tumor and trauma victims to dignity – at the American Academy of Maxillofacial Prosthetics (AAMP) annual meeting in New Orleans (November 1-4, 2014). 3D models from patient cases and conference sessions will illustrate the challenges in digitally designing well-fitting replacement facial sections to match areas that have been impacted by disease or injury – and inspirational results achieved with precision design capabilities in Geomagic Freeform® and Medical Modeling solutions.

Instructor Biography

Mr. Kevin Atkins

Kevin Atkins is the Product Manager for the Geomagic Freeform Design system, one of the key digital tools used by leading companies designing and manufacturing patient specific medical devices. Freeform is produced by 3D Systems, one of the world’s leading providers of 3D printers and design solutions in areas including personalized surgery and patient specific medical devices. Freeform is unique in that is uses a
haptic device, enabling surgeons to use the vital sense of touch to interact with the digital model. Kevin has over 25 years’ experience in computer aided design, working both as an end user and for software manufacturers, with the past 14 years specializing in organic forms.

WORKSHOPS #4, 5

Advances in Coloring Techniques Workshop

Introducing the E-skin Spectrocolorimeter System

By Factor II

Monday & Tuesday

14:30-16:45

Accurate color matching to the patients’ skin is essential in producing a realistic prosthesis. In this workshop we will introduce the new E-Skin spectrocolorimeter and compare and contrast it against traditional coloring techniques. E-Skin uses a digital library of nearly 20,000 skin tones to match to patient skin for prosthetic applications. All entries in the digital library have a matching colorant recipe. The E-Skin instrument measures skin color and instantly retrieves and displays on its screen a matching colorant recipe from its database. In the first section of the workshop participants will be demonstrated a traditional coloring technique and have the opportunity to do a color match and pack a pre-made mould. In the second section of the workshop the E-Skin system will be demonstrated and the participants will have the opportunity to use the system to help them do a full color match. The workshop offers a unique opportunity to gain hands on experience with a state-of-the-art coloring digital coloring technique.

Instructor Biography

Mr. Alan Boca

Alan is one of the UK’s leading Maxillofacial Prosthetists, having practiced for over 30 years in the field of facial and body prosthetic rehabilitation. His career began at Kings College Hospital, London
moving to Wales in 1990 to lead the Prosthetic team at the Welsh Burns, Plastics and Maxillofacial Unit in Chepstow. Presently Head of the Maxillofacial Laboratory Services at Morriston Hospital, Alan lectures extensively in the UK and worldwide. His specialist areas of interest include Craniofacial Implantology, Silicone Technology and 3D Imaging. Professionally, Alan is a Fellow of the Institute of Maxillofacial Prosthetists and Technologists.

Professor Mark Waters

Professor Waters has been involved in his field of research for nearly 20 years and has had led many industrial/academic collaborations. He has worked in the School of Dentistry in Cardiff University for nearly 20 years and was awarded a Chair in Biomaterials in 2004. His research has included work on the development of new denture soft lining materials, improved maxillofacial prosthetic materials and strategies to overcome bacteria/fungal accumulation on denture/maxillofacial appliances. He has lectured internationally, published numerous papers in national and international journals and has been the recipient of funding from commercial and public body sources. He currently holds a Chair in Biomaterials at Cardiff University in addition to being a Director of Technovent.
2014 POSTER PRESENTATION ABSTRACTS

NOTE: Titles indicated with a • are participants in this year’s poster competition

Poster 1

• Implant Survival & Loading Rate in Surgically Designed & Simulated Jaw Reconstruction

University of Alberta
Surgery, Division of Otolaryngology
Edmonton, AB, Canada

Keywords: Implant survival, loading rate, surgical design

Purpose: The aim of the present study is to investigate the survival and loading rate of osseointegrated implants in fibular free flap (FFF) reconstruction with digital surgical design and simulation (SDS) for flap design and / or computer generated guides (CGG) for implant installation.

Methods & Materials: Retrospective analyses of 19 subjects with head and neck cancer (HNC) who underwent FFF reconstruction of the maxilla or mandible were selected for this study. All subjects received implant retained oral rehabilitation using either a fixed or fixed removable prosthesis. The SDS group all received a fixed prosthesis for their oral rehabilitation. In the non SDS group, nine subjects received a fixed prosthesis and two received an abutment level removable prosthesis. Eight of the subjects were included in the SDS group and 11 were in the non SDS group. All subjects underwent FFF reconstruction by the same primary surgeon in this study. In the SDS group, two of the eight subjects had a history of radiation therapy (RT) and six of the 11 subjects in the non SDS underwent RT as part of their HNC treatment. Two examiners evaluated the utilization and loading rate of implants installed in FFF reconstructed jaws using archival records and clinical
photographs. Implant utilization and prosthesis loading rates for the no SDS and SDS group were recorded. The outcome data for each group involved recording the number of implants that were planned prior to surgery, the number of implants installed in the fibular bone and the number of implants connected or (utilized) in the reconstructed fibular bone supporting the implant retained prosthesis. Patient demographic data and prosthesis utilization and number of months since connection were also recorded. Health Research Ethics Board approval was obtained from the University of Alberta.

**Results:** There was a significant difference between the two groups ($t=2.456$, $df=12$, $p=0.03$, two-tailed). In the SDS group, 97% of the implants were utilized compared to 76% of the implants in the group without SDS. Between the two groups, there was a 21% higher loading rate of the implants utilized in the SDS group. Eight subjects in the SDS group were recorded to have 33 implants planned for installation, 32 were installed and 31 were connected to an implant retained prosthesis. Eleven subjects in the non-SDS group had 36 implants planned to be installed, 49 were installed and 37 were connected to an implant retained prosthesis. There were no implant failures, one sleeper implant was recorded out of the 33 implants installed in the SDS group. Of the 49 implants installed, two had failed and 12 were not connected (sleeper) to the final prosthesis in the non SDS group.

**Conclusion:** The findings from this study show a higher loading rate and utilization of implants in the SDS group. Advanced planning techniques yielding higher loading rates may promote a collaborative and multidisciplinary team approach to the management of HNC patients requiring oral rehabilitation after FFF reconstruction of the maxilla or mandible. Longer follow-up data is required to assess implant and prosthesis utilization as the advanced reconstructive technique has been applied in the past few years. Future studies are recommended to investigate patient and clinical driven outcomes to optimize the completed treatment. The health economic advantages of using advanced planning and reconstructive techniques would be of interest to investigate cost effectiveness, allocation and utilization of resources and overall treatment compared to traditional methods.
Digital Fabrication of Device for Clarinet Player with Bell's Palsy

Aita-Holmes, Cynthia *, Gerald T. Grant, Peter Liacouras, William Wilson Jr
Naval Postgraduate Dental School, Bethesda. MD
Maxillofacial Prosthetics
Bethesda, MD, United States

Keywords: Stereophotogrammetry, additive manufacturing, digital designing

Purpose: An extra-oral device was fabricated to assist a musician suffering from Bell's Palsy in playing the clarinet. The device was fabricated using stereophotogrammetry, digital designing, and additive manufacturing.

Introduction: Lyme disease is a debilitating infection that may cause a variety of mild to crippling symptoms. Its clinical manifestations may include facial and dental pain, facial nerve palsy, headache, temporomandibular joint pain, and masticatory muscle pain. It can present in many ways; neuroborreliosis is the most common secondary manifestation of Lyme, and Bell's palsy the commonest presentation of neuroborreliosis.

Clinical Report: A clarinet player was suffering from Bell's palsy as a complication of Lyme disease. His facial paralysis precluded him from playing the clarinet. When blowing in his clarinet, he was unable to create a seal. A device was digitally fabricated to assist the patient in creating a seal around the clarinet mouthpiece and apply pressure to his cheek on the affected side. A full head 3D image of the patient holding the clarinet in his natural performing position was obtained with a stereophotogrammetry device. The image was sent to the 3D Medical Applications Center at Walter Reed National Military Medical Center for design and fabrication of the device. The device was then additively
manufactured with electron beam melting technology from a titanium alloy and was then attached to the clarinet shaft. The device allowed the patient to play the clarinet which prevented him from losing his skills during his slow recovery from Bell’s palsy.

**Discussion:** Because of this patient’s lengthy recovery from Bell’s palsy, and the nature of his primary occupation, it was imperative to find a solution that would allow him to play his clarinet despite his facial paralysis. The method of fabrication used presented several advantages. The digital imaging technique provided an accurate capture of the soft tissue contours and of their relative position with the clarinet mouthpiece. Digital designing allowed for easy and cost efficient fabrication and modification of the device. Additive manufacturing presented the option of producing a device in an acceptable material that could withstand the high forces that would be applied to the device over several months.

**Poster 3**

* Prosthetic in Patient Rehabilitation with Multiple Recurrences by Basal Cell Carcinoma

Bercián Moguel, Yndira *, Echevarría Y Pérez Enrique, Díaz Aguirre Celia Minerva.

Universidad Nacional Autonoma De Mexico
Hospital General De Mexico (Maxillofacial Prosthetics)
México D.F., Distrito Federal, Mexico

**Summary:** Aesthetically and functionally rehabilitate a patient with loss of intraoral and facial anatomic region by neoplasia.
A Case Report: 43 year old male patient resident in Mexico, with a history of sun exposure by work activity occurs. Carcinoma diagnosed with basal cell since 2003 with multiple recurrences up to infiltrate the maxilla, who was placed on nasal prosthesis, radiation therapy, surgery and transitional shutter Homogenizer. He began his condition in 2003 with dermal lesion in the right nasal fossa requiring local excision by the dermatology service and relapse in 2008. Also, right side rinectomy and mesostructure maxilla was performed in January 2011. The patient is valued for nasal facial prosthesis, when their tissues had a good evolution. It works through a print and model in plaster. Sculpture was carried out according to its anatomical lines, ending in a good texture similar to his skin. Color and characterization were satisfactory. Starts 3D conformal radiotherapy treatment, in August 2011 for what was a Bolus; attachment dose Homogenizer. New nasal prosthesis was made due to changes in the tissues by radiation therapy. In March 2013 presents oronasal fistula in palate, takes print is designed where transitional shutter, which is placed on the patient. In September of 2013, again by local recurrence is subjected to resection of maxilla, by inserting a surgical obturator, maintaining their teeth in good condition remnants and supporting tissues. The surgical obturator, maintaining it with tissue conditioner to seal the oral-nasal communication is retired, seven days after surgery. Subsequently a transitional prosthesis was inserted in the jaw.

Results: The use of shutter and nasal prosthetics improved the quality of life of the patient in aesthetic functions, psychosocial and of the stomatognathic system.

Conclusion: Before a lesion with multiple recurrences, the intervention of the Maxillofacial Prosthesis, is positively to deal with the evolution of 11 years, where the patient always was able to recover the functional changes that were occurring and jointly managed to maintain their aesthetic appearance, impacting on improving your quality of life.
Poster 4

Total Maxillectomy Different Approach to Prosthetic Reconstruction Case Reports

Dahlin, Christina *
171 76 Solna, Sweden

Keywords: Maxillectomized, Obturator prosthesis, Epithesis

Purpose: To show two different methods to approach reconstruction after total maxillectomy in regard to the patient’s life situation.

Methods & Materials: In both cases custom made frameworks in titanium were manufactured to support obturator prosthesis and in case two also an epithesis. In case one the framework was attached by ordinary surgical fixation screws. In case two the framework was attached by implants, Nobel BioCare (Branemark system RP) and Cochlear Ltd (Vistafix2 3mm)

Results: Case one illustrates a palliative situation where the patient is not able to manage the obturator prosthesis due to disability. Therefore it was vital to make a simple construction. Also the patient needed an immediate help to obturate the defect giving us no time to wait for osseointegration of implant fixtures. Case two shows a young patient, a school boy, who needs an obturator prosthesis and epithesis to function well in a social environment.

Conclusion: Both cases provide the patient with prosthetic reconstructions that allows them to function well considering their different life situation.
Implants for Orbit Rehabilitation: Comparison Between One-Stage and Two-Stage Surgeries

Dib, Luciano *, Mello, Monica; Oliveira, Joaquim; Pecorari, Vanessa;
Universidade Paulista - UNIP, Post Graduation
Sao Paulo, Sao Paulo, Brazil

Keywords: extraoral implants, orbit, surgery

Purpose: The aim of the study was to compare the osseointegration success rate and time for delivery of the prosthesis among cases treated by two-stage or one-stage surgery for orbit rehabilitation.

Methods & Materials: A retrospective study was conducted by examining consecutive files of all patients with orbital defects who were treated by the same team between 2003 and 2011.

Results: Forty-five patients were included, 31 males and 14 females; 22 patients had two-stage surgery and 23 patients had one-stage surgery. A total 138 implants were installed, 42 (30.4%) on previously irradiated bone. The implant survival rate was 96.4%, with a success rate of 99.0% among non-irradiated patients and 90.5% among irradiated patients. Two stage patients received 74 implants with a survival rate of 94.6% (four implants lost); one-stage surgery patients received 64 implants with a survival rate of 98.4% (one implant lost). The median time interval between implant fixation and delivery of the prosthesis for the two-stage group was 9.6 months and for the one-stage group was 4.0 months (P < 0.001).

Conclusion: The one-stage technique proved to be reliable and was associated with few risks and complications; the rate of successful osseointegration was similar to those reported in the literature. The one-stage technique should be considered a viable procedure that shortens the time to final rehabilitation and facilitates appropriate patient follow-up treatment.
Poster 6

✧ Prosthetic Rehabilitation in Children with Maxillectomy: A Clinical Case Report

Elbashiti, Mahmoud *, Hattori, M. Sumita, YI. Haraguchi, M. Taniguchi, H
Tokyo Medical and Dental University
Maxillofacial Prosthetics Department
Tokyo, Japan

Keywords: Prosthetic rehabilitation, Maxillectomy, Children

Purpose: Maxillectomy patients are generally suffering from functional impairments such as speech, mastication, and swallowing as well as esthetic deformity. Surgical reconstruction and prosthetic rehabilitation can provide functional and aesthetic improvements to maxillectomy patients. Especially for pediatric patients, maxillectomy and following rehabilitation treatment gives great impact to them in their growth development. This clinical report describes a long follow up period of maxillectomy prosthetic rehabilitation using obturator for a young child patient diagnosed with maxillary chondrosarcoma. It also evaluates the oral function performance including the perception of chewing ability, mastication performance, speech outcome, and playing music using wind instrument, recorder.

Methods & Materials: A 20-month-old infant female patient diagnosed with a malignant tumor of chondrosarcoma of the left maxilla. A surgical resection was planned for the left maxilla followed by chemotherapy and subsequently, prosthetic rehabilitation. Two phases of prosthetic treatment plan were planned. First, preschool phase prosthetic rehabilitation focusing on speech, mastication, and swallowing functions. Second, school phase prosthetic rehabilitation focusing on the basic oral functions in addition to esthetic, psychosocial impact within school environment. The definitive obturators were fabricated in conventional manner and delivered in the age of 3 and 6 years old respectively. The oral function with obturators were evaluated
objectively. Speech outcome was evaluated using acoustic analysis. Playing music using wind instrument, recorder was also evaluated. In addition, psychosocial aspects of prosthesis were evaluated using a questionnaire.

**Results:** The results of functional evaluation showed that the two phases of prosthetic treatment plan were successfully achieved with remarkable improvement in the patient’s oral function in both preschool and school period. Esthetic and psychosocial impact within school environment was also improved.

**Conclusion:** Maxillectomy in children can result in significant functional impairments in mastication, swallowing, and speech. Prosthetic rehabilitation can aid in alleviating these problems during growing up period. In addition to these functional problems, severe psychosocial problems followed maxillectomy may be improved.

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**Poster 7**

**Amorphous Ocular Prosthesis Design**

**Estrada, Blanca *, Perea, P., Corral, M.**
**Benemérita University Autónoma of Puebla**
**Prosthodontics**
**Puebla, Puebla, Mexico**

**Keywords:** Amorphous, Ocular prosthesis, eyeball dissection.

**Purpose:** Designing an ocular prosthetic still amorphous form that meets the requirements to provide good patient facial aesthetic appearance to promote their quality of life.
Methods & Materials: Male patient, 52 years old, came to the clinic of Oral Rehabilitation of the University of Puebla, for rehabilitation with ocular prosthesis, which he suffered in the face a caused by the detonation of fireworks such as rockets impact, which caused him fracture of the inner angle of the right orbit and eyeball dissection. It began with the placement of a forming and exercises for 3 months to achieve muscle tone in the Palpebral that had been strained by the type of fracture and suture technique was performed him. The prosthesis is made by the traditional technique ending with a rare amorphous pattern. Because the irregularity is positioned in the inside of the cavity Anophthalmic, this is not seen externally.

Results: The ocular prosthesis amorphous met the aesthetic and functional requirements for the patient, although it remained an asymmetry in the cavity and relative to healthy eye.

Conclusion: The design is considered a success because it met the expectations of the patient, to achieve over the trauma or emotional impact associated with the loss of an eye. In obtaining facial physical and mental stability that allowed the social and labor integration and acceptance.

Poster 8

✧ Replacement of an Ocular Prosthesis in a Growing Child

Kapetanakos, Melani *, Randazzo, Joseph
Memorial Sloan Kettering Cancer Center
Maxillofacial Prosthetics
New York, NY, United States

Purpose: The most common primary intraocular malignancy in childhood is retinoblastoma. Current treatment includes enucleation
and placement of an orbital implant. The loss of an eye can be followed by contraction of tissues around the socket which can lead to eyelid constriction, reduced eye socket size and depth, eyelid incompetence, and possibly decreased residual muscle movement. Enucleation is typically followed by the construction of an ocular prosthesis.

Methods & Materials: The process is the same for a child as that for an adult; but a child's socket continues to grow until the age of twelve and therefore, will require periodic modifications or replacement of the prosthesis. As the child grows, changes in the size and shape of the eye socket can result in a sunken appearance of the child's prosthetic eye. For fabrication of the ocular prosthesis, methyl methacrylate resin is the prosthetic material of choice because of its tissue compatibility, adaptability of form, durability, and aesthetic capabilities which include color permanence.

Results: Indications for adjustments include prosthesis rotation within the socket, loose fit, decentration of the cornea, cosmetically significant ptosis, or discoloration of the prosthesis. Regular modifications of the ocular prosthesis are essential to allow the eye socket to develop normally. The goals of the adjustments are to increase the size of the prosthesis gradually in order to aid in the normal development of the lids and other soft tissues which line the orbital bone. In order to achieve a good cosmetic result, the soft tissues must be stretched during growth to enhance the development of the fornices.

Conclusion: For a child, sometimes, the impression making process of the anophthalmic socket can be traumatic. We will discuss a technique for fabrication of a new ocular prosthesis for a 7 year old that has outgrown his previous ocular, without making an intraocular impression.
Poster 9

*The Use of Tridimensional Imaging to Evaluate Volumetric Changes in Maxillofacial Patients, A Case Report*

Lagreca, Gabriela*, Morgan, S.
Tufts University School of Dental Medicine
Prosthodontics
Boston, MA, USA

Abstract: The field of maxillofacial prosthesis is embracing the rapid expansion of digital technology. The use of three-dimensional (3D) imaging techniques, such as digital 3D photography, provides an excellent tool to acquire high quality data that may be utilized by clinicians to assess the needs of maxillofacial treatments. The purpose of this case report is to analyze the volumetric changes, both pre and post-operatively, on a patient subject to reconstructive plastic surgery and in patients that required prosthetic rehabilitation.

Poster 10

*Dental Rehabilitation of an Adult with Childhood Oral Caustic Injury*

Leong, Austin *, Wang, Theresa; Minsley, Glenn; Huryn, Joseph
University of North Carolina - School of Dentistry
Chapel Hill
Graduate Prosthodontics
New York, NY, USA

Keywords: caustic ingestion

Purpose: Harmful effects of caustic ingestion on the trachea, esophagus, and gastrointestinal tract are well described in the medical literature. However, there is little reference of their effects to the oral
and peri-oral areas. Here, we present a dental rehabilitation of an adult with multiple sequelae resulting from a lye salt ingestion event during his early childhood.

**Methods & Materials:** In February 2010, a 52-year old male presented for treatment due to caustic ingestion at age 2, with oral contracture, tissue scarring, limited tongue mobility, and tooth eruption disturbance. Following extensive discussion of treatment options, the patient elected to pursue a fixed dental rehabilitation, with extractions of hopeless dentition, followed by placement of dental implants, and restoration of the remaining natural dentition and implants with fixed dental prostheses.

**Results:** A dental rehabilitation was achieved through an interdisciplinary approach. Extraction of teeth with ridge preservation in the maxillary right quadrant was achieved. Following healing, the patient was successfully treated with dental implants in the maxillary right quadrant and mandible. The maxillary dental implants were restored with an implant supported fixed dental prosthesis. The remaining maxillary teeth were restored with conventional fixed prosthodontics. Complications however did arise in the mandible due to the extent of oral contracture and tissue scarring. In turn, the mandibular vestibule required expansion through removable lip bumpers that ultimately allowed for increased elasticity of the lower labial mucosa. The mandible was restored with an implant supported fixed hybrid prosthesis. The post dental rehabilitation course was uneventful, and the patient remained pleased with his treatment.

**Conclusion:** The harmful effects of caustic ingestion are well documented for the trachea, esophagus and gastrointestinal tract; however there remains little evidence with regards to the treatment of the oral and peri-oral sequelae that may result. Although early intervention and surgery can address the acute effects of caustic ingestion, there is no definitive prescribed treatment for long-term sequelae. Treatment should be aimed at prevention, however for individuals already effected in early childhood that require later dental rehabilitation in adulthood, interdisciplinary treatment involving implant therapy, and fixed and/or removable prosthodontics can be provided to obtain beneficial results for the patient.
Poster 11

Maintainer of Space and Intermaxillary Relationship in Mandibular Resection

Llaka Perez, Elizabeth *, Diaz Aguirre, Celia Minerva, Echevarria Y Perez Enrique
Universidad Nacional Autonoma De Mexico
Hospital General De Mexico (Maxillofacial Prosthetics)
Mexico, D.F, Mexico

Purpose: The objective of the stabilizer bar keep the bone area was lost to a mandibular resection involving lateral body to the line media by an osteoma.

Methods & Materials: This paper describes the design and preoperative preparation of the maintainer, in order to obtain better accuracy during insertion with less time in the surgical procedure. The implant is elaborate in methyl methacrylate and Kirschner nail. The maintainer or implant is designed through a 3D model, reshaping the segment that would be sectioned surgically. That also allows direct intraoral reconstruction, later accommodate an intraoral prosthesis.

Results: Implant was inserted to obtaining a satisfactory retention and stability of segments, to evaluate a second surgical time to re-establish the mandibular bone continuity.

Conclusion: Its inclusion was transient and it was subsequently rebuilt with a flap of fibula, inserted with micro-anastomosis and osteosynthesis material. This implant could also have been considered as an alternative to definitively in the reconstruction, avoiding a second surgical time.
Poster 12

Advantage of Using Digital Technology for Fabrication of an Auricular Prosthesis at an Educational Institution

Marghalani, Amin*, Morgan, S.
Tufts University School of Dental Medicine
Postgraduate Prosthodontics
Boston, MA, USA

Abstract: Prosthetic replacements of missing facial tissues using digital technology have several advantages over traditional techniques, especially in an educational environment. Introducing 3-D computer aided designing (CAD), laser scanning and computer aided manufacturing (CAM) also known as rapid prototyping (RP) has revolutionized the field of maxillofacial prosthetics. With CAD/CAM, a mirror image wax pattern may be fabricated, shortening the time of the conventional sculpting technique. The purpose of this case report is to compare the digital vs. conventional workflow for the fabrication of an auricular wax pattern in the Prosthodontics Department at Tufts University School of Dental Medicine.
Auricular Prostheses Using Mirrored 3D Images Captured by Laser Scanning

Mattos, Beatriz *, Marafon, Priscila
University of São Paulo
Maxillofacial Surgery, Prosthesis and Traumatology
São Paulo, São Paulo, Brazil

Keywords: auricular prosthesis, anthropometric landmarks, lasers

Purpose: This study evaluated the facial symmetry obtained with laser scanning-acquired, digitally mirrored 3D auricular images, by using or not using the external auditory canal as an anatomical reference, in normal subjects.

Methods & Materials: Laser scans were taken of the faces of 10 volunteers with ages over 25 years, without congenital or acquired lesions in the craniofacial region, and of both genders. Linear and angular measurements based on anthropometric landmarks and the external auditory canals were compared by the Wilcoxon ranking test. The angular data were assessed as percentages.

Results: Facial asymmetry was observed after positioning the right and left external ear models mirrored on the contralateral sides of the face, without using the external auditory canal as a reference. Asymmetry was twice as frequent when mirroring the left auricular model on the right side of the face. Greater symmetry was observed when the right auricular models were mirrored on the left side of the face, without using the external auditory canal as a reference, and the greatest symmetry was observed when the left models were mirrored on the right side of the face, using the external auditory canal as a reference. The angular measurements were less asymmetric for the right auricular models than for the left, mirrored on the contralateral sides of the face, with or without using the external auditory canal as a reference.

Conclusion: Use of the external auditory canal as an anatomical reference provided better linear and angular symmetry when positioning the virtual auricular right and left models mirrored on the contralateral sides of the face.
Poster 14

Contribution to the Integration of Removable Prostheses by Speech Study

Maurice, Didier *, Pomes Benjamin, Heloire Nicolas, Khoury Elise, Voisin Pierre-Marie, Crevier-Buchman Lise
Faculty of Dental Surgery, University Paris 7 Denis Diderot
HEGP Hospital, Laboratory of Voice,
University Paris 5 René Descartes
Prosthetics
Paris, France

Purpose: Oral cavity volume changes have an impact on the intelligibility of speech. Prosthetic rehabilitations changes the volume of the oral cavity. To make a removable prosthesis, we use the phonetics. Also, it is important for practitioners to know and to understand what kind of changes appear and how people adapt to this new volume of the oral cavity. The purpose of this study is to compare the phonetics of a dent subject without prosthetic constraint with the same topic after establishment of a prosthetic constraint.

Methods & Materials: In this study each topic is compared to itself. To do this, each subject was recorded without constraint then the following recordings made with establishment of a constraint (palatine plate to the maxilla and mandible) and a time of adaptation of 30 minutes. Another record is carried out after adding a new constraint (contribution of resin on the palate plate). Records are analyzed by an acoustic study of four consonants and a vowel and a jury of listening on the consonants.

Results: The acoustic disturbances on the consonants are mainly a decrease in the centre of gravity of the spectrum and intensity of noise. For the vowels, it is an increase of the fundamental frequency and the first forming. The perceptual study shows that the intelligibility of speech is diminished for the (s).

Conclusion: These results should enable us to better inform our patients on disturbances that they will live in implementing prostheses and strategies put in place to integrate the best and soon this new environment
Poster 15

Maxillofacial’s Role in Aiding Occupational Therapy: A Case Report

Mccarville, Kirstin *, Suarkeo, Mark Kelly, James
University of California at Los Angeles
Department of Maxillofacial Prosthetics
Los Angeles, CA, USA

Keywords: midfaceprosthesis, facialmask, obturator

Purpose: Patients that have undergone a midface resection may have difficulty speaking, swallowing, masticating and have psycho-social issues due to their compromised facial anatomy. In many oncologic cases, the motivation for surveillance of the surgically resected area for recurrence relies heavily on various prosthetic reconstructions to restore function, facial esthetics, and quality of life in the midface patient. This case report exemplifies a novel utilization of prosthetics to restore a patient’s midface and the patient’s ability to participate in unique extracurricular activities.

Methods & Materials: A 59-year old gentleman presented status post total bilateral maxillectomy, rhinectomy, and upper lip resection followed by radiation therapy (~70Gy) for squamous cell carcinoma of the right and left hard palate in 2011. He had been restored with a definitive maxillary obturator and was wearing a disposable facemask to cover the nasal and upper lip defect. His chief concern, “I have a bucket list and on that list is flying again and skydiving.” “After my midface prosthesis is fabricated, this is what I would like to do.” Facial Prosthesis Fabrication: Steps to follow Polycarbonate Facial Mask Fabrication: Steps to follow

Results: The midface silicone prosthesis improved the quality and clarity of his voice enough that he was able to speak over the radio, while in the air, without repeating himself. The blue spherical plastic sprues attached to the edentulous obturator helped retain the facial prosthesis so only a small amount of medical grade adhesive was used
between his eyebrows. The polycarbonate facial mask was fabricated to protect both the edentulous obturator and facial prosthesis from being dislodged when jumping from an airplane.

**Conclusion:** This case report demonstrates how maxillofacial prosthetics can allow patients to return to normal life activities post cancer therapy. Each member on an oncology team, including occupational therapy and family, are vital to restore function, facial esthetics and to improve the quality of life. Utilizing a conventional edentulous obturator, a midface prosthesis, and polycarbonate facial mask, the patient's chief concerns were achieved.

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**Poster 16**

**Multi-Layered Artificial Skin Fabrication Utilizing Computerized Individual Shade Guide**

Pan, Qiuyue *, Naoto Maeda, DDS, Phdb, Yasuhiro Okamoto, DE, Phdc, Keiji Jind, Goro Nishigawa, DDS, Phde, Shogo Minagi, DDS, Phdf

Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama University
Department of Occlusal and Oral Functional Rehabilitation
Okayama, Japan

**Keywords:** artificial skin, shade matching, individual digital shade guide
Purpose: The purpose of this study was to establish a new skin structure of maxilla-facial prosthesis which is characterized by the esthetic border area between facial skin and the prosthesis which was enabled by the multi-layered structure, and the digital color matching system which enabled easy and highly esthetic color matching using digital individual shade guide.

Methods & Materials: An experimental facial prosthesis was fabricated for one healthy volunteer. The prosthesis was fabricated using a newly developed multi-layered artificial skin consisting of three structural layers, which are a support material to maintain the shape, the digital print layer, and a thin covering silicone elastomer layer whose reflectance and transmittance makes the appearance of the layer like cornified layer. For matching the tonal and textural appearance, individual digital shade guide was made from a digital photograph of the identical subject’s face of contralateral side by sequentially controlling brightness, hue and saturation. These modified digital images were printed on a thermally adhesive print sheet. This sheet was used as the final individual digital shade guide. By the trial of the final individual digital shade guide directly against the face of the subject, the best fitting one from the images on the final individual digital shade guide was determined. The best fitting image was used as the digital source for the multi-layered prosthesis.

Results: The experimental facial prosthesis constructed by the new fabrication method, using multi-layered structure, well adapted to the face of the subject. The tonal and textural appearances of the subject’s facial skin could be well reproduced and matched using the individual digital shade guide.

Conclusion: It would be concluded that the quality facial prosthesis, utilizing this multi-layered artificial skin, would be able to be manufactured in any facility and would be one of the effective options for the treatment of facial tissue defects.
Poster 17

Multidisciplinary Management in Skull Injuries by Methyl Methacrylate Implants

Ramos Hernandez, Ana Karen Lizette *, Echevarria Y Perez, Enrique
General Hospital of Mexico
Maxillofacial Prosthetics
DF, DF, Mexico

Keywords: methyl methacrylate, implants, titanium
**Purpose:** Immediately reconstruct, by combining both materials obtaining cerebral protection and obtaining an acceptable cosmetic result. Adaptation between methyl methacrylate and titanium, is a useful alternative to similar cases.

**Methods & Materials:** The first case is a 22 year old with a diagnosis of: bone dysplasia in the left frontal bone. Through tomography dimensional model (stereolithography), through which the implant was prepared in methyl methacrylate, in the thermosetting version under strict polymerization and sterilization protocol was obtained. Neurosurgeons performed the surgical approach, removing the entire lesion, and subsequently jointly defect was reconstructed by inserting the implant described adding a mesh and titanium screws to strengthen the protection of the organs involved. The second case is male 42 years of age diagnosed with Frontal Mucocele law. He started his illness four years ago when he noticed a small nodule in right supraorbital and supracliliary asymptomatic region. Have a history of direct trauma in this region, showing rapid and progressive growth to reach up to 8 X 5 cm. With the study of stereolithography TAC was obtained with reconstruction of the bone defect, elaborándose transparent methyl methacrylate implant. The Oncology Department in the area of head and neck, performed removal of the lesion and together immediately the defect was reconstructed with methylmethacrylate thermosetting implant titanium plates and screws for fixation.

**Results:** Skull protection could be obtained by the titanium mesh and methylmethacrylate implant preconfiguration facilitated the recovery loss of the aesthetic and facial asymmetry.

**Conclusion:** We present an alternative in the management of craniofacial implants when there is an alteration in bone is eliminated by removing the lesion, leaving vulnerable organs involved
Management of Peri-Implant Soft-Tissue Redundancy of an Osteocutaneous Fibula Graft

Richards, Samuel *
University of Maryland School of Dentistry
Department of Endodontics, Prosthodontics, and Operative Dentistry
Baltimore, MD, United States

Keywords: Osteocutaneous, Fibula, Stent

Purpose: Oronasal, oroantral, and oropharyngeal defects created subsequent to complete or partial maxillectomies require a multidisciplinary approach to adequately restore the patient’s anatomy, esthetics and function. This clinical case report documents the post-surgical prosthodontic therapy performed for a patient to more adequately reflect and maintain the soft tissue portion of an osteocutaneous free fibula graft and its peri-implant tissues, allowing for a more serviceable and cleansable fixed implant retained prosthesis.

Methods & Materials: Following surgical removal of a benign desmoplastic fibroma spanning the anterior and left maxillary alveolus, obturation of the defect was accomplished for this patient via transplantation of an autologous osteocutaneous free fibula graft. Providing six months of healing, this integrated reconstruction was observed to successfully obturate the maxillary defect, yet provided an overabundance of soft tissue. Laser debulking of the soft tissue was performed coincident with simultaneous implant placement in the available osseous portion of the graft.

Results: Clinical examination six months following implant placement revealed a complete overgrowth of the grafted soft tissue over three of the five surgically placed implants and their 6mm extended height healing abutments. Laser debulking was performed for a second time to provide adequate location indication of the implants for an implant-level impression, but again the soft tissue quickly overgrew the healing abutments soon after.

Conclusion: This recurring issue of soft tissue overgrowth of implant sites is a common concern when restoring around osteocutaneous grafts and not only complicates locating the implants, but also poses a risk of plaque retention and cleansibility.
Poster 19

Prosthodontic Rehabilitation of Total Glossectomy Patient: A Case Report

Sahan, Mabule Heval *, Yerci Kosor, B
University of Ege
Prosthodontics
Izmir, Turkey, Turkey

Keywords: glossektomy, tongue resection, prosthetic rehabilitation

Purpose: Tongue cancer is the most common oral carcinoma and its treatment frequently involves surgical excision, radiation therapy, or both. In patients with extensive lesions, resections may include the floor of the mouth and the mandible in addition to the tongue. Resection of the tongue results in severe deficiencies in speech and deglutition. Speech misarticulation leads to loss of speech intelligibility which can prevent or limit communication. Oral rehabilitation with prosthesis can reduce these problems. Designs of prostheses vary according to patient necessity. A snap-on tongue prosthesis or palatal augmentation prosthesis can be manufactured. The objective of this study was to construction of tongue prosthesis to improve articulation, resonance, mastication, swallowing, direct bolus into the esophagus.

Conclusion: With the delivered prostheses, the patient was in a better speech and glutation condition.
Implant Assisted Prosthetic Reconstruction in Radiated Jaws: A Case Series

Salinas, Thomas *, Pruthi, Shiv Arce, Kevin Viozzi, Chris
Mayo Clinic College of Medicine
Dental Specialties Surgery
Rochester, MN, USA

Keywords: titanium, prosthesis, maxillofacial

Purpose: To better understand the behavior of dental implant in maxillofacial reconstruction.

Methods & Materials: The proposal for this survey was passed through approval of the Mayo Clinic Institutional Review Board as a minimal risk study. After approval, the medical records of 33 patients were reviewed involving implant treatment in combination with resective surgery of the maxillofacial complex. Of these patient records, it was determined that twelve patients had implants, which were in the field of radiation in excess of 60 Gy using external beam photon therapy. The preliminary results of this case series is reported below.

Results: Months following placement implants at risk CSR 0-6 months
61 95.08% 7-12 months 50 95.08% 13-18 months 50 95.08% 19-24 months 27 95.08% 25-30 months 27 95.08% 31-36 months 16 95.08% 37-42 months 16 93.44% 43-48 months 16 93.44% 49-54 months 12 93.44% 55-60 months 12 93.44%

Conclusion: Over planning these cases becomes a primary consideration to avoid difficulties encountered with prosthesis redesign. The use of single piece prosthetic design also is beneficial in these cases where segmentation may necessitate the placement of additional implants and new prosthetic construction.
Poster 21

Microvascular Free Flap Reconstructive Options for Maxillectomy Defects

Sia, Priscilla *
University of Maryland, Baltimore
Prosthodontics
Baltimore, MD, USA

Keywords: Microvascular free flap, maxillectomy

Purpose: This poster will discuss the free flap reconstructive options for patients with partial and total maxillectomy defects. The various options such as fibula, rectus abdominis, scapular, radial forearm and latissimus dorsi will be evaluated, together with the complications, functional results and outcome measures.

Methods & Materials: A literature review will be done using PubMed to search for articles discussing microvascular free flap reconstructive options as well as the outcome measures of these reconstructions.

Results: A table of the various options, complications and results will be presented.

Conclusion: There are many reconstructive options for patients with maxillectomy defects. The choice of reconstruction should be tailored according to the specific defect, denture-bearing potential of the native tissues, remaining supporting bone and the patient’s needs.
Poster 22

Prosthesis-Guided Implant Restoration of Auricular Defect

Wu, Guofeng *, Lei Tian, Fang Wang
School of Stomatology,
Fourth Military Medical University
Department of Prosthodontics
Xi'an, Shaanxi Province, China

Keywords: CAD/CAM; Implant; Auricular prosthesis

Purpose: The concept of “prosthesis-guided implantation” has been widely accepted for intraoral implant placement, while it is not fully appreciated by clinicians for facial defect restoration.

Methods & Materials: In this clinical report, multiple digital technologies were utilized to achieve facial defect restoration by prosthesis-guided implantation. A simulation surgery was performed to remove the residual auricular tissue, and ensured the correct position of the mirrored contralateral ear model. The combined application of computed tomography and 3-dimensional photography reserved the position of the mirrored model, which was evolved into the definitive implant-retained auricular prosthesis.

Results: The definitive prosthesis was fitted to the patient and the patient felt very satisfied. Its esthetic appearance was almost the same as the initial model of the auricular prosthesis for implant planning.

Conclusion: This clinical report showed an integration of CT and 3D photographic imaging technologies in the data acquisition and CAD/CAM of an implant-retained auricular prosthesis, which ensured the position of the definitive auricular prosthesis in the pre-surgical design.
Case Report poster: Krystyna, a 9 year old female, presented with hypodontia and stunted development of dentition. She was diagnosed at the age of 9 months with grade II/III Astrocytoma in spinal cord C2/C3. She has received surgical resection, chemotherapy and radiation between the ages of 9 months to 2 and half years old. This poster will present the effects of the treatment on her dental development, treatment options and the treatment provided.
Poster 24

Rehabilitation of a Patient with Lateral Partial Tongue Resection: A Case Report

Yerci Kosor, Begüm*, Sahan, H
University of Ege
Prosthodontics
Izmir, Turkey

Keywords: partial glossektomy, tongue resection, prosthetic rehabilitation

Purpose: A total or partial resection may be needed as tongue cancers cannot be treated just by chemotherapy and radiotherapy. After the resection procedure, as chewing, talking and swallowing functions are impaired; an intraoral prosthetic rehabilitation is often needed for regaining of the function. The purpose of this study is to improve the patient’s functional and psychological condition.

Methods & Materials: A 62 year old male patient after a partial resection of the tongue applied to our clinic. His needs were the rehabilitation of the missing teeth and the phonetic function. A palatal augmentation prosthesis was planned for the maxilla for a better articulation of the residual tongue. For the mandible, a removable partial denture was planned to restore the defect and the missing teeth in the mandible. Three block crowns were prepared for the only remaining teeth in the mandible because of their abraded condition and for a better occlusion.

Results: After the delivery of the fixed and removable prostheses, in the control sessions on the 7th and the 30th days, it was observed that the speech, chewing and the swallowing functions were improved. The patient was satisfied as he gained a better function and a better psychological condition back.

Conclusion: Palatal augmentation prosthesis provides better functional and psychological results.
<table>
<thead>
<tr>
<th>Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
<th>T:</th>
<th>E:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdel-Azim, Tamer</td>
<td>Delegate Category: Student Member</td>
<td>Year Joined: 2009</td>
<td>625 Elmwood Avenue, Box 683-PROS, Rochester, NY 14620</td>
<td>(646) 573-8280</td>
<td><a href="mailto:abdulwah@usc.edu">abdulwah@usc.edu</a></td>
</tr>
<tr>
<td>Abdulwahab, Abier</td>
<td>Delegate Category: Student Member</td>
<td>Year Joined: 2010</td>
<td>925 W 34th. St #118, Los Angeles, CA 90089</td>
<td>(714) 467-8555</td>
<td><a href="mailto:abdulwah@usc.edu">abdulwah@usc.edu</a></td>
</tr>
<tr>
<td>Abdolazadeh, Laleh</td>
<td>Delegate Category: Student Member</td>
<td>Year Joined: 2010</td>
<td>8901 Wisconsin Ave, Bethesda, MD 20889</td>
<td>(301) 529-3129</td>
<td><a href="mailto:laleh.abdolazadeh@med.navy.mil">laleh.abdolazadeh@med.navy.mil</a></td>
</tr>
<tr>
<td>Abed, Hassan</td>
<td>Delegate Category: Associate Fellow</td>
<td>Year Joined: 2000</td>
<td>Al-Rehab Village, Villa No. 8, P.O. Box 1347, Al-Khobar, 31952</td>
<td>(966-5) 0684-3447</td>
<td><a href="mailto:abedhm@yahoo.com">abedhm@yahoo.com</a></td>
</tr>
<tr>
<td>Abdulhadi, Laith</td>
<td>Delegate Category: Affiliate Fellow</td>
<td>Year Joined: 2011</td>
<td>7 Jalan 16/10, Suite16, Petaling Jaya, Selangor 46350, Malaysia</td>
<td>(706) 721-2261</td>
<td><a href="mailto:laithabdulhadi@um.edu.my">laithabdulhadi@um.edu.my</a></td>
</tr>
<tr>
<td>Abou Nahlah, Esam</td>
<td>Delegate Category: Student Member</td>
<td>Year Joined: 2010</td>
<td>2640 Alexander Place, Augusta, GA 30909</td>
<td>(706) 721-2261</td>
<td><a href="mailto:eabounahlah@mail.mcg.edu">eabounahlah@mail.mcg.edu</a></td>
</tr>
<tr>
<td>Abdullah, Wael</td>
<td>Delegate Category: Student Member</td>
<td>Year Joined: 2014</td>
<td>Edmonton, Canada, T: 17802382646</td>
<td><a href="mailto:Waelabul@aol.com">Waelabul@aol.com</a></td>
<td></td>
</tr>
<tr>
<td>Abrahamian, Hratch</td>
<td>Delegate Category: Life Fellow</td>
<td>Year Joined: 1953</td>
<td>4910 Massachusetts A. NW, Suite #323, Washington, DC 20016</td>
<td>(202) 686-6600</td>
<td>Abrahamian, Hratch</td>
</tr>
</tbody>
</table>
Abrahams, Howard
Delegate Category: Associate Fellow
Year Joined: 2007
960 Arthur Godfrey Road
Suite 400
Miami Beach, FL 33140
T: (305) 532-4419
E: dr.abrahams@gmail.com

Aggarwal, Harshit
Delegate Category: Associate Fellow
Year Joined: 2009
127 Littleton Ave, Floor 3
Newark, NJ 07103
T: (973) 972-5313
E: dr.h.aggarwal@gmail.com

Acharya, Varun
Delegate Category: Student Member
Year Joined: 2010
401 E 34th St, Apt N20B
New York, NY 10016
T: (917) 587-5560
E: va451@nyu.edu

Ahmad, Bader
Delegate Category: Student Member
Year Joined: 2010
25949 Redlands Blvd, Apt-H
Redlands, CA 92373
E: DrBaderAhmad@yahoo.com

Afify, Ahmed
Delegate Category: Student Member
Year Joined: 2014
7703 Floyd Curl Dr
San Antonio, TX 78229
T: (210) 567-3323
E: afify@uthscsa.edu

Ahmad, Omaid
Delegate Category: Associate Fellow
Year Joined: 2008
40th and Holdrege, Box 830740
Room 2151
Lincoln, NE 68583-0740
T: (402) 472-1262
E: omaid.ahmad@unmc.edu

Afshari, Azadeh
Delegate Category: Student Member
Year Joined: 2010
1885 El Paseo St, Apt 526
Houston, WV 77054
T: (304) 216-0246
E: azafshari@gmail.com

Ahmed, Ayman
Delegate Category: Student Member
Year Joined: 2009
4055 S.Braeswood Blvd Apt. 321
Houston, TX 77025
T: (832) 231-8852
E: amatty_dent@yahoo.com
Aimplee, Somkiat
Delegate Category: Student Member
Year Joined: 2010
401 Bon Air Drive
Stevens Creek Commons Apt
Augusta, GA 30907
T: (706) 627-4072
E: aimplee@gmail.com

Al Sakka, Yacoub
Delegate Category: Student Member
Year Joined: 2011
1321 N Meridian St, Apt 707
Indianapolis, IN 46202
E: yalsakka@iupui.edu

Aita-Holmes, Cynthia
Delegate Category: Student Member
Year Joined: 2014
Hospital Dental Clinic
Building 300, Hospital Road
Fort Gordon, GA 30905-5660
T: (315) 783-1894
E: cynthia.m.aitaholmes.mil@mail.mil

Alabhool, Haya
Delegate Category: Student Member
Year Joined: 2009
Gainesville, Florida USA
E: halabhool@dental.ufl.edu

Akkus, Fatos
Delegate Category: Student Member
Year Joined: 2014
Ege University Faculty of Dentistry
Department of Prosthodontics
Izmir, Turkey
E: akkusfato@hotmail.com

Al-Angari, Nadia
Delegate Category: Student Member
Year Joined: 2011
322 Canal Walk, Apt. 373
Indianapolis, IN 46202
T: (317) 457-3637
E: nalangar@iupui.edu

Al Mardini, Majd
Delegate Category: Fellow
Year Joined: 2007
209-883 Upper Wentworth St
Hamilton, Ontario L9A 4Y6
T: (905) 296-4521
E: prosthodralmardini.com

Alexander, Gillian
Delegate Category: Student Member
Year Joined: 2010
10768 Symphony Way
Columbia, MD 21044
E: gillian.b.alexander@gmail.com
Alfano, Stephen  
**Delegate Category:** Fellow  
**Year Joined:** 2005  
855 G Ave  
Coronado, CA 92118  
T: (619) 319-5114  
E: sgalfano@mac.com

Alova, Rene  
**Delegate Category:** Student Member  
**Year Joined:** 2010  
2107 Breezeway Lane  
Pearland, TX 77584  
T: (808) 358-5604  
E: rene.j.alova@uth.tmc.edu

Al-Meraikhi, Hadi  
**Delegate Category:** Student Member  
**Year Joined:** 2010  
1221 W 3rd Street, Apt 604  
Los Angeles, CA 90017  
T: (917) 756-1669  
E: almeraik@usc.edu

Alqahtani, Nasser M.  
**Delegate Category:** Student Member  
**Year Joined:** 2014  
Indianapolis, IN  
T: 917-513-4199  
E: nalqahta@iupui.edu

Almujel, Mai  
**Delegate Category:** Student Member  
**Year Joined:** 2011  
84 Stonington Ln., Apt.8  
Getzville, NY 14068  
E: mhm_dr@yahoo.com

Al-Rabiah, Mohammed  
**Delegate Category:** Student Member  
**Year Joined:** 2011  
6435 Ferrari Place, Apt. A  
Indianapolis, IN 46224  
E: malrabia@iupui.edu

Alobaidi, Eassa  
**Delegate Category:** Student Member  
**Year Joined:** 2011  
2010 Runaway Bay Ln., Apt # M  
Indianaplois, IN 46224  
E: ealobaid@iupui.edu

Al-Salihi, Zeina  
**Delegate Category:** Student Member  
**Year Joined:** 2009  
2264 Stone Road  
Ann Arbor, MI 48105  
T: 017348468078  
E: drzeina@umich.edu
<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Year Joined</th>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td>Alsawaf, Moufid</td>
<td>Delegate: Fellow</td>
<td>2007</td>
<td>5457 Red Bone Lane, Orlando, FL</td>
<td>E: <a href="mailto:sarieha@gmail.com">sarieha@gmail.com</a></td>
</tr>
<tr>
<td>Ammori, Crystal</td>
<td>Delegate: Student Member</td>
<td>2014</td>
<td>Ann Arbor, MI USA</td>
<td>T: 734-846-0989</td>
</tr>
<tr>
<td>Al-Tarawneh, Sandra</td>
<td>Delegate: Student Member</td>
<td>2009</td>
<td>Chapel Hill, UNC-Chapel Hill,</td>
<td>E: <a href="mailto:altaraws@dentistry.unc.edu">altaraws@dentistry.unc.edu</a></td>
</tr>
<tr>
<td>Amornvit, Pokpong</td>
<td>Delegate: Student Member</td>
<td>2010</td>
<td>Bangkok, 10120</td>
<td>T: 66891616260</td>
</tr>
<tr>
<td>Alvarado, Luis M.</td>
<td>Delegate: Student Member</td>
<td>2014</td>
<td>Metairie, LA</td>
<td>E: <a href="mailto:lalvar@lsuhsc.edu">lalvar@lsuhsc.edu</a></td>
</tr>
<tr>
<td>Amiri, Nariman</td>
<td>Delegate: Student Member</td>
<td>2011</td>
<td>Iowa City, IA 52246</td>
<td>E: <a href="mailto:narimanam@gmail.com">narimanam@gmail.com</a></td>
</tr>
<tr>
<td>Anadioti, Evanthia</td>
<td>Delegate: Student Member</td>
<td>2010</td>
<td>Iowa City, IA 52246</td>
<td>E: <a href="mailto:evanthia-anadioti@uiowa.edu">evanthia-anadioti@uiowa.edu</a></td>
</tr>
<tr>
<td>Ampil, Jose</td>
<td>Delegate: Life Fellow</td>
<td>1991</td>
<td>Dallas, TX 75243</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Delegate Category</td>
<td>Year Joined</td>
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<td>------------------------------</td>
</tr>
<tr>
<td>Anderson, Richard</td>
<td>Delegate Category: Life Fellow</td>
<td>1972</td>
<td>650 E. 25th Street, Kansas City, MO 64108 T: (816) 235-2127 E: <a href="mailto:ARR@prodigy.net">ARR@prodigy.net</a></td>
<td></td>
</tr>
<tr>
<td>Aponte-Wesson, Ruth</td>
<td>Delegate Category: Fellow</td>
<td>2012</td>
<td>Houston, TX USA E: <a href="mailto:raponte@mdanderson.org">raponte@mdanderson.org</a></td>
<td></td>
</tr>
<tr>
<td>Andresen, Craig</td>
<td>Delegate Category: Student Member</td>
<td>2011</td>
<td>650 E. 25th Street, Kansas City, MO 64108 T: (816) 235-2127 E: <a href="mailto:c_andresen5@hotmail.com">c_andresen5@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Aras, Engin</td>
<td>Delegate Category: Affiliate Fellow</td>
<td>2009</td>
<td>Flower’s Cove, NL Newfoundland and Labrador A0K2N0 T: (709) 456-6011 E: <a href="mailto:arasmeister@gmail.com">arasmeister@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Andrews, Edwin</td>
<td>Delegate Category: Life Fellow</td>
<td>1976</td>
<td>16372 Ravens Roost Drive, Rogers, AR 72756 T: (479) 925-1083</td>
<td></td>
</tr>
<tr>
<td>Arcuri, Michael</td>
<td>Delegate Category: Fellow</td>
<td>1988</td>
<td>1304 W. 1st Street, Cedar Falls, IA 50613 T: (319) 266-9791 E: <a href="mailto:mrarcuri@cfu.net">mrarcuri@cfu.net</a></td>
<td></td>
</tr>
<tr>
<td>Ansong, Richard</td>
<td>Delegate Category: Student Member</td>
<td>2009</td>
<td>4337 15th Ave. NE. #507, Seattle, WA 98105 T: (718) 864-4465 E: <a href="mailto:ransong@u.washington.edu">ransong@u.washington.edu</a></td>
<td></td>
</tr>
<tr>
<td>Asfar, Midhat</td>
<td>Delegate Category: Student Member</td>
<td>2014</td>
<td>345 East 24th Street, NYC, NY 10010 T: (212) 998-9800</td>
<td></td>
</tr>
</tbody>
</table>
Ashkanane, Ali A.
Delegate Category: Student Member
Year Joined: 2014
Indianapolis, IN USA
T: 317-550-7865
E: aashkana@iupui.edu

Baima, Robert F.
Delegate Category: Fellow
Year Joined: 1998
178 North Scoville Avenue
Oak Park, IL 60302-2647
T: (708) 848-6313
E: baimarf@gmail.com

Ayyoub, Bashar
Delegate Category: Student Member
Year Joined: 2009
1296 Devon Avenue
Los Angeles, CA 90024
E: ayyouubbashar@hotmail.com

Bak, Sun-Yung
Delegate Category: Student Member
Year Joined: 2010
333 Brauer, Campus Box 7450
Chapel Hill, NC 27599-7450
T: (646) 369-0802
E: sybakdds@email.unc.edu

Badr, Fouad
Delegate Category: Student Member
Year Joined: 2014
University of Minnesota School of Dentistry
Moos Tower
Minneapolis, 55455
E: badrx006@umn.edu

Barbash, Bruce
Delegate Category: Fellow
Year Joined: 1987
10 Medical Parkway Suite #302
Dallas, TX 75234
T: (972) 241-7917
E: drbarbash@sbcglobal.net

Bagherdaei, Ailar
Delegate Category: Student Member
Year Joined: 2014
Minneapolis, MN USA
E: Ailarb.dds@gmail.com

Barczak, Michael
Delegate Category: Student Member
Year Joined: 2009
520 Huron Blvd, Apt. #10
Minneapolis, MN 5414
T: (612) 735-8965
E: barcz007@umn.edu
Bartlett, Stephen  
Delegate Category: Life Fellow  
Year Joined: 1971  
Box 299  1103 E. Arctic Ave.  
Folly Beach, SC 29439  
T: (843) 588-2333

Bedard, Jean-Francois  
Delegate Category: Fellow  
Year Joined: 1997  
3601 S. Clarkson Street  
Suite 400  
Englewood, CO 80110  
T: (303) 789-2020  
E: jfbedard@implantexcellence.com

Bashiri, Hassan  
Delegate Category: Life Fellow  
Year Joined: 2010  
203 Lakeway Drive  
Fairfield Bay, AR 70288  
T: (501) 884-3200  
E: drhb7@yahoo.com

Bell, David  
Delegate Category: Student Member  
Year Joined: 2009  
34800 Bob Wilson Dr., Suite 206  
San Diego, CA 92134  
T: (619) 532-8600  
E: david.bell@med.navy.mil

Bassas, Saad  
Delegate Category: Student Member  
Year Joined: 2014  
Minneapolis, MN  
E: bassa006@umn.edu

Bercian, Yndira  
Delegate Category: Student Member  
Year Joined: 2014  
Mexico, D.F.  
E: aridny_21@hotmail.com

Becerra, García  
Delegate Category: Student Member  
Year Joined: 2014  
Dr Balmis 148 Col Doctores Del  
Cuauhtémoc  
México City, México City 06720  
T: 52 55 27892000 ext 0420

Bergen, Stephen  
Delegate Category: Life Fellow  
Year Joined: 1992  
423 East 23rd Street  
New York, NY 10010-4087  
T: (212) 951-3255  
E: stephen.bergen@va.gov
Beumer III, John  
Delegate Category: Life Fellow  
Year Joined: 1973  
10833 LeConte Ave.  
Los Angeles, CA 90095-1668  
T: (310) 825-5889  
E: jbeumer@dent.ucla.edu

Bolding, Lauren  
Delegate Category: Associate Fellow  
Year Joined: 2010  
10215 Fernwood Ave, Suite 601  
Bethesda, MD 20817  
T: (301) 493-9500  
E: lauren.bolding@gmail.com

Bidra, Avinash  
Delegate Category: Associate Fellow  
Year Joined: 2009  
263 Farmington Avenue, L6078  
Farmington, CT 06030  
T: (860) 679-2649  
E: bidra@uchc.edu

Bone, Sven  
Delegate Category: Student Member  
Year Joined: 2010  
2732 Gaston Ave, Apt 3210  
Dallas, TX 75226  
T: (406) 600-0479  
E: svenbone@gmail.com

Bleeker, Michael  
Delegate Category: Fellow  
Year Joined: 2006  
9377 E Bell Road, Suite 379  
Scottsdale, AZ 85260  
T: (480) 306-8510  
E: drbleeker@villacanyon.com

Boustany, Chad  
Delegate Category: Student Member  
Year Joined: 2009  
152 Meadowridge Dr.  
Morgantown, WV 26505  
E: cboustany@hsc.wvu.edu

Bohle, III, George C.  
Delegate Category: Fellow  
Year Joined: 2001  
4517 Memorial Circle  
Oklahoma City, OK 73142  
T: (405) 755-7777  
E: bohle@implantassociates.net

Bowers, Aline  
Delegate Category: Student Member  
Year Joined: 2009  
501 SW 75th Street  
Unit D-2  
Gainesville, FL 32608  
T: (352) 222-8640  
E: ABOWERS@DENTAL.UFL.EDU
Boza, Luis
Delegate Category: Student Member
Year Joined: 2011
60 Crittenden Blvd., Apt 622
Rochester, NY 14620
E: luibozto1@gmail.com

Britton, Eduardo
Delegate Category: Student Member
Year Joined: 2010
7004 Parker Place
Augusta, GA 30909
E: ebrittonvidal@mcg.edu

Brady, Timothy
Delegate Category: Associate Fellow
Year Joined: 1995
4701 Columbus Street #105
Virginia Beach, VA 23462
T: (757) 473-5706
E: drbrady@drtimbrady.com

Brooks, Michael
Delegate Category: Fellow
Year Joined: 2006
19365 7th Ave NE, Suite 114
Poulsbo, WA 98370
T: (360) 779-7414
E: mdbrooks@me.com

Brafford, Mary
Delegate Category: Associate Fellow
Year Joined: 2005
T: (240) 277-9772
E: angiebrafford@gmail.com

Brosky, Mary
Delegate Category: Fellow
Year Joined: 2003
1 Veterans Drive
Minneapolis, MN 55417
T: (612) 467-4068
E: bimdieke@wh-link.net

Brecht, Lawrence
Delegate Category: Fellow
Year Joined: 1998
275 Madison Avenue
Suite 2900
New York, NY 10016-1101
T: (212) 557-1300
E: lebrecht@nycpros.com

Brudvik, James
Delegate Category: Life Fellow
Year Joined: 1969
Box 357452
Seattle, WA 98195
T: (206) 543-5990
E: brudvik@u.washington.edu
Bruno, Sebastian  
*Delegate Category: Life Fellow*  
*Year Joined: 1955*  
250 Garth Rd., Apt. 4K3  
Scarsdale, NY 10583  
T: (914) 472-8769

Buzayan, Muaiyed  
*Delegate Category: Affiliate Fellow*  
*Year Joined: 2014*  
Tripoli, Centre  
E: Muaiyed_zyan@hotmail.com

Bryant, Arthur  
*Delegate Category: Fellow*  
*Year Joined: 1997*  
7133 Thrush View Lane  
San Antonio, TX 78209  
T: (210) 828-1985  
E: bryanttenn@aol.com

Cable, Cheryl  
*Delegate Category: Associate Fellow*  
*Year Joined: 2006*  
U of A: Dentistry Pharmacy Building  
11304-89 Ave  
Edmonton, AB, T6G 2N8  
T: (780) 492-1395  
E: cecable@hotmail.com

Burns, Christopher  
*Delegate Category: Associate Fellow*  
*Year Joined: 2000*  
871 S. Governors Ave., Suite 1  
Dover, DE 19904  
T: (302) 674-8331  
E: delmarvaprosthodontics@comcast.net

Cabrera, Jesus E.  
*Delegate Category: Student Member*  
*Year Joined: 2014*  
Houston, TX USA  
T: 786-443-6687  
E: Jesus.E.Cabrera@uth.tmc.edu

Burt, Gordon  
*Delegate Category: Affiliate Fellow*  
*Year Joined: 1998*  
Level 16  
15 Collins Street  
Melbourne, VIC 3000  
T: (+613) 9654 5079  
E: gsoburt@icloud.com

Cain, Joseph  
*Delegate Category: Life Fellow*  
*Year Joined: 1978*  
P.O Box 26901  
Oklahoma City, OK 73126  
T: (405) 271-4160  
E: joseph-cain@ouhsc.edu
<table>
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<th>Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
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<tr>
<td>Calhoun, Michaela</td>
<td>Student Member</td>
<td>2010</td>
<td>612 S. Loomis St., Apt 2R</td>
<td>T: (612) 245-7757</td>
<td><a href="mailto:mcalho2@uic.edu">mcalho2@uic.edu</a></td>
</tr>
<tr>
<td>Carpenter, Michael</td>
<td>Life Fellow</td>
<td>1994</td>
<td>1924 Clairmont Road, Suite 100</td>
<td>T: (404) 325-1099</td>
<td><a href="mailto:8ntcy3692@gmail.com">8ntcy3692@gmail.com</a></td>
</tr>
<tr>
<td>Camacho, Carolina</td>
<td>Student Member</td>
<td>2011</td>
<td>25523 Overbrook Terrace Ln.</td>
<td>T: (713) 792-6510</td>
<td><a href="mailto:carolinaehg@yahoo.com">carolinaehg@yahoo.com</a></td>
</tr>
<tr>
<td>Cashman, Paul</td>
<td>Affiliate Fellow</td>
<td>2010</td>
<td>3338 Peachtree Rd., Apt. 1201</td>
<td>T: (770) 381-9333</td>
<td><a href="mailto:castrodds@gmail.com">castrodds@gmail.com</a></td>
</tr>
<tr>
<td>Cardoso, Richard</td>
<td>Associate Fellow</td>
<td>2009</td>
<td>1515 Holcombe Blvd Unit 1445</td>
<td>T: (619) 556-7260</td>
<td><a href="mailto:rcardoso@mdanderson.org">rcardoso@mdanderson.org</a></td>
</tr>
<tr>
<td>Castro, Carlos</td>
<td>Student Member</td>
<td>2010</td>
<td>3338 Peachtree Rd., Apt. 1201</td>
<td>T: (770) 381-9333</td>
<td><a href="mailto:castrodds@gmail.com">castrodds@gmail.com</a></td>
</tr>
<tr>
<td>Carpenter, Lewis</td>
<td>Fellow</td>
<td>2005</td>
<td>2310 Craven Street</td>
<td>T: (619) 556-7260</td>
<td><a href="mailto:ltcarpenter@me.com">ltcarpenter@me.com</a></td>
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<tr>
<td>Castro Lapeira, Juliana</td>
<td>Student Member</td>
<td>2014</td>
<td>Ann Arbor, MI USA</td>
<td></td>
<td><a href="mailto:jcaslap@umich.edu">jcaslap@umich.edu</a></td>
</tr>
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</table>
Chalian, Varoujan  
Delegate Category: Life Fellow  
Year Joined: 1960  
5333 E. 75th Street  
Indianapolis, IN 46250  
E: zvchalian@aol.com

Chen, I-Chieh  
Delegate Category: Student Member  
Year Joined: 2009  
D-770 Health Science Center  
1959 NE Pacific Street  
Seattle, WA 98195-7456  
T: (206) 543-5948  
E: chen17@u.washington.edu

Chambers, Mark  
Delegate Category: Fellow  
Year Joined: 1994  
1515 Holcombe Blvd  
Unit 1445  
Houston, TX 77030-4009  
T: (713) 745-2672  
E: mchamber@mdanderson.org

Chicchon, Ivan  
Delegate Category: Student Member  
Year Joined: 2014  
Ann Arbor, MI USA  
T: 209-405-302  
E: ichicchon@gmail.com

Chang, Alice  
Delegate Category: Student Member  
Year Joined: 2009  
4062 Elizabeth Ave  
Canton, MI 48188  
T: (310) 569-2552  
E: alicecha128@yahoo.com

Choi, Seung Kee  
Delegate Category: Student Member  
Year Joined: 2014  
Baltimore, MD USA  
E: schoi@umaryland.edu

Chang, Brian (Myung)  
Delegate Category: Fellow  
Year Joined: 2002  
9950 Euclid Avenue/A71  
Cleveland, OH 44195  
T: (216) 445-8236  
E: Changm2@ccf.org

Chong, Jason  
Delegate Category: Student Member  
Year Joined: 2009  
12171 Xylite St. NE, Unit #C  
Blaine, MN 55449  
T: (763) 257-9092  
E: chon0020@gmail.com
Choy, Eugene
Delegate Category: Life Fellow
Year Joined: 1979
1410 Meridian South, Suite B
Puyallup, WA 98371-6902
T: (253) 841-4341
E: eugene_choy@comcast.net

Cohen Imach, Paola
Delegate Category: Student Member
Year Joined: 2009
3332 Rochambeau Avenue
2nd Floor
Bronx, NY 10467
T: (718) 920-2120
E: paoimach@yahoo.com

Chronaios, Dimitrios
Delegate Category: Student Member
Year Joined: 2009
555 E. William Street, Apt.20H
Ann Arbor, MI 48104
T: (646) 709-4892
E: merim@umich.edu

Cole, Diana
Delegate Category: Student Member
Year Joined: 2014
Bethesda, MD USA
E: diana.cole@ucdenver.edu

Chung, Min
Delegate Category: Associate Fellow
Year Joined: 2010
11301 Wilshire Blvd.
Bldg. 500- Dental Clinic
Los Angeles, CA 90073
T: (310) 478-3711 ext. 41106
E: min.chung2@va.gov

Colebeck, Amanda
Delegate Category: Student Member
Year Joined: 2011
206 Commodore Terrace
Cheektowaga, NY 14225
E: amanda.colebeck@gmail.com

Clary, Jacqueline
Delegate Category: Student Member
Year Joined: 2014
Houston, TX USA
T: 480-209-8073
E: jacqueline.clary@gmail.com

Conard, Kathryn
Delegate Category: Student Member
Year Joined: 2009
330 Brauer Hall, CB #7450
Chapel Hill, NC 27599
T: (919) 966-2719
E: conardk@dentistry.unc.edu
Cortese, Michael  
Delegate Category: Associate Fellow  
Year Joined: 2001  
311 Witherspoon St.  
Princeton, NJ 08542-0000  
T: (609) 683-8282  
E: CorMchl@aol.com

Cushen, Sarra  
Delegate Category: Associate Fellow  
Year Joined: 2014  
81st Dental Squadron  
606 Fisher Street  
Keesler AFB, MS 39534  
T: (228) 376-5126  
E: sarra.cushen@us.af.mil

Craighead, Justin  
Delegate Category: Student Member  
Year Joined: 2009  
2337 SW Archer Rd #1028  
Gainesville, FL 32608  
E: jcgreighed@dental.ufl.edu

Craighead, Justin  
Delegate Category: Student Member  
Year Joined: 2009  
2337 SW Archer Rd #1028  
Gainesville, FL 32608  
E: jcgreighed@dental.ufl.edu

Cullum, Arnold  
Delegate Category: Associate Fellow  
Year Joined: 1995  
251 E Fountain Blvd, Unit 100  
Colorado Springs, CO 80903  
T: (719) 591-2004  
E: abcullum@yahoo.com

Curtis, Joseph  
Delegate Category: Student Member  
Year Joined: 2011  
184 Texas Mulberry  
San Antonio, TX 78253  
E: jos.curtis@gmail.com

Curtis, Joseph  
Delegate Category: Student Member  
Year Joined: 2011  
184 Texas Mulberry  
San Antonio, TX 78253  
E: jos.curtis@gmail.com

Davis, Betsy  
Delegate Category: Fellow  
Year Joined: 1999  
135 Rutledge Avenue  
PO Box 250552  
Charleston, SC 29425  
T: (843) 876-1001  
E: davisb@musc.edu
Davis, Jr., James  
Delegate Category: Fellow  
Year Joined: 1993  
3574 Habersham at Northlake  
Tucker, GA 30084  
T: (770) 934-2339  
E: jamesadavisjr@bellsouth.net

Dhawan, Kaushal  
Delegate Category: Student Member  
Year Joined: 2010  
1500, 7th Avenue, Apt. 1  
San Francisco, CA 94122  
T: (417) 379-7923  
E: kaushal.dhawan@ucsf.edu

Delima, Luis  
Delegate Category: Student Member  
Year Joined: 2009  
9-176 Moos Health Science Tower  
515 Delaware Street S.E.  
Minneapolis, MN 55455  
T: (651) 233-0128  
E: luisfdelima@gmail.com

Dhima, Matilda  
Delegate Category: Associate Fellow  
Year Joined: 2013  
University of Pittsburgh School of Dental Medicine  
3501 Terrace Street  
Pittsburgh, PA 15213  
T: (412) 648-9100  
E: mad251@pitt.edu

Desjardins, Ronald  
Delegate Category: Life Fellow  
Year Joined: 1970  
T: (340) 690-2320  
E: mcpask6@gmail.com

Difazio, Joseph  
Delegate Category: Fellow  
Year Joined: 2008  
107 Monmouth Road  
Suite101  
West Long Branch, NJ 07764  
T: (732) 542-0011  
E: jdifazio@comcast.net

Dewitt, Brandon  
Delegate Category: Student Member  
Year Joined: 2009  
14001 Chestnut Dr., Apt. H  
Eden Prairie, MN 55347  
T: (612) 624-6644  
E: dewitt072@umn.edu

Drew, Hannah  
Delegate Category: Student Member  
Year Joined: 2014  
59 DTS/SGDTP  
Air Force Postgraduate Dental School  
Lackland AFB, TX  
E: hannah.drew@us.af.mil
Dryer, Richard  
Delegate Category: Student Member  
Year Joined: 2010  
3036 33rd Ave S.  
Minneapolis, MN 55406  
T: (734) 323-9705  
E: dryer013@umn.edu

Dutilh, Celia  
Delegate Category: Affiliate Fellow  
Year Joined: 2011  
Rua Paula Bueno 307  
Campinas, 13076-061  
E: dutilh@uol.com.br

Dumbrigue, Herman  
Delegate Category: Fellow  
Year Joined: 1995  
1820 Coit Rd., Ste 145  
Plano, TX 75075  
T: (972) 964 8989  
E: hdumbrigue@msn.com

Dutilh, Jan  
Delegate Category: Affiliate Fellow  
Year Joined: 2011  
Rua Paula Bueno 307  
Campinas, São Paulo 13076-061  
T: +55 19 32547607  
E: dutilh@uol.com.br

Duncan, Jesse  
Delegate Category: Student Member  
Year Joined: 2010  
16942 Saybrook Ln  
Huntington Beach, CA 92649  
T: (714) 801-0515  
E: jesse_duncan@hotmail.com

Dunham, Daniel  
Delegate Category: Student Member  
Year Joined: 2010  
Prosthodontics Dept.  
Bldg 320, East Hospital Rd  
Ft. Gordon, GA 30905  
T: 706-787-5530  
E: daniel.dunham@us.army.mil

Edler, Thomas  
Delegate Category: Fellow  
Year Joined: 1995  
DC VA Medical Center  
50 Irving St., NW  
Washington, D.C., DC 20422  
T: 202-745-8000 x55050  
E: thomas.edler@va.gov
<table>
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<tr>
<th>Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
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<tbody>
<tr>
<td>Elathamna, Eiad</td>
<td>Delegate Category: Student Member</td>
<td>2010</td>
<td>2 Stoneledge Ct. Williamsville, NY 14221</td>
<td>T: (714) 655-9112</td>
<td>E: <a href="mailto:eiad@sbcglobal.net">eiad@sbcglobal.net</a></td>
</tr>
<tr>
<td>Elsafi, Mohamed</td>
<td>Delegate Category: Fellow</td>
<td>2009</td>
<td>517 South Euclid Avenue Suite 819 Saint Louis, MO 63110</td>
<td>T: (314) 362-8574</td>
<td>E: <a href="mailto:melsafi@gmail.com">melsafi@gmail.com</a></td>
</tr>
<tr>
<td>Elbashti, Mahmoud</td>
<td>Delegate Category: Student Member</td>
<td>2014</td>
<td>1-5-45, Yushima, Bunkyo-ku Tokyo, Tokyo 113-8549</td>
<td>T: +81-3-5803-4757</td>
<td>E: <a href="mailto:mahmmfp@tmd.ac.jp">mahmmfp@tmd.ac.jp</a></td>
</tr>
<tr>
<td>Engelmeier, Robert</td>
<td>Delegate Category: Life Fellow</td>
<td>1995</td>
<td>3501 Terrace Street Pittsburgh, PA 15261</td>
<td>E: <a href="mailto:rle14@pitt.edu">rle14@pitt.edu</a></td>
<td></td>
</tr>
<tr>
<td>Eliades, Andreas</td>
<td>Delegate Category: Student Member</td>
<td>2009</td>
<td>1011 N. University Room 1384 Ann Arbor, MI 48109</td>
<td>T: +17347635280</td>
<td>E: <a href="mailto:aeliades@umich.edu">aeliades@umich.edu</a></td>
</tr>
<tr>
<td>Esposito, Salvatore</td>
<td>Delegate Category: Life Fellow</td>
<td>1978</td>
<td>3609 Park East Drive 501 North Beachwood, OH 44122</td>
<td>T: 216-292-5990</td>
<td>E: <a href="mailto:esposis@eowdental.com">esposis@eowdental.com</a></td>
</tr>
<tr>
<td>Elrefai, Rami M.</td>
<td>Delegate Category: Student Member</td>
<td>2014</td>
<td>Agusta, GA USA 352-316-3777</td>
<td>E: <a href="mailto:raelrefai@gru.edu">raelrefai@gru.edu</a></td>
<td></td>
</tr>
<tr>
<td>Farah, Sally</td>
<td>Delegate Category: Student Member</td>
<td>2009</td>
<td>3501 Terrace Street Salk 2073 Pittsburgh, PA 15261</td>
<td>T: 412-648-3225</td>
<td>E: <a href="mailto:sallyfarah@gmail.com">sallyfarah@gmail.com</a></td>
</tr>
</tbody>
</table>
Feit, Daniel
Delegate Category: Associate Fellow
Year Joined: 1999
19 Franklin Street
Tenafly, NJ 07670-2065
T: (201) 569-4535
E: drfeit@optonline.net

Finocchiaro, Donna
Delegate Category: Fellow
Year Joined: 2002
491 Maple Street, Suite 302
Danvers, MA 01923-4026
T: (978) 750-0035
E: drdonnadmd@gmail.com

Feldman, Elizabeth
Delegate Category: Associate Fellow
Year Joined: 2009
1400 S Orange Ave
MP 760
Orlando, FL 32801
T: 321-841-6900
E: elizabeth.feldman@orlandohealth.com

Firtell, David
Delegate Category: Life Fellow
Year Joined: 1968
Napa, CA USA
T: (707) 253-9173
E: lletrif@aol.com

Fellow, Joey
Delegate Category: Affiliate Fellow
Year Joined: 2014
E: joeFellow@fronseetechnology.com

Fisher, Ronald
Delegate Category: Fellow
Year Joined: 1982
601 N. Congress Avenue
Suite 401
Delray Beach, FL 33445-4639
T: (561) 276-4499
E: dentist930@bellsouth.net

Finger, Israel
Delegate Category: Life Fellow
Year Joined: 1990
4816 Green Acres Ct.
Metairie, LA 70003
T: (504) 456-1398
E: ifinger@cox.net

Fitzharris, Benjamin
Delegate Category: Student Member
Year Joined: 2014
Prosthodontics Department
Naval Postgraduate Dental School
Bethesda, MD 20889
T: (301) 295-1550
E: benjamin.d.fitzharris.mil@health.mil
Fleming, Terence  
Delegate Category: Life Fellow  
Year Joined: 1978  
P.O. Box 882925  
Steamboat Springs, CO  
80488-2925  
T: (970) 879-6183  

Gabi, Tzur  
Delegate Category: Student Member  
Year Joined: 2011  
350 Loma Terrace #B  
Laguna Beach, CA 92651  
E: tgabi01@gmail.com  

Florencio, Sergio  
Delegate Category: Student Member  
Year Joined: 2014  
188 Longwood Ave  
Boston, MA 02115  
E: Sergio_Florencio@hsdm.harvard.edu  

Gale, Marie  
Delegate Category: Fellow  
Year Joined: 1994  
5285 Summerlin Rd  
Suite 401  
Fort Myers, FL 33919  
T: (239) 936-2221  
E: mariegale@earthlink.net  

Forde, Michael  
Delegate Category: Fellow  
Year Joined: 2007  
2350 Professional Dr., Suite 100  
Roseville, CA 95661  
T: (916) 783-0122  
E: forde.michael@gmail.com  

Garcia-Gazaui, Sabrina  
Delegate Category: Student Member  
Year Joined: 2014  
Ann Arbor, MI USA  
E: samireth@umich.edu  

Fritch, Kent  
Delegate Category: Life Fellow  
Year Joined: 1977  
8952 East Desert Cove Ave.  
Suite 212  
Scottsdale, AZ 85260  
T: 602-689-0508  
E: kentfritch@aol.com  

Gardner, Kirk L.  
Delegate Category: Fellow  
Year Joined: 1992  
7435 SW 49th Court  
Portland, OR 97219  
T: (503) 244 6491  
E: dadpbj@aol.com
Gates, William  
Delegate Category: Associate Fellow  
Year Joined: 1993  
3622 Shannon Road, Suite 101  
Durham, NC 27707  
T: 919-493-1402  
E: bill@billgatesdds.com

Gay, W. Donald  
Delegate Category: Life Fellow  
Year Joined: 1978  
660 South Euclid  
St. Louis, MO 63110  
T: (314) 362-8574  
E: gayd@ent.wustl.edu

George, Mark  
Delegate Category: Fellow  
Year Joined: 1987  
1140 W. La Veta Ave., Suite 530  
Orange, CA 92868  
T: (714) 953-1000  
E: mag@markgeorgedds.com

Gerngross, Peter  
Delegate Category: Fellow  
Year Joined: 2003  
2002 Holcombe Blvd. (160)  
Houston, TX 77030  
T: (713) 794-7187  
E: pjgerngross@mac.com

Gerngross, Peter  
Delegate Category: Fellow  
Year Joined: 2003  
2002 Holcombe Blvd. (160)  
Houston, TX 77030  
T: (713) 794-7187  
E: pjgerngross@mac.com

Ghaliachebaf, Mohssen  
Delegate Category: Life Fellow  
Year Joined: 1992  
PO Box 9470  
Morgantown, WV 26506  
T: (304) 293-1587  
E: mghaliachebaf@hsc.wvu.edu

Gettleman, Lawrence  
Delegate Category: Fellow  
Year Joined: 2002  
501 S. Preston Street  
Room LL 35-U  
Louisville, KY 40292-0001  
T: (502) 852-1185  
E: gettleman@louisville.edu

Ghloom, Haider  
Delegate Category: Student Member  
Year Joined: 2009  
1430 Aschinger Blvd.  
Columbus, OH 43212  
E: hghloom@gmail.com

Gerace, Kenneth  
Delegate Category: Student Member  
Year Joined: 2014  
Flushing, NY USA  
T: 510-778-0986  
E: kvgerace@gmail.com
Giannotta, Heather  
Delegate Category: Student Member  
Year Joined: 2014  
Washington, DC  
T: 315-406-1047  
E: hgiannotta@gmail.com

Glassman, Andrew  
Delegate Category: Life Fellow  
Year Joined: 1981  
1621 N.W. 114th Avenue  
Pembroke Pines, FL 33026  
T: (954) 431-2591  
E: bigbones2@gmail.com

Gil, Olga  
Delegate Category: Student Member  
Year Joined: 2011  
1333 Old Spanish Trail, Apt 2145  
Houston, TX 77054  
E: olga.a.gil@uth.tmc.edu

Go, Satoshi  
Delegate Category: Student Member  
Year Joined: 2009  
4005 15th Ave NE, Apt 204  
Seattle, PA 98105  
E: sag85@hotmail.com

Gillis, Jr., Robert  
Delegate Category: Life Fellow  
Year Joined: 1982  
3000 L Street, Suite 205  
Sacramento, CA 95816  
T: (916) 731-5778  
E: drgillis@pacbell.net

Goldberg, Jack  
Delegate Category: Student Member  
Year Joined: 2011  
432 S. Curson Ave., Apt 9A.  
Los Angeles, CA 90036  
E: jackgoldberg@gmail.com

Gitto, Christina  
Delegate Category: Fellow  
Year Joined: 1994  
1250 Forest Avenue  
Portland, ME 04103  
T: (207) 773-6177  
E: drgitto@maineprosth.com

Gotsch, Gary  
Delegate Category: Fellow  
Year Joined: 1995  
4205 Hobson Court  
Fort Wayne, IN 46815  
T: (260) 486-8778  
E: dr.gotsch@frontier.com
<table>
<thead>
<tr>
<th>Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gragg, Anthony</td>
<td>Student Member</td>
<td>2014</td>
<td>322 Brauer Hall, UNC School of Dentistry, Chapel Hill, NC 27599</td>
<td>T: (919) 537-3958, E: <a href="mailto:agragg@email.unc.edu">agragg@email.unc.edu</a></td>
</tr>
<tr>
<td>Greenbaum, Daniel</td>
<td>Student Member</td>
<td>2009</td>
<td>2829 Baneberry Ct., Baltimore, MD 21209</td>
<td>T: (917) 913-5283, E: <a href="mailto:daniel.greenbaum@gmail.com">daniel.greenbaum@gmail.com</a></td>
</tr>
<tr>
<td>Graham, George</td>
<td>Life Fellow</td>
<td>1959</td>
<td>20281 E. Country Club Dr., Apt. 2201, Aventura, FL 33180</td>
<td>T: (305) 936-2519</td>
</tr>
<tr>
<td>Grisius, Richard</td>
<td>Life Fellow</td>
<td>1974</td>
<td>12412 Beall Spring Road, Potomac, MD 20854</td>
<td>E: <a href="mailto:rjgrisius@aol.com">rjgrisius@aol.com</a></td>
</tr>
<tr>
<td>Grant, Tiffany</td>
<td>Student Member</td>
<td>2010</td>
<td>6059 Hayden Farms Rd, Dublin, OH 43016</td>
<td>E: <a href="mailto:Grant.221@osu.edu">Grant.221@osu.edu</a></td>
</tr>
<tr>
<td>Grant, Gerald</td>
<td>Fellow</td>
<td>2004</td>
<td>National Naval Medical Center, Bethesda, MD 20889-1845</td>
<td>T: (301) 295-2119, E: <a href="mailto:gerald.grant@med.navy.mil">gerald.grant@med.navy.mil</a></td>
</tr>
<tr>
<td>Guerra, Luis</td>
<td>Life Fellow</td>
<td>1972</td>
<td>4605 Lorino St., Metairie, LA 70006</td>
<td>E: <a href="mailto:lrguerra@earthlink.net">lrguerra@earthlink.net</a></td>
</tr>
<tr>
<td>Name</td>
<td>Delegate Category</td>
<td>Year Joined</td>
<td>Address Details</td>
<td>Contact Information</td>
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</tr>
<tr>
<td><strong>Guerra, Oscar</strong></td>
<td><strong>Delegate Category: Life Fellow</strong></td>
<td><strong>Year Joined: 1975</strong></td>
<td>1312 Southwest Blvd. #C Jefferson City, MO 65109-2462</td>
<td>T: (573) 893-8900 E: <a href="mailto:o.alto@verizon.net">o.alto@verizon.net</a></td>
</tr>
<tr>
<td><strong>Guillory, Villa</strong></td>
<td><strong>Delegate Category: Fellow</strong></td>
<td><strong>Year Joined: 2004</strong></td>
<td>Dunn Dental Clinic 1615 Truemper St Bldg 6418 Joint Base San Antonio Lackland, TX 78236</td>
<td>T: (210) 671-98-21 E: <a href="mailto:villa.guillory@us.af.mil">villa.guillory@us.af.mil</a></td>
</tr>
<tr>
<td><strong>Gulbransen, Harold</strong></td>
<td><strong>Delegate Category: Fellow</strong></td>
<td><strong>Year Joined: 1995</strong></td>
<td>8860 Center Dr., Suite 460 La Mesa, CA 91942</td>
<td>T: (619) 463-3773 E: h <a href="mailto:gulbransen@sbcglobal.net">gulbransen@sbcglobal.net</a></td>
</tr>
<tr>
<td><strong>Han, Ying</strong></td>
<td><strong>Delegate Category: Student Member</strong></td>
<td><strong>Year Joined: 2009</strong></td>
<td>6516 M.D. Anderson Blvd., Suite #493 Houston, TX 77030</td>
<td>T: (832) 613-2490 E: <a href="mailto:hany_722@hotmail.com">hany_722@hotmail.com</a></td>
</tr>
<tr>
<td><strong>Gupta, Sharad</strong></td>
<td><strong>Delegate Category: Associate Fellow</strong></td>
<td><strong>Year Joined: 2011</strong></td>
<td>C-7F Vatika Apartments Mayapuri, INDIA 110064</td>
<td>E: <a href="mailto:sharadssv@gmail.com">sharadssv@gmail.com</a></td>
</tr>
<tr>
<td><strong>Gupta, Alka</strong></td>
<td><strong>Delegate Category: Affiliate Fellow</strong></td>
<td><strong>Year Joined: 2004</strong></td>
<td>D-2 HIG A.B. Road Indore-452 008 M.P., 452008</td>
<td>T: 011-91-731-2551066 E: <a href="mailto:dr_alka2000@yahoo.com">dr_alka2000@yahoo.com</a></td>
</tr>
<tr>
<td><strong>Habakuk, Susan</strong></td>
<td><strong>Delegate Category: Allied Health Tech Auxiliary</strong></td>
<td><strong>Year Joined: 2002</strong></td>
<td>10 Condesa Road Santa Fe, NM 87508</td>
<td>T: 505-699-1768 E: <a href="mailto:Shabakuk@aol.com">Shabakuk@aol.com</a></td>
</tr>
<tr>
<td><strong>Gunnell, Thomas</strong></td>
<td><strong>Delegate Category: Fellow</strong></td>
<td><strong>Year Joined: 2009</strong></td>
<td>2748 Worth Rd., STE #4 Fort Sam Houston, TX 78234-6305</td>
<td>T: 210-221-6226 E: <a href="mailto:thomas.r.gunnell.mil@mail.mil">thomas.r.gunnell.mil@mail.mil</a></td>
</tr>
</tbody>
</table>
Hanna, Chad
Delegate Category: Student Member
Year Joined: 2010
52 E 78th Street Apt. 4B
New York, NY 10075
T: (917) 744-0144
E: cshanna@nyu.edu

Hecker, Donna
Delegate Category: Fellow
Year Joined: 1998
7770 Dell Road, Suite #170
Chanhassen, MN 55317
T: (952) 941-4672
E: citywestprosth@integra.net

Haraguchi, Mihoko
Delegate Category: Affiliate Fellow
Year Joined: 2011
1-5-45 Yushima
Bunkyo-ku
Tokyo, 113-8549
T: 81-3-5803-5720
E: pararotti.mfp@tmd.ac.jp

Hegmann, William
Delegate Category: Student Member
Year Joined: 2010
19 Oak Court
Morgantown, WV 26505
T: 304-293-4703
E: whegmann@hsc.wvu.edu

Haug, Steven
Delegate Category: Fellow
Year Joined: 1991
1121 W. Michigan Street
Indianapolis, IN 46202
T: (317) 274-5571
E: sphaug@iupui.edu

Henderson, Andrea
Delegate Category: Student Member
Year Joined: 2011
1154 S Barrington Ave., Apt #305
Los Angeles, CA 90049
T: (310)794-4414
E: ahenderson@ucla.edu

Hazboun, Tawfiq
Delegate Category: Student Member
Year Joined: 2010
10768 Symphony way
Columbia, MD 21044
E: tawfiq.hazboun@med.navy.mil

Heshmati, Reza
Delegate Category: Associate Fellow
Year Joined: 2010
305 W. Twelfth Avenue
Postle Hall Room 3001G
Columbus, OH 43210
T: 614.292.0919
E: heshmati.1@osu.edu
Hickey, Alan  
Delegate Category: Life Fellow  
Year Joined: 1979  
78 Eben Hill Rd.  
Yarmouth, ME 04096  
T: (207) 846-3262  
E: ajhickey@maine.rr.com

Hofstede, Theresa M.  
Delegate Category: Fellow  
Year Joined: 2008  
1515 Holcombe Blvd.  
Unit 441  
Houston, TX 77030  
T: (713) 745-4990  
E: thofstede@mdanderson.org

Hickman, Samuel  
Delegate Category: Student Member  
Year Joined: 2014  
9-176 Mood Health Science Tower  
515 Delaware Street S.E.  
Minneapolis, MN 55455  
T: 612-321-8591  
E: hickm117@umn.edu

Hopkins, Mark  
Delegate Category: Student Member  
Year Joined: 2009  
2324 Malaview Ave.  
Sidney, VBL ZEB  
T: 901 448 9180  
E: hopkinspros@utmem.edu

Hindieh, Ramzi  
Delegate Category: Student Member  
Year Joined: 2009  
136-56 39th Ave. 2nd floor  
Flushing, NY 11354  
T: 917-500-1787  
E: hindieh@gmail.com

Horton, Craig  
Delegate Category: Student Member  
Year Joined: 2009  
5118 SW 103rd Way  
Gainesville, FL 32608  
T: 352-273-6910  
E: chorton@dental.ufl.edu

Hoar, Robert  
Delegate Category: Life Fellow  
Year Joined: 1981  
1326 East Petpeswick  
PO Box 76, Musquodoboit HBR  
Halifax County, Nova Scotia  
BOJ 2LO  
T: (902) 889-2313

Houston, Kirk  
Delegate Category: Associate Fellow  
Year Joined: 2014  
Layman, SC  
T: (864) 439-8843  
E: kirkhoustonedmd@bellsouth.net
Huang, Nan-Chieh  
*Delegate Category: Student Member*  
*Year Joined: 2011*  
6140 Beech Dr. Apt. D  
Indianapolis, IN 46224  
E: hellotom7113@gmail.com

Huzaimi, Adel  
*Delegate Category: Affiliate Fellow*  
*Year Joined: 2013*  
King Fahad Medical City  
Diriyah P.O Box 71015, Riyadh  
11587 Saudi Arabia  
T: 00966555771655  
E: huzaimi@live.com

Huband, Michael  
*Delegate Category: Associate Fellow*  
*Year Joined: 2011*  
521 North 11th Street  
P. O. Box 980566  
Richmond, VA 23298-0566  
T: 804-628-7630  
E: mhuband@vcu.edu

Ishigami, Tomohiko  
*Delegate Category: Affiliate Fellow*  
*Year Joined: 1989*  
1-8-13, Kanda Surugadai  
Chiyoda-Ku, Tokyo 101-8310  
T: (03) 3219-8134  
E: ishigami-t@dent.nihon-u.ac.jp

Huntress, Gordon  
*Delegate Category: Fellow*  
*Year Joined: 1994*  
222 Piedmont Ave. ML665-V, #8300  
Cincinnati, OH 45219  
T: (513) 475-7990  
E: gordon.huntress@ucphysicians.com

Ismail, Ibrahim  
*Delegate Category: Student Member*  
*Year Joined: 2009*  
7183 S.W. 5th Road, Unit 160  
Gainesville, FL 32607  
T: 352-273-6910  
E: iismail@ufl.edu

Huryn, Joseph  
*Delegate Category: Fellow*  
*Year Joined: 1993*  
Chief, Dental Service  
Memorial Sloan Kettering Cancer Center  
New York, NY 10065  
T: (212) 639-7644  
E: hurynj@mskcc.org

Ivan, Oana  
*Delegate Category: Student Member*  
*Year Joined: 2009*  
4715 Balboa St #3  
San Francisco, CA 94121  
T: 415-221-4810  
E: oanaivan@msn.com
Jacob, Rhonda
Delegate Category: Fellow
Year Joined: 1984
1111 Medical Plaza Dr.
Suite 100
The Woodlands, TX 77380
T: 281-298-5480
E: rhonda.jacob@comcast.net

Jankielewicz, Isabel
Delegate Category: Affiliate Fellow
Year Joined: 1991
Colonia 922 AP 204
Montevideo, CP 11100
T: (598)-29007582
E: isabelj@movinet.com.uy

Jain, Vinay
Delegate Category: Student Member
Year Joined: 2014
University of Tennessee Health Science Center
College of Dentistry
Memphis, TN 38163
T: 901-448-2114
E: vinayjan27@gmail.com

Javid, Nikzad
Delegate Category: Life Fellow
Year Joined: 1985
Box 100435
Gainesville, FL 32610-0435
T: (904) 392-3242

Jandali, Rami
Delegate Category: Fellow
Year Joined: 1999
4646 John R
Detroit, MI 48201
T: (313) 576-4747
E: rami.jandali@med.va.gov

Jeong, Soo Cheol
Delegate Category: Student Member
Year Joined: 2010
607 Onatario Street SE #1
Minneapolis, MN 55414
T: 612-423-8545
E: jeong074@umn.edu

Jangrod, Nuttaporn
Delegate Category: Student Member
Year Joined: 2010
Charansanitwong Road
Bangkok, Bangkok 10160
T: 66-89666-5780
E: forte-dent@hotmail.com

Jepsen, Carlos
Delegate Category: Associate Fellow
Year Joined: 2014
2305 S. State Hwy Business 121
Ste 195
Lewisville, TX 75067
T: 469-682-8688
E: cjepsen1@yahoo.com
Johnson, Andrew  
Delegate Category: Student Member  
Year Joined: 2010  
1063 River Isle Dr.  
Memphis, TN 38103  
E: ajohn104@uthsc.edu

Kamat, Amit  
Delegate Category: Student Member  
Year Joined: 2010  
1200 East West Highway  
Apt 1414  
Silver Spring, MD 20910  
T: 813-528-6955  
E: amit.s.kamat@gmail.com

Johnson, Michael  
Delegate Category: Fellow  
Year Joined: 1995  
1370 116th Ave. NE, #212  
Bellevue, WA 98004  
T: (425) 455-4993  
E: MWMRJOHNSON@MSN.COM

Kang, Mary  
Delegate Category: Student Member  
Year Joined: 2009  
New York, NY 10016  
T: 201-240-9939  
E: mk1056@nyu.edu

Jones, Richard  
Delegate Category: Life Fellow  
Year Joined: 1993  
Schererville, IN  
T: (219) 644-6651  
E: INJones@aol.com

Kanter, Jack  
Delegate Category: Life Fellow  
Year Joined: 1956  
7320 Glenroie Ave., Apt. 9F  
Norfolk, VA 23505-3049  
T: (757) 423-0615

Jordan, Andrea  
Delegate Category: Student Member  
Year Joined: 2010  
345 E 24th St. 4W  
New York, NY 10010  
T: (707)318-3019  
E: aej235@nyu.edu

Kapetanakos, Melani  
Delegate Category: Student Member  
Year Joined: 2014  
Brooklyn, NY USA  
E: drmelani@gmail.com
Karimipour, Mehdi
Delegate Category: Student Member
Year Joined: 2011
One Kneeland St
Boston, MA 02111
T: 205-401-9772
E:Mehdi.Karimipour_Saryazdi@Tufts.edu

Kelly, James
Delegate Category: Associate Fellow
Year Joined: 2009
Mayo Clinic Department of Dental Specialties
Box 951668
Rochester, MN 55905
T: (402) 280-4914

Karunagaran, Sanjay
Delegate Category: Affiliate Fellow
Year Joined: 2010
345 E 24th Street
New York, NY 10010
T: 313-820-9489
E: sk1824@nyu.edu

Kelly, Terry
Delegate Category: Fellow
Year Joined: 1988
3000 E. Fletcher Ave. #240
Tampa, FL 33613
T: (813) 971-0620
E: terry.kelly@verizon.net

Kase, Michael
Delegate Category: Student Member
Year Joined: 2011
1919 7th Ave South
418 School of Dentistry Building
Birmingham, AL 35294
T: 847-961-0824
E: mkase@uab.edu

Kempler, Joanna
Delegate Category: Student Member
Year Joined: 2009
5509 Rockleigh dr
Baltimore, MD 21227
T: 410-706-7159
E: ikemp001@umaryland.edu

Kazanoglu, Altug
Delegate Category: Life Fellow
Year Joined: 1976
P.O. Box 980566
Richmond, VA 23298-0566
T: (804) 828-0832
E: akazanoglu@vcu.edu

Kent, Kenneth
Delegate Category: Fellow
Year Joined: 1998
240 South 40th Street
Robert Schattner Center
Philadelphia, PA 19104
T: (609) 670-2441
E: kenkent@dental.upenn.edu
Keskin, Yasemin  
*Delegate Category: Affiliate Fellow*  
*Year Joined: 2014*  
Uğur Mumcu caddesi, No:45/4,  
Gazi Osman Paşa (GOP) 06700  
Ankara, Turkey 06700  
T: 00905332110364  
E: ykeskin35@gmail.com

Kharevich, Olga  
*Delegate Category: Associate Fellow*  
*Year Joined: 2011*  
1021 Ives Dairy Road 121  
North Miami Beach, FL 33179  
T: (954) 826-0060  
E: dr.olgakh@gmail.com

Keyes, Ryan  
*Delegate Category: Student Member*  
*Year Joined: 2009*  
515 Delaware Street SE  
Minneapolis, MN 55455  
T: 612-624-6644  
E: keyes067@umn.edu

Khatami, Amir  
*Delegate Category: Fellow*  
*Year Joined: 2006*  
11092 Anderson St.  
Loma Linda, CA 92350  
T: 714-595-1336  
E: ahkhatami@llu.edu

Khan, Zafrulla  
*Delegate Category: Fellow*  
*Year Joined: 1989*  
529 S. Jackson Street, Suite 127  
Louisville, KY 40202-3267  
T: (502) 852-5747  
E: zafkhan@louisville.edu

Khng, Kelvin  
*Delegate Category: Student Member*  
*Year Joined: 2011*  
30 Lincoln Ave, Apt 22  
Iowa City, IA 52246  
E: khng9999@gmail.com

Kharchaf, Mounir  
*Delegate Category: Associate Fellow*  
*Year Joined: 2012*  
Lexington, KY  
E: kharchaf@hotmail.com

Kiangsoontra, Jason P.  
*Delegate Category: Student Member*  
*Year Joined: 2014*  
Minneapolis, MN USA  
T: 612-615-3195  
E: kiang005@umn.edu
<table>
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<tr>
<th>Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
<th>Phone</th>
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<tr>
<td>Kiat-Amnuay, Sudarat</td>
<td>Fellow</td>
<td>2000</td>
<td>7500 Cambridge St., #5330, Houston, TX 77054</td>
<td>(713) 486-4194</td>
<td><a href="mailto:sudarat.kiat-amnuay@uth.tmc.edu">sudarat.kiat-amnuay@uth.tmc.edu</a></td>
</tr>
<tr>
<td>Kim, Junhyck</td>
<td>Student Member</td>
<td>2010</td>
<td>170 Brookline Ave Unit 1017, Boston, MA 02215</td>
<td>(713) 486-4194</td>
<td><a href="mailto:godlycaleb@gmail.com">godlycaleb@gmail.com</a></td>
</tr>
<tr>
<td>Kight, Anthony</td>
<td>Student Member</td>
<td>2010</td>
<td>1065 East Main Street, Brownsburg, IN 46112</td>
<td>(317)903-7092</td>
<td><a href="mailto:ackight@iupui.edu">ackight@iupui.edu</a></td>
</tr>
<tr>
<td>Kim, Jennifer</td>
<td>Student Member</td>
<td>2009</td>
<td>51 Rainy Ave, San Antonio, TX 78240</td>
<td>(317)903-7092</td>
<td><a href="mailto:kimj2@uthscsa.edu">kimj2@uthscsa.edu</a></td>
</tr>
<tr>
<td>Kim, Seullki</td>
<td>Student Member</td>
<td>2011</td>
<td>34 Worthington St., Apt. 3, Roxbury Crossing, MA 02120</td>
<td>(317)903-7092</td>
<td><a href="mailto:myseulgi@gmail.com">myseulgi@gmail.com</a></td>
</tr>
<tr>
<td>King, Gordon</td>
<td>Life Fellow</td>
<td>1971</td>
<td>2057 Southgate Blvd, Houston, TX 77030</td>
<td>(317)903-7092</td>
<td><a href="mailto:gking333@att.net">gking333@att.net</a></td>
</tr>
<tr>
<td>Kim, Jae Seon</td>
<td>Student Member</td>
<td>2010</td>
<td>1959 NE Pacific St D-770, Seattle, WA 98195</td>
<td>(317)903-7092</td>
<td><a href="mailto:jsk99@u.washington.wdu">jsk99@u.washington.wdu</a></td>
</tr>
<tr>
<td>Klotz, Michael</td>
<td>Associate Fellow</td>
<td>2009</td>
<td>312 Warren Ave. Ste #1, Ho-Ho-Kus, NJ 07423</td>
<td>(317)903-7092</td>
<td><a href="mailto:klotzm@mskcc.org">klotzm@mskcc.org</a></td>
</tr>
</tbody>
</table>
Knudson, Rodney
Delegate Category: Life Fellow
Year Joined: 1989
Blanco, TX USA
T: (210) 343-9297
E: jakesam@winet.com

Kubon, Todd
Delegate Category: Allied Health
Tech Auxiliary
Year Joined: 2002
2075 Bayview Ave
Toronto, ON M4N 3M5
T: (416) 480-4254
E: todd.Kubon@sw.ca

Kolodney, Harold
Delegate Category: Associate Fellow
Year Joined: 2009
350 West Woodrow Wilson, Suite ME102
Jackson, MS 39213
T: 601-815-1181
E: hkolodney@umc.edu

Kurtoglu, Cem
Delegate Category: Affiliate Fellow
Year Joined: 2006
Department of Prosthodontics
Un. of Cukurova Balcali
Adana, 01330
T: +90 322 338 73 30
E: ckurtoglu@cu.edu.tr

Koumjian, Jack
Delegate Category: Fellow
Year Joined: 1986
770 Welch Road, Suite 280
Palo Alto, CA 94304
T: (650) 327-5466
E: jkoumjian@aol.com

Kwok, Vernon
Delegate Category: Life Fellow
Year Joined: 1981
80 Seymour Street
Hartford, CT 06102-5037
T: (860) 545-2279
E: vkwok@harthosp.org

Kramer, Donald
Delegate Category: Life Fellow
Year Joined: 1985
3622 Robinson Road
Missouri City, TX 77459
E: dckramer@houston.rr.com

Kwun, Thomas
Delegate Category: Student Member
Year Joined: 2014
4660 Washtenaw Ave.
Ann Arbor, MI 48108
T: 734-572-4476
E: thomaskwun86@gmail.com
Lachner, Erick  
*Delegate Category: Student Member*  
*Year Joined: 2010*  
8650 Southwestern Blvd. #2908  
Dallas, TX 75206  
E: elachner@gmail.com

Laney, William  
*Delegate Category: Life Fellow*  
*Year Joined: 1960*  
25015 N. Quail Haven Drive  
Rio Verde, AZ 85263  
T: (480) 471-0911  
E: quinjomi@aol.com

Lagreca, Gabriela  
*Delegate Category: Student Member*  
*Year Joined: 2014*  
Boston, MA USA  
T: (781) 558-3350  
E: gabriela.lagreca@tufts.edu

LaPook, Sidney  
*Delegate Category: Life Fellow*  
*Year Joined: 1956*  
295 Central Park West  
Apt. 15 E  
New York, NY 10024  
E: babapook@aol.com

Lalonde, James  
*Delegate Category: Student Member*  
*Year Joined: 2010*  
9919 Northwind Drive  
Indianapolis, IN 46256  
T: 317-274-8434  
E: jlalonde@iupui.edu

LaVelle, William  
*Delegate Category: Life Fellow*  
*Year Joined: 1981*  
11 Glenview Knl NE  
Iowa City, IA 52240  
E: LWLAV@IA.Net

Lane, Jules  
*Delegate Category: Life Fellow*  
*Year Joined: 1958*  
35 Broadway  
Hicksville, NY 11801  
T: (516) 822-8700 ext. 200

Lee, Jason  
*Delegate Category: Student Member*  
*Year Joined: 2010*  
251 Heath Street. Apt. 103  
Jamaica Plain, MA 02130  
E: eflowz@gmail.com
Lee, Tsung-lin James
Delegate Category: Student Member
Year Joined: 2009
3450 N Lake Shore Dr. #1215
Chicago, IL 60657
E: tlee46@uic.edu

Light, Jack
Delegate Category: Life Fellow
Year Joined: 1977
104 New Mark Esplanade
Rockville, MD 20850
E: Jlight104@comcast.net

Lemon, James
Delegate Category: Fellow
Year Joined: 1989
2420 Quaker Suite #104
Lubbock, TX 79410
T: (806) 797-0341
E: lemon.jc@gmail.com

Lin, Terry
Delegate Category: Student Member
Year Joined: 2010
700 Hillside Avenue
New York, NY 11040
T: 516-352-2445
E: terrylin@nyu.edu

Leong, Austin
Delegate Category: Student Member
Year Joined: 2014
Memorial Sloan Kettering Cancer Center
Dental Service
New York, NY 10065
T: 212-639-7644

LLaka Perez, Elizabeth
Delegate Category: Student Member
Year Joined: 2014
Mexico, D.F.
E: llakap@hotamil.com

Leung, Paul
Delegate Category: Student Member
Year Joined: 2009
179 Saint Botolph Street. Apt #8
Boston, MA 02115
E: paul_mail@yahoo.com

Lloyd, Ralph
Delegate Category: Life Fellow
Year Joined: 1953
443 Kirk Road
W. Palm Beach, FL 33406
T: (407) 965-5571
Lowe, Joseph  
Delegate Category: Student Member  
Year Joined: 2010  
377 Sandleton Way  
Evans, GA 30809  
T: 706-787-5528  
E: joey.lowe@us.army.mil

Ma, Junping  
Delegate Category: Student Member  
Year Joined: 2009  
1959 NE Pacific Street  
Rm# D780  
Seattle, WA 98195  
E: jmbergin@u.washington.edu

Lowe, Nelson  
Delegate Category: Fellow  
Year Joined: 1994  
999 N. Tustin Ave. Suite 117  
Santa Ana, CA 92705  
T: (714) 550-7474  
E: lowenlowe@yahoo.com

Maeda, Michiko  
Delegate Category: Student Member  
Year Joined: 2009  
1919 7th Avenue South  
Birmingham, AL 35294  
T: 205-934-3356  
E: michikom@uab.edu

Lucero, Joseph  
Delegate Category: Student Member  
Year Joined: 2014  
Minneapolis, MN USA  
E: joey_l07@yahoo.com

Mahanna, Gordon  
Delegate Category: Life Fellow  
Year Joined: 1989  
981225 Nebraska Medical Center  
Omaha, NE 68198-1225  
T: (402) 559-9200  
E: gmahanna@unmc.edu

Lund, Todd  
Delegate Category: Fellow  
Year Joined: 1986  
701 Park Avenue South  
Minneapolis, MN 55415  
T: (612) 873-6275  
E: todd.lund@hcmed.org

Mahmoud, Ahmad  
Delegate Category: Student Member  
Year Joined: 2011  
5700 West 6th St Apt.208  
Los Angeles, CA 90036  
E: ahmad.y.imam@gmail.com
Marghalani, Amin  
Delegate Category: Student Member  
Year Joined: 2014  
Tufts School of Dental Medicine - Graduate and Postgraduate (PG) Prosthodontics  
One Kneeland Street, DHS-1242  
Boston, MA 02111  
T: 617-636-6591  
E: amin.marghalani@tufts.edu

Maroulakos, Georgios  
Delegate Category: Student Member  
Year Joined: 2010  
6041 Village Bend Dr. #1602  
Dallas, TX 75206  
E: giom29@yahoo.gr

Maritim, Beatrice  
Delegate Category: Student Member  
Year Joined: 2010  
1275 York Avenue  
New York, NY 10065  
T: 212-639-7644  
E: maritimmdmd@yahoo.com

Marunick, Mark  
Delegate Category: Life Fellow  
Year Joined: 1983  
4201 St. Antoine  
Detroit, MI 48201  
T: (313) 745-3096  
E: docmarunick@aol.com

Markt, Jeffery Craig  
Delegate Category: Fellow  
Year Joined: 1995  
981225 Nebraska Medical Center  
Omaha, NE 68198-1225  
T: (402) 559-7861  
E: jmarkt@unmc.edu

Masella, Roger  
Delegate Category: Life Fellow  
Year Joined: 1976  
10 Allee des Brises du Fleuve #805  
Verdun, Quebec H4G 3M4  
E: rpmasella@ca.inter.net

Marotta, Leonard  
Delegate Category: Allied Health Tech Auxiliary  
Year Joined: 2012  
Farmingdale, NY USA  
E: lenny@marottadental.com

Matta, Rajendar  
Delegate Category: Student Member  
Year Joined: 2011  
2120 El Paseo St. Apt # 2808  
Houston, TX 77054  
E: Rajendar.Matta@uth.tmc.edu
Mattos, Beatriz  
Delegate Category: Affiliate Fellow  
Year Joined: 2011  
R. Sao Jose 887 Apto 14  
Alto da Boa Vista, 04739-001  
E: bscmatto@usp.br

Mazaheri, Mohammad  
Delegate Category: Life Fellow  
Year Joined: 1958  
E: drmomaz@gmail.com

McCartney, John  
Delegate Category: Life Fellow  
Year Joined: 1987  
50 Irving Street, N.W.  
Washington, DC 20422  
T: (202) 745-8318  
E: John.McCartney@med.va.gov

McCarty, Gird  
Delegate Category: Life Fellow  
Year Joined: 1972  
Chucky, TN USA  
T: 423-737-1640

McCasland, John  
Delegate Category: Life Fellow  
Year Joined: 1971  
3301 Quail Hill Dr  
Midlothian, VA 23112  
T: (804) 744-6499

McElroy, T. Hewitt (Hew)  
Delegate Category: Fellow  
Year Joined: 1985  
8495 Crater Lake Hwy  
White City, OR 97503  
T: (541) 830-7455 EXT 3256  
E: mcdocs@yahoo.com

McKinstry, Robert  
Delegate Category: Fellow  
Year Joined: 1985  
500 Lewis Ron Road  
West Mifflin, PA 15122  
T: (412) 661-2963  
E: emckin1135@aol.com

McNutt, Katie  
Delegate Category: Student Member  
Year Joined: 2010  
1850 Columbia Pike Apt 429  
Arlington, VA 22204  
E: mcnutt.katie@gmail.com
Mcquigg, Charles
Delegate Category: Associate Fellow
Year Joined: 2014
1730 East 32nd Street, Suite J
Joplin, MO 64804
T: 417-206-7300

Minton, Jason
Delegate Category: Student Member
Year Joined: 2011
707 Hickman Rd.
Augusta, GA 30904
E: jminton@georgiahealth.edu

Meyer, Jack
Delegate Category: Life Fellow
Year Joined: 1989
1901 Veterans Memorial Dr.
Temple, TX 76504
T: 254-743-0763
E: jack.meyer1@va.gov

Mitchell, Donald
Delegate Category: Life Fellow
Year Joined: 1974
512 Ridge Road
Edmond, OK 73034
T: (405) 359-2925
E: donmitchell1396@cox.net

Miller, Henry
Delegate Category: Associate Fellow
Year Joined: 2009
240 Toll Gate Hill Road,
Lower Level
Greensburg, PA 15601
T: 724-834-3324
E: drmiller@henrymillerdds.com

Moergeli, Jr., James
Delegate Category: Life Fellow
Year Joined: 1981
3217 White Cloud Avenue, N.W.
Gig Harbor, WA 98335-7676
T: (253) 265-8566
E: moergelijr@juno.com

Miller, Milton
Delegate Category: Life Fellow
Year Joined: 1954
524 Lacebark Street
Trevose, PA 19053
T: (561) 439-2597

Mohamed, Abdelnaser
Delegate Category: Student Member
Year Joined: 2010
7228 Standish Place
Augusta, GA 30909
T: 706-721-2261
E: amohamed@mcg.edu
Monaco, Edward  
*Delegate Category: Life Fellow*  
*Year Joined: 1987*  
215 Squire Hall,  
3435 Main Street  
Buffalo, NY 14214  
T: (716) 829-2862  
E: edwardjr@buffalo.edu

Moshaverinia, Alireza  
*Delegate Category: Student Member*  
*Year Joined: 2010*  
925, W 34th St, Rm #102  
Los Angeles, CA 91203  
E: moshaver@usc.edu

Montgomery, Pattii  
*Delegate Category: Allied Health Tech Auxiliary*  
*Year Joined: 2014*  
1515 Holcombe Blvd.- 342  
Houston, TX 77030  
T: 713-792-6510  
E: pmontgo@mdanderson.org

Mullasseril, Paul  
*Delegate Category: Associate Fellow*  
*Year Joined: 1999*  
1001 Stanton L Young Blvd  
Oklahoma City, OK 73190  
T: (405) 271-5744  
E: paul-mullasseril@ouhsc.edu

Moon, Marty  
*Delegate Category: Fellow*  
*Year Joined: 1999*  
8901 Wisconsin Ave  
Bethesda, MD 20889-5600  
T: (301) 295-0385  
E: marty.moon83@yahoo.com

Murray, Christopher  
*Delegate Category: Life Affiliate Fellow*  
*Year Joined: 1980*  
Suite 1, 4th Floor  
20 Collins Street  
Melbourne, 3000  
T: 03 9650 3263  
E: murray.chris.g@gmail.com

Moore, Dorsey  
*Delegate Category: Life Fellow*  
*Year Joined: 1969*  
2301 Holmes Street  
Kansas City, MO 64108  
T: (816) 404-0500  
E: mooredj@umkc.edu

Musciano, Frank  
*Delegate Category: Fellow*  
*Year Joined: 1992*  
1250 Forest Avenue  
Portland, ME 04103-4221  
T: (207) 773-6177  
E: AJHFAM@MAINE.RR.COM
<table>
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<th>Name</th>
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<th>Year Joined</th>
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<tr>
<td>Myers, Ronald</td>
<td>Life Fellow</td>
<td>1986</td>
<td>10044 Twelve Oaks Court, Brooksville, FL 34613</td>
<td>(352) 596-2685</td>
<td><a href="mailto:remyers10@earthlink.net">remyers10@earthlink.net</a></td>
</tr>
<tr>
<td>Nakamoto, Roy</td>
<td>Life Fellow</td>
<td>1973</td>
<td>5 Mercato Court, San Francisco, CA 94131-2821</td>
<td>(415) 221-4810 ext.2768</td>
<td><a href="mailto:roy.nakamoto@va.gov">roy.nakamoto@va.gov</a></td>
</tr>
<tr>
<td>Myshin, Heidi</td>
<td>Fellow</td>
<td>1998</td>
<td>2151 Linglestown Road 160B, Harrisburg, PA 17110</td>
<td>(717) 671-9000</td>
<td><a href="mailto:myshin@paonline.com">myshin@paonline.com</a></td>
</tr>
<tr>
<td>Nakaparksin, Jurai</td>
<td>Life Affiliate Fellow</td>
<td>1973</td>
<td>456 Rama I, SIAM Square SOI 8, Bangkok, 10330</td>
<td>251-5355</td>
<td></td>
</tr>
<tr>
<td>Nadjmi, Sassan</td>
<td>Affiliate Fellow</td>
<td>2013</td>
<td>313 Park Avenue Suite 306, Falls Church, VA 22046</td>
<td>703-532-7586</td>
<td><a href="mailto:drnadjmi@gmail.com">drnadjmi@gmail.com</a></td>
</tr>
<tr>
<td>Nakayama, Leroy</td>
<td>Life Fellow</td>
<td>1972</td>
<td>4260 Bridger Rd., Kansas City, MO 64111</td>
<td>(503) 709-1973</td>
<td></td>
</tr>
<tr>
<td>Nagda, Suhasini</td>
<td>Affiliate Fellow</td>
<td>2012</td>
<td>Mumbai</td>
<td></td>
<td><a href="mailto:drsuhanagda@yahoo.com">drsuhanagda@yahoo.com</a></td>
</tr>
<tr>
<td>Nayar, Suresh</td>
<td>Associate Fellow</td>
<td>2014</td>
<td>Edmonton, Alberta</td>
<td></td>
<td><a href="mailto:svnayar@gmail.com">svnayar@gmail.com</a></td>
</tr>
</tbody>
</table>
Nayyar, Namrata  
**Delegate Category: Student Member**  
**Year Joined:** 2010  
3296 Main St. Apt A 4  
Buffalo, NY 14214  
E: nnayyar@buffalo.edu

Nguyen, Caroline  
**Delegate Category: Student Member**  
**Year Joined:** 2010  
2199 Wesbrook Mall, RM 374  
Vancouver, BC, V6T 1Z3  
T: 604-827-1915  
E: caroline.nguyen@ubc.ca

Neely, Howard  
**Delegate Category: Life Fellow**  
**Year Joined:** 1958  
9634 Ohio Street  
Omaha, NE 68134-5664  
T: (402) 393-8165

Nichols, Cindy  
**Delegate Category: Associate Fellow**  
**Year Joined:** 2009  
10 Medical Park Blvd. Suite A  
Columbia, SC 29203  
T: 803-434-6167  
E: cynthia.nichols@palmettohealth.org

Nethery, W.  
**Delegate Category: Life Fellow**  
**Year Joined:** 1968  
4325 Terra Vista Lane  
Anaheim Hills, CA 92807-3438  
T: (714) 637-4330  
E: jimnethery@aol.com

Nieh, Leon  
**Delegate Category: Student Member**  
**Year Joined:** 2009  
915 Dillons Vista  
San Antonio, TX 78251-4339  
T: 210-292-7115  
E: Leon.Nieh@lackland.af.mil

Newton, Alan  
**Delegate Category: Fellow**  
**Year Joined:** 1986  
1250 Forest Avenue  
Portland, ME 04103  
T: 207-773-6177  
E: newtonalan@maine.rr.com

Nishimura, Russell  
**Delegate Category: Fellow**  
**Year Joined:** 1993  
911 Hampshire Road, Suite 5  
Westlake Village, CA 91361  
T: 805-496-0026  
E: rdnishi@dent.ucla.edu
Norby, Darren
Delegate Category: Student Member
Year Joined: 2010
9020 Jasper Dr., NE
Albuquerque, NM 87113
E: dnorrb1@lsuhsc.edu

Okasha, Ismail
Delegate Category: Student Member
Year Joined: 2011
39 W Lexington St Apt 903
Baltimore, MD 21201
E: Okasha83@gmail.com

Norvell, Nicholas G.
Delegate Category: Student Member
Year Joined: 2014
Memphis, TN USA
T: (615) 804-3960
E: norvell.nick@gmail.com

Okay, Devin
Delegate Category: Fellow
Year Joined: 1995
509 Madison Ave. 21st Floor
New York, NY 10022
T: (212) 750-0050
E: dokay@chpnet.org

Oakes, Kevin
Delegate Category: Fellow
Year Joined: 2005
196 Thomas Johnson Drive
Suite 130
Frederick, MD 21702
T: (301)-663-5552
E: kevin.oakes.dds@gmail.com

Omura, Aaron
Delegate Category: Student Member
Year Joined: 2014
Memphis, TN USA
T: 808-295-7836
E: aomura@tennessee.edu

Ocampo Rodriguez, Santiago
Delegate Category: Student Member
Year Joined: 2010
810 Gardenbrook Circle Apt J
Indianapolis, IN 46202
T: 413-320-1655
E: sanchocampo@hotmail.com

Ortega, Alejandra
Delegate Category: Student Member
Year Joined: 2014
50 Irving St NW
Washington DC, DC 20422
E: aletobar12@gmail.com
<table>
<thead>
<tr>
<th>Name</th>
<th>Delegate Category</th>
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<th>Phone</th>
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<tr>
<td>Osswald, Martin</td>
<td>Affiliate Fellow</td>
<td>2010</td>
<td>Edmonton, Alberta</td>
<td>780-735-2660</td>
<td><a href="mailto:martin.osswald@albertahealthservices.ca">martin.osswald@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>Pan, Qiuyue</td>
<td>Student Member</td>
<td>2014</td>
<td>Okayama JAPAN</td>
<td></td>
<td><a href="mailto:moon8688@hotmail.com">moon8688@hotmail.com</a></td>
</tr>
<tr>
<td>Ostrowski, John</td>
<td>Life Fellow</td>
<td>1973</td>
<td>Annapolis, MD 21401</td>
<td>(410) 224-2001</td>
<td></td>
</tr>
<tr>
<td>Papadopoulos, Georgios</td>
<td>Associate Fellow</td>
<td>1995</td>
<td>Thessaloniki, 546-23</td>
<td>011-302310-240639</td>
<td><a href="mailto:ddodou1@otenet.gr">ddodou1@otenet.gr</a></td>
</tr>
<tr>
<td>Over, Larry</td>
<td>Fellow</td>
<td>1992</td>
<td>Eugene, OR 97401</td>
<td>(541) 687-1499</td>
<td><a href="mailto:drlmover@aol.com">drlmover@aol.com</a></td>
</tr>
<tr>
<td>Paprocki, Gregory</td>
<td>Fellow</td>
<td>1989</td>
<td>Memphis, TN 38104-2193</td>
<td>(901)-523-8990</td>
<td><a href="mailto:gpaprock@uthsc.edu">gpaprock@uthsc.edu</a></td>
</tr>
<tr>
<td>Padron, Fernando</td>
<td>Student Member</td>
<td>2011</td>
<td>Davie, FL United States</td>
<td></td>
<td><a href="mailto:fpadron@mac.com">fpadron@mac.com</a></td>
</tr>
<tr>
<td>Parekh, Monica</td>
<td>Student Member</td>
<td>2009</td>
<td>Lutherville, MD 21093</td>
<td>410-561-1583</td>
<td><a href="mailto:monicadparekh@gmail.com">monicadparekh@gmail.com</a></td>
</tr>
</tbody>
</table>
Parel, Stephen  
Delegate Category: Life Fellow  
Year Joined: 1973  
3302 Gaston Ave.  
Dallas, TX 75246  
T: (214) 828-8979  
E: sparel@tambcd.edu

Patel, Mit  
Delegate Category: Student Member  
Year Joined: 2014  
7,krushnanagar,nr.jainadavadi,  
gobriroad  
Palanpur, Gujarat 385001  
T: +919714970781  
E: mitpatidar@gmail.com

Park, HyunWook  
Delegate Category: Student Member  
Year Joined: 2009  
400 S. Burnside 3706F  
LA, CA 90036  
E: phw0922@hanmail.net

Paulo, William  
Delegate Category: Student Member  
Year Joined: 2011  
7900 Cambridge Street Apt 21-2A  
Houston, TX 77054  
E: William.Paulo@uth.tmc.edu

Parkash, Hari  
Delegate Category: Life  
Affiliate Fellow  
Year Joined: 1978  
Delhi - Meerut Road, Muradnagar  
Ghaziabad, 201206  
T: 91-1232-227982  
E: drhariparkash@yahoo.com

Persiani, Richard  
Delegate Category: Fellow  
Year Joined: 1989  
6177 Orchard Lake Road  
Suite 120  
West Bloomfield, MI 48322  
T: (248) 855-6655  
E: rpersiani@aol.com

Parr, Gregory  
Delegate Category: Life Fellow  
Year Joined: 1978  
221 N Fourth Ave.  
PO Box 1096  
Dalton, GA 30705  
T: (706) 695-8318  
E: GRParr@gmail.com

Pesun, Igor  
Delegate Category: Associate Fellow  
Year Joined: 2012  
D227B- 780 Bannatyne Ave  
Winnipeg, MB R3E0W2  
T: 1(204) 789-3516  
E: igor.pesun@umanitoba.ca
Petrich, Anton
Delegate Category: Associate Fellow
Year Joined: 2009
8901 Wisconsin Avenue
BLDG 1, RM 3519
Bethesda, MD 20889
T: (301)295-5829
E: anton.petrich@health.mil

Pigno, Mark
Delegate Category: Fellow
Year Joined: 1994
3510 Fannin
Beaumont, TX 77701-3805
T: (409) 835-5300
E: mpigno@gt.rr.com

Phasuk, Kamolphob
Delegate Category: Student Member
Year Joined: 2011
18 Flickinger Court. Apt# J
Amherst, NY 14228
T: 716-829-2863
E: kamolphobphasuk@gmail.com

Piper II, James
Delegate Category: Student Member
Year Joined: 2011
2450 Pepperrell St.
Building 4602
Lackland, TX 78236
T: 210-292-3838
E: jmpiiidmd@gmail.com

Pickle, B. Todd
Delegate Category: Fellow
Year Joined: 1999
9480 Briar Village Point,
Suite 300
Colorado Springs, CO 80920
T: (719) 599-0670
E: dr@pickledental.com

Piro, John
Delegate Category: Life Fellow
Year Joined: 1968
11 Birch Lane
Larchmont, NY 10538

Pierse, Joseph
Delegate Category: Student Member
Year Joined: 2009
943 Third Avenue
Franklin Square, NY 11010
T: 718-670-1701
E: drjoenyhq@yahoo.com

Plank, David
Delegate Category: Life Fellow
Year Joined: 1981
201 N. Lakemont Ave.
Suite 2300
Winter Park, FL 32792-3208
T: (407) 629-1116
E: dmplankdds@earthlink.net
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<th>Contact</th>
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<tr>
<td>Pogoncheff, Carl</td>
<td>Student Member</td>
<td>2009</td>
<td>812 Lawrence St, Ann Arbor, MI</td>
<td>T: 517-420-3214</td>
</tr>
<tr>
<td></td>
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<td>48104</td>
<td>E: <a href="mailto:cpogonch@umich.edu">cpogonch@umich.edu</a></td>
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<td>Rad, Afsaneh</td>
<td>Student Member</td>
<td>2014</td>
<td>Boston, MA USA</td>
<td>E: <a href="mailto:afsaneh_rad@hsdm.harvard.edu">afsaneh_rad@hsdm.harvard.edu</a></td>
</tr>
<tr>
<td>Polus, Alexandra</td>
<td>Student Member</td>
<td>2011</td>
<td>2021 N. Leavitt St, Unit 1,</td>
<td>E: <a href="mailto:alexandra.polus@gmail.com">alexandra.polus@gmail.com</a></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Chicago, IL 60647</td>
<td></td>
</tr>
<tr>
<td>Rahim, Tariq</td>
<td>Student Member</td>
<td>2014</td>
<td>Pakistan</td>
<td>E: <a href="mailto:tariqrahim9@gmail.com">tariqrahim9@gmail.com</a></td>
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<tr>
<td>Priebe, Jennifer</td>
<td>Associate Fellow</td>
<td>2011</td>
<td>6177 Orchard Lake, West Bloomfield, MI 48322-2389</td>
<td>E: <a href="mailto:jentist75@gmail.com">jentist75@gmail.com</a></td>
</tr>
<tr>
<td>Rahn, Arthur</td>
<td>Life Fellow</td>
<td>1966</td>
<td>4883 Hereford Farm Rd, Evans, GA 30809</td>
<td></td>
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<tr>
<td>Prince, Ivin</td>
<td>Life Fellow</td>
<td>1961</td>
<td>229 Harbor View Dr, Port Washington, NY 11050-4706</td>
<td>T: (516) 944-0362</td>
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<td>Ramos Hernandez, Ana Karen Lizette</td>
<td>Student Member</td>
<td>2014</td>
<td>Df, Jalisco</td>
<td>E: <a href="mailto:karen_assh@hotmail.com">karen_assh@hotmail.com</a></td>
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</table>
Randazzo, Joseph  
Delegate Category: Associate Fellow  
Year Joined: 2013  
Center City Office Park  
1544 Kuser Road  
Trenton, NJ 08619  
T: 609-585-1616  
E: randazzodds@verizon.net

Rebeeah, Hanadi  
Delegate Category: Student Member  
Year Joined: 2010  
1221 West 3rd street #604  
Los angles, CA 90017  
T: 213-2844143  
E: rebeakah@usc.edu

Ransohoff, Lori  
Delegate Category: Fellow  
Year Joined: 1992  
13000 Bruce B. Downs Blvd  
Tampa, FL 33612  
T: (813) 972-7511  
E: Iransohoff@gmail.com

Reeksiedler, Scott  
Delegate Category: Student Member  
Year Joined: 2014  
T: (619) 729-3052  
E: sarecksiedler@gmail.com

Rasmussen, Jonathan  
Delegate Category: Associate Fellow  
Year Joined: 2010  
7410 South Creek Road  
Sandy, UT 84093-6151  
E: raspros@ymail.com

Reintsema, Harry  
Delegate Category: Affiliate Fellow  
Year Joined: 2008  
PO Box 30.001, BB 70  
Department for Oral and Maxillofacial Surgery  
NL-9700 RB Groningen, NL-9700 RB  
T: +31-50-3613840  
E: h.reintsema@umcg.nl

Razavi, Ramin  
Delegate Category: Fellow  
Year Joined: 1995  
6829 Elm Street  
Suite 320  
McLean, VA 22101  
T: (703) 288-0100  
E: drrazavi@aol.com

Reisberg, David  
Delegate Category: Fellow  
Year Joined: 1986  
811 South Paulina (MC 588)  
Chicago, IL 60612-4353  
T: (312) 996-6933  
E: dreisber@uic.edu
Richards, Samuel  
Delegate Category: Student Member  
Year Joined: 2014  
Baltimore, MD USA  
T: 757-289-9933  
E: srich008@umaryland.edu

Rochanakit, Pimrumpai  
Delegate Category: Student Member  
Year Joined: 2009  
18 Flickinger Court Apt. C  
Amherst, NY 14228  
E: bearyjummy@yahoo.com

Ricks, Benjamin  
Delegate Category: Student Member  
Year Joined: 2009  
2566 Ellis Ave #416  
Saint Paul, MN 55114  
T: 6515876986  
E: ricks006@umn.edu

Rodney, Jeffrey  
Delegate Category: Student Member  
Year Joined: 2014  
Towsley Center G1208 1515  
E.Hospital Dr., SPC 5222  
Ann Arbor, MI 48109-5222  
T: 734-936-8289  
E: rodneyje@med.umich.edu

Rieger, William  
Delegate Category: Fellow  
Year Joined: 1995  
3223 N. Broad Street (600-00)  
Philadelphia, PA 19140  
T: (215) 707-2875  
E: wrieger@dental.temple.edu

Rodriguez-Lozano, Sujey  
Delegate Category: Associate Fellow  
Year Joined: 2009  
One Kneeland Street  
DHS:1247  
Boston, MA 02111  
T: 617-636-3585  
E: sujey.rodriguez-lozano@tufts.edu

Ritkajorn, Tanawat  
Delegate Category: Student Member  
Year Joined: 2009  
615 Ontario ST SE, Apt #1  
Minneapolis, MN 55414  
T: 612-205-6136  
E: ritka003@umn.edu

Rokaya, Dinesh  
Delegate Category: Student Member  
Year Joined: 2014  
Bangkok, Thailand  
E: dineshrokaya115@hotmail.com
Romanowski, Rianna
Delegate Category: Associate Fellow
Year Joined: 2009
1201 NW 16th St
Miami, FL 33125
T: 305-575-3146
E: rianna.romanowski@va.gov

Rosenthal, Lester
Delegate Category: Life Fellow
Year Joined: 1956
2200 North Central Rd Apt.3F
Fort Lee, NJ 07024
E: lerpros@aol.com

Romriell, Paul
Delegate Category: Student Member
Year Joined: 2009
1121 W. Michigan St.
Indianapolis, IN 46202
T: 317-274-8434
E: promriel@iupui.edu

rsadidz@uab.edu
Delegate Category: Student Member
Year Joined: 2011
724 47th St S
Birmingham, AL 35222
T: 2059344540
E: rsadidz@uab.edu

Rosen, Evan
Delegate Category: Associate Fellow
Year Joined: 2010
188 Longwood Avenue
Boston, MA 02115
E: Evan_Rosen@hsdm.harvard.edu

Rubenstein, Jeffrey
Delegate Category: Life Fellow
Year Joined: 1981
1959 NE Pacific St.
Seattle, WA 98195
T: (206) 543-5919
E: jeruben@u.washington.edu

Rosenstein, Harry
Delegate Category: Fellow
Year Joined: 1986
2079 Western Avenue
Guilderland, NY 12084-9559
T: (518) 862-0720
E: drhrosenstein@aol.com

Russell, Jean E.
Delegate Category: Student Member
Year Joined: 2014
Baltimore, MD USA
E: jeanrussell2013@gmail.com
<table>
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<th>Name</th>
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<td>Rusthoven, David</td>
<td>Delegate Category: Student Member</td>
<td>2010</td>
<td>10620 Glenwild Road, Silver Spring, MD 20901</td>
<td>T: 301-295-1550</td>
<td><a href="mailto:david.rusthoven@med.navy.mil">david.rusthoven@med.navy.mil</a></td>
</tr>
<tr>
<td>Saldarriaga, Augusto</td>
<td>Delegate Category: Student Member</td>
<td>2009</td>
<td>524 Huron Blvd S.E. Apt C-10, Minneapolis, MN 55414</td>
<td>T: 305-775-2524</td>
<td><a href="mailto:salda018@umn.edu">salda018@umn.edu</a></td>
</tr>
<tr>
<td>Ryan, James</td>
<td>Delegate Category: Life Fellow</td>
<td>1975</td>
<td>457 Cheves Drive, Charleston, SC 29412-2636</td>
<td>E: <a href="mailto:jojiryan@aol.com">jojiryan@aol.com</a></td>
<td></td>
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<tr>
<td>Saldarriaga, Roxana</td>
<td>Delegate Category: Student Member</td>
<td>2009</td>
<td>515 Delaware St SE, 9-176 Moos Tower, Minneapolis, MN 55455</td>
<td>T: 612-986-5540</td>
<td><a href="mailto:salda015@umn.edu">salda015@umn.edu</a></td>
</tr>
<tr>
<td>Sabol, Jennifer</td>
<td>Delegate Category: Associate Fellow</td>
<td>2010</td>
<td>8901 Wisconsin Ave, Bethesda, MD 208895600</td>
<td>T: 301-400-2037</td>
<td><a href="mailto:jsabol1019@hotmail.com">jsabol1019@hotmail.com</a></td>
</tr>
<tr>
<td>Salinas, Thomas</td>
<td>Delegate Category: Fellow</td>
<td>1994</td>
<td>200 First Street SW, Rochester, MN 55905</td>
<td>T: 507-284-3185</td>
<td><a href="mailto:salinas.thomas@mayo.edu">salinas.thomas@mayo.edu</a></td>
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<tr>
<td>Sahan, Makbule Heval</td>
<td>Delegate Category: Student Member</td>
<td>2014</td>
<td>Ege University Faculty of Dentistry</td>
<td>E: <a href="mailto:hevalsahan@gmail.com">hevalsahan@gmail.com</a></td>
<td></td>
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<td>Sallustio, Anthony</td>
<td>Delegate Category: Associate Fellow</td>
<td>2010</td>
<td>1300 Allenhurst Avenue, Ocean Township, NJ 07712</td>
<td>T: 732-531-4046</td>
<td><a href="mailto:prosthodoc@msn.com">prosthodoc@msn.com</a></td>
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</table>
Santiago, Arturo  
Delegate Category: Life Fellow  
Year Joined: 1964  
Torrimar, 8-52 Hill Drive  
Guaynabo, PR 00966-3147

Schiff, William  
Delegate Category: Life Fellow  
Year Joined: 1973  
236 Candia Ave  
Coral Gables, FL 33134-7310

Sasik, Christopher  
Delegate Category: Fellow  
Year Joined: 1995  
3455 Plymouth Blvd. Suite 250  
Plymouth, MN 55447  
T: (763) 559-7600  
E: csasik@embarqmail.com

Schlottke, SaeEun  
Delegate Category: Student Member  
Year Joined: 2014  
St. Paul, MN USA  
E: joyschlottke@gmail.com

Saunders, Timothy  
Delegate Category: Life Fellow  
Year Joined: 1978  
2700 Martin Luther King Jr. Blvd  
Detroit, MI 48208-2576  
T: 313-494-6750  
E: saundetr@udmercy.edu

Schneid, Thomas  
Delegate Category: Fellow  
Year Joined: 1995  
28402 Heritage Trail  
Boerne, TX 78015  
T: (210) 292-6959  
E: Thomas.Schneid@lackland.af.mil

Schaaf, Norman  
Delegate Category: Life Fellow  
Year Joined: 1965  
110 S. Jerge Drive  
Elma, NY 14059  
E: 2thdr@roadrunner.com

Schneider, Robert  
Delegate Category: Fellow  
Year Joined: 2009  
4124 Overlook Road, NE  
Solon, IA 52333  
T: 319.384.8655  
E: robert-schneider@uiowa.edu
Schreiner, James  
Delegate Category: Life Fellow  
Year Joined: 1992  
Sheppard AFB  
Wichita Falls, TX 76311  
E: jbschrein@aol.com

Seignermartin, Crystianne  
Delegate Category: Affiliate Fellow  
Year Joined: 2009  
1093 Anhaia Street  
Sao Paulo, - 01130  
T: 551129775043  
E: cryseigne@globo.com

Schweiger, James  
Delegate Category: Life Fellow  
Year Joined: 1968  
6154 Greenbrier Dr.  
Fayetteville, PA 17222  
E: boomer17222@comcast.net

Sellers, Krysta  
Delegate Category: Student Member  
Year Joined: 2011  
5927 Almeda Rd. #21314  
Houston, TX 77004  
E: kmann12@gmail.com

Segal, Aaron  
Delegate Category: Fellow  
Year Joined: 2005  
151 Westchester Hall  
Stony Brook, NY 11794-87069  
T: (631) 632-3952  
E: aaron.segal@stonybrook.edu

Shah, Chintan  
Delegate Category: Student Member  
Year Joined: 2011  
4062 elizabeth ave  
Canton, MI 48188  
E: cnshah2@gmail.com

Segall, Bernard  
Delegate Category: Life Fellow  
Year Joined: 1971  
2601 S. Bayshore Dr. Suite 760  
Miami, FL 33133-5460  
T: (305) 857-0990  
E: mbsegall@aol.com

Sharma, Arun  
Delegate Category: Fellow  
Year Joined: 1996  
707 Parnassus Ave D4000  
Box 0758  
San Francisco, CA 94143  
T: (415) 476-9135  
E: arun.sharma@ucsf.edu
Sharp, Bruno  
Delegate Category: Associate Fellow  
Year Joined: 2011  
2601 S. Bayshore Drive, #760  
Coconut Grove, FL 33133  
T: 305-857-0990  
E: bsharp@sharpdentistry.com

Shimada, Kelly  
Delegate Category: Student Member  
Year Joined: 2014  
11301 Wilshire Blvd  
Building 500  
Los Angeles, CA 90073  
T: 310-478-3711 x41088  
E: kelly.shimada@gmail.com

Sheridan, Paul J.  
Delegate Category: Fellow  
Year Joined: 1998  
14202 Y Street  
Omaha, NE 68137  
T: (402) 895-2085  
E: drsheridan@millardhillsdental.com

Shipman, Barry  
Delegate Category: Life Fellow  
Year Joined: 1974  
10180 West Bay Harbor Dr. 5C  
Miami, FL 33154  
T: (305) 864-5557  
E: bshipmandmd@earthlink.net

Sherman, Herbert  
Delegate Category: Life Fellow  
Year Joined: 1960  
5746 Crystal Shores Dr. #303  
Boynton Beach, FL 33437-5632  
T: (561) 495-5872

Shoajei, Azadeh  
Delegate Category: Student Member  
Year Joined: 2014  
Vancouver, BC  
E: azadehsh@dentistry.ubc.ca

Shifman, Arie  
Delegate Category: Life Affiliate Fellow  
Year Joined: 1978  
PO 1031  
Petach-Tikvah, Petach-Tikvah  
49110  
T: 972-3-931-7548  
E: drshifman@gmx.net

Shrestha, Binit  
Delegate Category: Student Member  
Year Joined: 2010  
Mahidol University, Faculty of Dentistry  
6th Yothi Street, Prayathai  
Bangkok, 10400  
T: +6622036555 ext 1310  
E: binit_shrestha@hotmail.com
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<td>Sia, Priscilla</td>
<td>Student Member</td>
<td>2014</td>
<td>Baltimore, MD USA</td>
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<td><a href="mailto:priscillasia@hotmail.com">priscillasia@hotmail.com</a></td>
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<tr>
<td>Singer, Michael</td>
<td>Fellow</td>
<td>1987</td>
<td>10215 Fernwood Road, Suite 600</td>
<td>(301) 493-9500</td>
<td><a href="mailto:msinger@aamp.com">msinger@aamp.com</a></td>
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<td>Sierra, Jose A.</td>
<td>Student Member</td>
<td>2014</td>
<td>Milwaukee, WI USA</td>
<td></td>
<td><a href="mailto:d.jose.sierra@gmail.com">d.jose.sierra@gmail.com</a></td>
</tr>
<tr>
<td>Singh, Raghuwar</td>
<td>Affiliate Fellow</td>
<td>2013</td>
<td>King George's Medical University UP</td>
<td>+91-9919089227</td>
<td><a href="mailto:raghuwards@rediffmail.com">raghuwards@rediffmail.com</a></td>
</tr>
<tr>
<td>Silverman, Sidney</td>
<td>Life Fellow</td>
<td>1953</td>
<td>347 W 57th St #29C</td>
<td></td>
<td><a href="mailto:sidneysilverman@excite.com">sidneysilverman@excite.com</a></td>
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<tr>
<td>Singh, Balendra Pratap</td>
<td>Affiliate Fellow</td>
<td>2013</td>
<td>Flat No. 101, New Teachers Apartment</td>
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<td><a href="mailto:balendra02@yahoo.com">balendra02@yahoo.com</a></td>
</tr>
<tr>
<td>Sinada, Ghassan</td>
<td>Associate Fellow</td>
<td>2012</td>
<td>6569 N Charles Street</td>
<td>443-519-5293</td>
<td><a href="mailto:info@marylandprostho.com">info@marylandprostho.com</a></td>
</tr>
<tr>
<td>Slighty, Brian</td>
<td>Student Member</td>
<td>2010</td>
<td>4014 Madison LN</td>
<td></td>
<td><a href="mailto:brian.corey.slighty@us.army.mil">brian.corey.slighty@us.army.mil</a></td>
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<td>Smith, Nicole</td>
<td>Associate Fellow</td>
<td>2011</td>
<td>12247 Netherwood Lane San Antonio, TX 78253</td>
<td>210-292-7892</td>
<td><a href="mailto:navazquez1208@yahoo.com">navazquez1208@yahoo.com</a></td>
</tr>
<tr>
<td>Sommerfeld, Robert</td>
<td>Life Fellow</td>
<td>1970</td>
<td>1893 Sheridan Rd Highland Park, IL 60035</td>
<td>(847) 432-3448</td>
<td></td>
</tr>
<tr>
<td>Smith, Rick</td>
<td>Fellow</td>
<td>1997</td>
<td>4567 E. Juanita Ave. Gilbert, AZ 85234</td>
<td>(480) 247-2625</td>
<td><a href="mailto:drrrmsmith@cox.net">drrrmsmith@cox.net</a></td>
</tr>
<tr>
<td>Somogyi-Ganss, Eszter</td>
<td>Student Member</td>
<td>2011</td>
<td>The University of Texas MD Anderson Cancer Center</td>
<td></td>
<td><a href="mailto:esomogyi@mdanderson.org">esomogyi@mdanderson.org</a></td>
</tr>
<tr>
<td>Smitha, Donald</td>
<td>Life Fellow</td>
<td>1983</td>
<td>812 Alderman Road Jacksonville, FL 32211</td>
<td>(904) 725-8282</td>
<td><a href="mailto:DLSMITHA@AOL.COM">DLSMITHA@AOL.COM</a></td>
</tr>
<tr>
<td>Somohano, Tanya</td>
<td>Student Member</td>
<td>2011</td>
<td>10833 Le Conte Avenue Los Angeles, CA 90095</td>
<td></td>
<td><a href="mailto:tanyasomohano@gmail.com">tanyasomohano@gmail.com</a></td>
</tr>
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<td>Snober, Bashar S.</td>
<td>Student Member</td>
<td>2014</td>
<td>Metairie, LA</td>
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<td><a href="mailto:bashar.snober@gmail.com">bashar.snober@gmail.com</a></td>
</tr>
<tr>
<td>Sooudi, Iradj</td>
<td>Life Fellow</td>
<td>1977</td>
<td>2018 Medical Center Drive Suite 309 Birmingham, AL 35209</td>
<td>(205) 877-2931</td>
<td><a href="mailto:iradj.sooudi@live.com">iradj.sooudi@live.com</a></td>
</tr>
</tbody>
</table>
Spyropoulou, Panagiota-Eirini
Delegate Category: Student Member
Year Joined: 2009
555 E. William Street, Apt 20F
Ann Arbor, MI 48104
T: 734-239-1311
E: penoula26@yahoo.gr

Sternberger, Sidney
Delegate Category: Student Member
Year Joined: 2010
87 Sealy Drive
Lawrence, NY 11559
E: Sid.Sternberger@gmail.com

Stanton, Angela
Delegate Category: Associate Fellow
Year Joined: 2009
6403B Whispering Loop
Anchorage, AK 99504
T: 210-323-7947
E: drangelastanton@hotmail.com

Stewart, Robert
Delegate Category: Fellow
Year Joined: 1996
19635 Mack Ave
Grosse Pointe Woods, MI 48236
T: (313) 882-8711
E: stewartdental1@sbcglobal.net

Steinberg, Howard
Delegate Category: Fellow
Year Joined: 1994
2385 N. Ferguson Ave. Suite 111
Tucson, AZ 85712
T: (520) 886-3030
E: DrSteinberg@tucsonsmile.com

Studer, Stephan
Delegate Category: Affiliate Fellow
Year Joined: 1999
University Hospital Zurich
Clinic for Maxillofacial Surgery
CH-8091 Zurich, Switzerland
T: 01141-44-4854433
E: tumorprothetik@gmail.com

Sternberger, Rebecca
Delegate Category: Student Member
Year Joined: 2014
Lawrence, NY USA
E: rebecca.sternberger@gmail.com

Sulaiman, Frankie
Delegate Category: Fellow
Year Joined: 2000
11011 Meridian Ave North
Suite 302
Seattle, WA 98133
T: (206) 522-5300
E: frankie@pacificprosthodontics.com
Sultan, Delsaz  
Delegate Category: Student Member  
Year Joined: 2014  
Pittsburgh, PA USA  
E: des131@pitt.edu

Svec, Barry R.  
Delegate Category: Associate Fellow  
Year Joined: 1992  
974 Seventy-Third Street  
Suite Four  
Windsor Heights, IA 50324  
T: (515) 252-8849  
E: svec@hotmail.com

Sumita, Yuka  
Delegate Category: Affiliate Fellow  
Year Joined: 2004  
1-5-45 Yusima  
Bunkyo-ku  
Tokyo, Japan 113-8549  
T: 81-5803-4757  
E: yuka.mfp@tmd.ac.jp

Synnott, Scott  
Delegate Category: Fellow  
Year Joined: 1989  
11503 Sunrise Valley Drive  
Reston, VA 20191  
T: (703) 860-3200  
E: drsynnott@verizon.net

Sutton, Alan  
Delegate Category: Fellow  
Year Joined: 1998  
13065 E. 17th Ave, Room 230  
Denver, CO 80230  
T: 303-724-8757  
E: alan.sutton@ucdenver.edu

Syros, George  
Delegate Category: Student Member  
Year Joined: 2009  
Houston, TX  
E: syros.george@gmail.com

Suzuki, Marcelo  
Delegate Category: Associate Fellow  
Year Joined: 2014  
1 Kneeland Street #449  
Boston, MA 02111  
T: 636-2438  
E: marcelo.suzuki@tufts.edu

Taft, Robert  
Delegate Category: Fellow  
Year Joined: 1993  
8901 Wisconsin Avenue  
Bethesda, MD 20889  
T: (301) 295-4001  
E: robert.m.taft.mil@health.mil
Tajbakhsh, Sharareh  
Delegate Category: Student Member  
Year Joined: 2009  
5505 15th Ave NE # 103  
Seattle, WA 98105  
E: shararet@uw.edu

Tatwadiya, Riddhi  
Delegate Category: Student Member  
Year Joined: 2013  
b148 Cravan hotel bakery road  
mhow  
Indore, 453441  
E: rtatwadiya@yahoo.com

Talwar, Garima  
Delegate Category: Student Member  
Year Joined: 2010  
10390 Swift Stream Place,  
Apt 310  
Columbia, MD 21044  
T: 203-559-8766  
E: gtalwar23@gmail.com

Taylor, Thomas  
Delegate Category: Life Fellow  
Year Joined: 1981  
263 Farmington Ave.  
Farmington, CT 06030-1615  
T: (860) 679-2649  
E: TTAYLOR@uchc.edu

Tan, Yinghan  
Delegate Category: Student Member  
Year Joined: 2010  
518 West Fayette Street  
Baltimore, MD 21201  
E: yinghan80@hotmail.sg

Tello, Carlos  
Delegate Category: Associate Fellow  
Year Joined: 2011  
2925 Oak Park Cir., Ste 200  
6252 Davis Blvd., Ste 200  
N Richland Hills TX 76180  
Fort Worth, TX 76109  
T: 817-281-9141  
E: tellobender@sbcglobal.net

Taniguchi, Hisashi  
Delegate Category: Affiliate Fellow  
Year Joined: 2004  
1-5-45 Yushima Bunkyo-ku  
Tokyo, #113-8549  
T: 011-81-3-5803-5553  
E: h.taniguchi.mfp@tmd.ac.jp

Terry, James  
Delegate Category: Life Fellow  
Year Joined: 1990  
5321 Val Verde St  
Houston, TX 77056  
E: jimterry31@yahoo.com
Thames, Walter  
Delegate Category: Associate Fellow  
Year Joined: 2014  
Drinkhouse Dental Clinic  
Bldg 2418  
Camp Hansen, AP  
E: Walter.thames@med.navy.mil

Timm, Leslee  
Delegate Category: Associate Fellow  
Year Joined: 2012  
La Crosse, WI USA  
E: lctimm@gundluth.org

Thomas, Tyler J.  
Delegate Category: Student Member  
Year Joined: 2014  
Farmington, CT USA  
E: tylerthomasdmd@gmail.com

Tindal, Benjamin  
Delegate Category: Student Member  
Year Joined: 2009  
3769 Summerwind Center  
Bradenton, FL United Sta  
E: btindal@dental.edu

Thompson, Frederick  
Delegate Category: Fellow  
Year Joined: 1990  
G-7237 Fenton Road  
Grand Blanc, MI 48439  
T: (810) 695-9444  
E: sthom40529@sbcglobal.net

Tofighbakhsh, Seyed M.  
Delegate Category: Student Member  
Year Joined: 2014  
Pittsburgh, PA USA  
E: set52@pitt.edu

Thomson, Joseph  
Delegate Category: Life Fellow  
Year Joined: 1960  
40 Fox Run  
Denville, NJ 07834-3032

Toljanic, Joseph  
Delegate Category: Fellow  
Year Joined: 1991  
1527 Brittany Court  
Darien, IL 60561  
T: (773) 702-9873  
E: Joseph.Toljanic@va.gov
Tomsett, Kelley  
Delegate Category: Fellow  
Year Joined: 2003  
3038 William Hardee Rd.  
BLDG 895  
Ft. Sam Houston, TX 78234  
T: 832-724-0939  
E: drkelley@flash.net

Tso, Vincent  
Delegate Category: Associate Fellow  
Year Joined: 2014  
627 Fremont Avenue  
South Pasadena, CA 91030  
T: 626-799-6255  
E: tsotjbn@yahoo.com

Tonseker, Priya  
Delegate Category: Student Member  
Year Joined: 2010  
20 Rivercourt Apt2105  
Jersey City, NJ 07310  
T: 917-406-6665  
E: pry_22@yahoo.com

Van Dongen, Craig  
Delegate Category: Fellow  
Year Joined: 1994  
372 Ives Street  
Providence, RI 02906-3929  
T: (401) 831-3777  
E: craig@cvd.necoxmail.com

Trainer, David  
Delegate Category: Allied Health Tech Auxiliary  
Year Joined: 2010  
5633 Strand Blvd #301  
Naples, FL 34110  
T: 239-254-1576  
E: davidtrainer@anaplastics.com

Vanblarcom, Andrew B.  
Delegate Category: Fellow  
Year Joined: 2008  
5000 West 95th Street  
Suite 290  
Prairie Village, KS 66207  
T: (913) 649-4946  
E: andrew.vanblarcom@sbcglobal.net

Trubowitz, Shelley  
Delegate Category: Life Fellow  
Year Joined: 1979  
69 Grove St  
New Canaan, CT 06840-5325  
E: shelleytrubowitz@yahoo.com

VanBlarcom, Cliff  
Delegate Category: Life Fellow  
Year Joined: 1981  
6834 Linden  
Prairie Village, KS 66208-1426  
T: (913) 432-5025  
E: cliffvanblarcom@msn.com
<table>
<thead>
<tr>
<th>Delegate Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vergo, Jr., Thomas</td>
<td>Delegate Category: Life Fellow</td>
<td>1980</td>
<td>#3 Post Office Square 9th Floor Boston, MA 02109</td>
<td>617-426-6011</td>
<td><a href="mailto:thomasvergo01@earthlink.net">thomasvergo01@earthlink.net</a></td>
</tr>
<tr>
<td>Villarreal, Eric</td>
<td>Delegate Category: Student Member</td>
<td>2010</td>
<td>5316 Crestedge Ln Rockville, MD 20853</td>
<td></td>
<td><a href="mailto:eric.villarreal@med.navy.mil">eric.villarreal@med.navy.mil</a></td>
</tr>
<tr>
<td>Vey Voda, Denise</td>
<td>Delegate Category: Associate Fellow</td>
<td>1995</td>
<td>123 South Street Oyster Bay, NY 11771</td>
<td>(516) 922-5730</td>
<td><a href="mailto:dveyvoda@gmail.com">dveyvoda@gmail.com</a></td>
</tr>
<tr>
<td>Vitter, Roger</td>
<td>Delegate Category: Fellow</td>
<td>2011</td>
<td>4228 Houma Boulevard 210 Metairie, LA 70006</td>
<td>504-883-3737</td>
<td><a href="mailto:Roger@rogervitterdds.com">Roger@rogervitterdds.com</a></td>
</tr>
<tr>
<td>Vierra, Matthew</td>
<td>Delegate Category: Student Member</td>
<td>2009</td>
<td>10126 Silverwagon San Antonio, TX 78254</td>
<td></td>
<td><a href="mailto:vierram@uthscsa.edu">vierram@uthscsa.edu</a></td>
</tr>
<tr>
<td>Von Gonten, Ann</td>
<td>Delegate Category: Fellow</td>
<td>1995</td>
<td>3 Corby Lane San Antonio, TX 78218</td>
<td>(210)221-6826</td>
<td><a href="mailto:ann.vongonten@us.army.mil">ann.vongonten@us.army.mil</a></td>
</tr>
<tr>
<td>Villalobos, Joe</td>
<td>Delegate Category: Fellow</td>
<td>2002</td>
<td>151 Bodin Circle Travis AFB, CA 94535</td>
<td>707-423-7055</td>
<td><a href="mailto:jose.villalobos@us.af.mil">jose.villalobos@us.af.mil</a></td>
</tr>
<tr>
<td>Wadud, MD. Asikul</td>
<td>Delegate Category: Student Member</td>
<td>2014</td>
<td>Soi youthi, Maxillofacial Prosthetics, Faculty of Dentistry, Mahidol University Bangkok, Mirpur 10400</td>
<td>66816157091</td>
<td><a href="mailto:asikul.wad@student.mahidol.ac.th">asikul.wad@student.mahidol.ac.th</a></td>
</tr>
</tbody>
</table>
Wagner, Stephen
Delegate Category: Fellow
Year Joined: 2003
801 Encino Place NE A3
Albuquerque, NM 87102-2639
T: (505) 232-3588
E: bigjawbone@mac.com

Walter, Leora
Delegate Category: Student Member
Year Joined: 2014
136-56 39th Ave
2nd Floor
Flushing, NY 11354
T: 718-670-1701
E: leora.walter@gmail.com

Wallace, Christine
Delegate Category: Affiliate Fellow
Year Joined: 2010
PO Box 533
Wentworthville, NSW 2145
T: 02 9845 7835
E: christine_wallace@wsahs.nsw.gov.au

Wang, Joy K.
Delegate Category: Student Member
Year Joined: 2014
Houston, TX USA
E: joy.k.hagan@uth.tmc.edu

Wallace, Ryan
Delegate Category: Student Member
Year Joined: 2010
1231 Yale St. #D
Santa Monica, CA 90404
T: 310-597-0715
E: rcwallac@ucla.edu

Ward, Geoffrey
Delegate Category: Student Member
Year Joined: 2014
8955 Wood Road
Bethesda, MD 20889-5628
T: 301-295-1550
E: geoffrey.l.ward.mil@health.mil

Walowitz, Charles
Delegate Category: Life Fellow
Year Joined: 1994
Brooklyn, NY USA
T: 410-336-1410
E: walowitz@aol.com

Warneke, Sydney
Delegate Category: Life Affiliate Fellow
Year Joined: 1976
Suite 5, 11th Floor, Farrer House
24 Collins Street
Melbourne, Victoria 3000
T: (03) 9 654-4842
(613 96544842)
<table>
<thead>
<tr>
<th>Name</th>
<th>Delegate Category</th>
<th>Year Joined</th>
<th>Address</th>
<th>T:</th>
<th>E:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waskewicz, Gregory</td>
<td>Fellow</td>
<td>1992</td>
<td>620 John Paul Jones Circle, Portsmouth, VA 23708</td>
<td>(757) 953-2707</td>
<td><a href="mailto:greg.waskewicz@med.navy.mil">greg.waskewicz@med.navy.mil</a></td>
</tr>
<tr>
<td>Wiens, Jonathan</td>
<td>Life Fellow</td>
<td>1984</td>
<td>6177 Orchard Lake Road, Suite 120, West Bloomfield, MI 48322</td>
<td>(248) 855-6655</td>
<td><a href="mailto:jonatwiens@comcast.net">jonatwiens@comcast.net</a></td>
</tr>
<tr>
<td>Wee, Alvin</td>
<td>Fellow</td>
<td>1999</td>
<td>2500 California Plaza, Omaha, NE 68178</td>
<td>(402) 280-4547</td>
<td><a href="mailto:alvingwee@gmail.com">alvingwee@gmail.com</a></td>
</tr>
<tr>
<td>Willet-Wenning, Bridget</td>
<td>Student Member</td>
<td>2010</td>
<td>263 Farmington Ave, Department of Reconstructive Sciences, Farmington, CT 06030-1615</td>
<td>860-679-1873</td>
<td><a href="mailto:BWillet@gde.uchc.edu">BWillet@gde.uchc.edu</a></td>
</tr>
<tr>
<td>Westover, Brock B.</td>
<td>Fellow</td>
<td>1988</td>
<td>1440 Twenty-Eighth Street, Number Three, Boulder, CO 80303-1030</td>
<td></td>
<td><a href="mailto:bbwestov@bellsouth.net">bbwestov@bellsouth.net</a></td>
</tr>
<tr>
<td>Williams, Earl</td>
<td>Life Fellow</td>
<td>1972</td>
<td>13505 Peseta Court, Corpus Cristi, TX 78418</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheeler, Robert</td>
<td>Life Fellow</td>
<td>1969</td>
<td>36987 South Stoney Cliff Drive, Tucson, AZ 85739-1904</td>
<td></td>
<td><a href="mailto:rwheelerjr@aol.com">rwheelerjr@aol.com</a></td>
</tr>
<tr>
<td>Wilson, Annie</td>
<td>Student Member</td>
<td>2010</td>
<td>3302 Gaston Ave, Dallas, TX 75246</td>
<td>214-828-8333</td>
<td><a href="mailto:annie_c_wilson@hotmail.com">annie_c_wilson@hotmail.com</a></td>
</tr>
</tbody>
</table>
Wilson, Richard  
Delegate Category: Student Member  
Year Joined: 2009  
11 S Eutaw St. Apt 1104  
Baltimore, MD 21201  
E: wilsonra77@yahoo.com

Won, Alex  
Delegate Category: Student Member  
Year Joined: 2010  
1346 4th Ave  
San Francisco, CA 94122  
T: 206-984-4178  
E: alex.won@ucsf.edu

Wilson Jr, William  
Delegate Category: Fellow  
Year Joined: 2006  
8901 Wisconsin Avenue  
Bethesda, MD 20889  
T: 301-295-5828  
E: william.o.wilson@med.navy.mil

Won, Alex  
Delegate Category: Fellow  
Year Joined: 2005  
1600 SW Archer RD D11-6  
PO Box 100435  
Gainesville, FL 32610-0435  
T: 352-392-4231  
E: fwong@dental.ufl.edu

Wiltz, II, Cramin  
Delegate Category: Student Member  
Year Joined: 2010  
1100 Florida Avenue  
New Orleans, LA 70119  
T: (504) 941-8184  
E: cwiltz@lsuhsc.edu

Wright, Robert  
Delegate Category: Fellow  
Year Joined: 1993  
335 Brauer Hall  
Campus Box 7450  
Chapel Hill, NC 27599  
T: (919) 537-3435  
E: robert_wright@unc.edu

Wolfaardt, John  
Delegate Category: Fellow  
Year Joined: 1984  
16940-87 Avenue  
Edmonton, T5R 4H5  
T: (780) 735-2660 or 735-2662  
E: johan.wolfaardt@albertahealthservices.ca

Wu, Guofeng  
Delegate Category: Fellow  
Year Joined: 2011  
145 Changle Xi Road  
Xi'an, Shaanxi 710032  
T: 086 029 84776465  
E: wuguofeng66@gmail.com
Wu, Henry
Delegate Category: Fellow
Year Joined: 1998
3334 Webster St.
Oakland, CA 94609
T: (510) 763-3711
E: wudentaloffice@yahoo.com

Yang, Yi-Ming
Delegate Category: Student Member
Year Joined: 2009
1011 N. University, Room 1378
Graduate Prosthodontics
Ann Arbor, MI 48109-1078
T: 734-709-5371
E: ymyang@umich.edu

Yadav, Jaiveer
Delegate Category: Student Member
Year Joined: 2014
B-61, Aakash Ganga, Appts PLOT-17, SEC-6
DWARKA, DELHI 110075
T: 91118860133673
E: jaiveer.yadav38@gmail.com

Yang, Ma
Delegate Category: Student Member
Year Joined: 2009
515 Delware St SE
9-176 Moos Health Science Tower
Minneapolis, MN 55455
T: 920-912-7161
E: marcieyang@hotmail.com

Yahya, Jenin
Delegate Category: Student Member
Year Joined: 2014
Baltimore, MD USA
E: j_yahya@umd.edu

Yen, Ting-Wey
Delegate Category: Fellow
Year Joined: 1990
4300 Long Beach Blvd
Suite 320
Long Beach, CA 90807
T: (562) 423-7878
E: dr.dreamsmile@gmail.com

Yancey, Eben
Delegate Category: Associate Fellow
Year Joined: 2012
4425 Cass Street
San Diego, CA 92109
T: 858-270-7749
E: eben@res-inc.com

Yepez, Johanna
Delegate Category: Student Member
Year Joined: 2011
6516 M.D. Anderson Blvd
Houston, TX 77030
T: 832-343-7094
E: johanna.yepez@uth.tmc.edu
Yerci, Begum
Delegate Category: Student Member
Year Joined: 2011
EGE UNIVERSITESI DIS
HEKIMLIGI FAKULTESI
PROTETIK DIS TEDAVISI
ANABILIM DALI-BORNOVA
35100-IZMIR, 35100
T: 01190232 3880327
E: dtyim@windowslive.com

Zavada, Richard
Delegate Category: Student Member
Year Joined: 2014
Rochester, MN USA
E: zavada.richard@mayo.edu

Yoo, Junghoon
Delegate Category: Student Member
Year Joined: 2009
Reconstructive Science
263 Farmington Ave
Farmington, CT 06030-1615
E: yoo@gde.uchc.edu

Zemnick, Candice
Delegate Category: Fellow
Year Joined: 2006
630 West 168th St
PH Stem, 7th Floor, Rm 121A
New York, NY 10032
T: 212-305-5682
E: czemnick@aol.com

Yu, Stacy
Delegate Category: Student Member
Year Joined: 2011
1435 S. Bundy Dr. Apt 5
Los Angeles, CA 90025
E: yusl@ucla.edu

Zeno, Helios
Delegate Category: Student Member
Year Joined: 2010
104-60 Queens Blvd. Apt 15-B
Forest Hills, NY 11375
E: heliosaz@gmail.com

Zaki, Hussein
Delegate Category: Life Fellow
Year Joined: 1983
615 Washington Rd. Suite 205
Pittsburgh, PA 15228
T: (412) 343-5515
E: hzaki238@comcast.net

Zokaie, Siam
Delegate Category: Student Member
Year Joined: 2009
4062 Elizabeth Ave.
Canton, MI 48188
T: 858-414-1747
E: siamzokaie@yahoo.com
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RES Seminars
4425 Cass St., Suite A
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aamp@maxillofacialprosthetics.org
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www.maxillofacialprosthetics.org