

Laser-Lok[®] microchannels

*Laser-machined microtexture
for enhanced peri-implant bone & soft tissue*

BIOHORIZONS[®]
SCIENCE • INNOVATION • SERVICE



Controlled cellular response

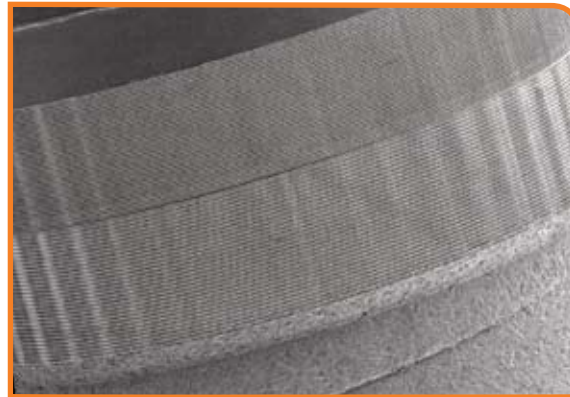
Laser-Lok microchannels are a series of precision-engineered 8 and 12 micron grooves on the collar of dental implants. This patented laser-textured surface is unique within the industry as the only surface treatment shown to inhibit epithelial downgrowth, attach and retain crestal bone and engineer a biological width¹ and tissue attachment.



Laser-Lok 8 micron channels inhibit epithelial downgrowth.



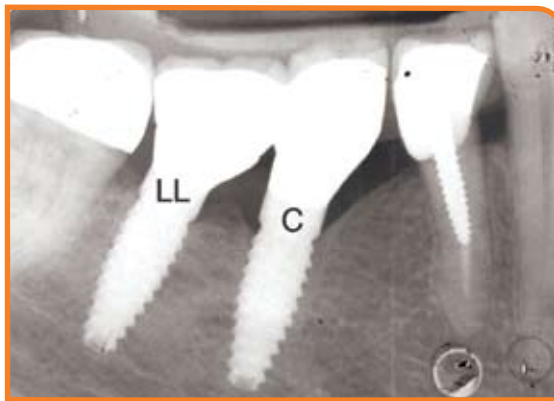
Laser-Lok 12 micron channels attach and retain crestal bone.



SEM of the Laser-Lok collar (8 and 12 micron channels).

15 years of evidence

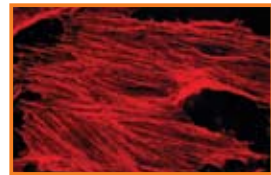
Laser-Lok microchannels are the result of over 15 years of research and documented studies at leading Universities. As part of the research, numerous *in vitro* and *in vivo* studies were conducted to (1) understand how bone and soft tissue cells react to various types of surface geometries and (2) evaluate how specific surface microgeometries affect crestal bone and the biologic width around dental implants.



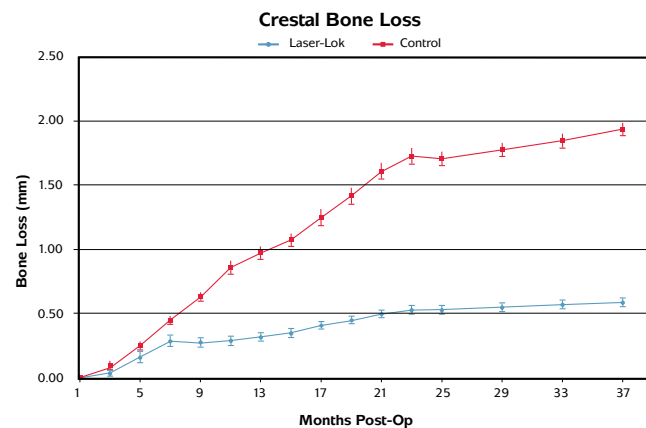
44 YO Male at 25 months post-op. Control (C); implant with Laser-Lok surface treatment (LL).



Fibroblasts on a 12 micron channeled surface.



Fibroblasts on a smooth surface.



Crestal bone loss, Laser-Lok vs. Control for 37 month follow-up. Error bars=standard error; $p < 0.005$ after month 5. Pecora et al. 2004.

Program Overview

Join us for the evening to learn more about Laser-Lok microchannels and the significant impact they are having on long-term implant esthetics. Each course will feature an in-depth review of the scientific research used to develop this technology. The review will be followed by a discussion from a leading clinician describing his clinical success with this new and exciting scientific breakthrough. Each course provides 2 CE credits.

Speakers

John Ricci, PhD

Stuart Froum, DDS

Michael Pikos, DDS

Maurice Salama, DMD

Craig Misch, DDS, MDS

Laser-Lok Evenings Cities & Dates

Pasadena, CA	November 15, 2007
Miami, FL	December 12, 2007
Palm Beach, FL	December 13, 2007
Los Angeles, CA	January 10, 2008
New York, NY	January 17, 2008
Houston, TX	February 20, 2008
Dallas, TX	February 21, 2008
Nashville, TN	March 18, 2008
Philadelphia, PA	March 20, 2008
Washington, DC	March 27, 2008
St. Louis, MO	April 17, 2008
Orlando, FL	April 24, 2008
San Francisco, CA	April 30, 2008

Reception 6:00-6:30PM

Lecture 6:30-8:30PM

Contact BioHorizons for additional cities and dates.

Course Fee: \$95

Space is limited,
please register early.

To reserve your spot, contact Lindy Griffin at:
205-986-1238
or by email at
lgriffin@biohorizons.com



AGD Disclaimer
BioHorizons is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry. The current term of approval extends from 5/31/06 to 5/31/2009.

Cancellation policy
Cancellations must be received at least 15 days prior to the course to receive a refund. Cancellations received with less than 15 days forfeit the fee. BioHorizons reserves the right to program cancellation if attendance is insufficient. Participants will be notified if a program is cancelled or rescheduled 15 days prior to the course date. In any event, BioHorizons will not be responsible or liable for expenses incurred by the registrant.

For more information on BioHorizons Laser-Lok technology,
including documented studies and the research behind it,
contact the BioHorizons customer care department at
888-246-8338
or visit us on the web at
www.biohorizons.com

Registration - fill out and fax this form back to 205-967-3181. Copy
this form before filling out for additional registrations.

Course City and Date: _____

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Total amount enclosed (\$95 per participant) _____

Credit Card Information - please complete registration and fax to 205-967-3181

Visa MasterCard AmEx

Credit Card# _____

Expiration Date: ____ / ____ / ____

Cardholder Name: _____

Signature: _____

Billing Address: _____

Check Information - please complete registration and mail to address below

Check (enclosed)
Make check out to:
BioHorizons

Mail To: Lindy Griffin
BioHorizons
2300 Riverchase Center
Birmingham, AL 35244