



"Prevention and Management of Dental Implant Complications"
Presented by Dr. Bart Silverman

Annual Business Meeting & CE Event

Friday, October 17, 2025

Rochester Yacht Club, 5555 St. Paul Blvd., Rochester, NY

Registration & Breakfast 7:30 am - Annual Business Meeting 8:15 am

Lecture 8:30 am-4:30 pm

7CE credits

Biography

Dr. Bart Silverman graduated *summa cum laude* from Fairleigh Dickinson University in 1982 and earned his doctorate in dental medicine from the Fairleigh Dickinson Jr. School of Dentistry in 1986. While in dental school, he was inducted into the prestigious Omicron Kappa Upsilon Honor Society. He completed his oral and maxillofacial surgery residency at Westchester County Medical Center in 1989, serving as chief resident in his final year. Dr. Silverman has been in private practice in New City, New York, for over 33 years, focusing exclusively on oral and maxillofacial surgery. He is a diplomate of both the American Board of Oral and Maxillofacial Surgery and the American Board of Oral Implantology. He currently serves as President of the American Board of Oral Implantology/Implant Dentistry. A respected educator and speaker, Dr. Silverman has been lecturing nationally and internationally on implant dentistry for over 25 years. He served as an attending physician at Westchester County Medical Center and as a Clinical Associate Professor at New York Medical College for more than 30 years. He is also an adjunct clinical associate professor at the Roseman University College of Dental Medicine and serves as Director of the Roseman University Salt Lake City Maxicourse in Implant Dentistry. Additionally, he is the Director of BWS Dental Seminars and co-editor of the textbook *Modern Implant Dentistry*.

Course Description

As implant dentistry continues to evolve and expand, the number of implants being placed has significantly increased, thanks in part, to advancements in techniques and the growing availability of local courses and mini-residencies. However, with increased volume comes a greater likelihood of encountering complications. This comprehensive course is designed to equip clinicians not only with the knowledge to place implants successfully but also with the essential skills to diagnose, prevent, and manage common complications that may arise. Participants will explore both surgical and restorative challenges through a methodical, evidence-based, step-by-step approach that can be readily applied in everyday clinical practice. Whether you are early in your implant journey or seeking to strengthen your management strategies, this course provides practical insights to enhance patient outcomes and confidence in handling complications.

Learning Objectives

At the end of this course, participants will be able to:

- Learn how medical history and medications can affect implant treatment
- Understand treatment plans and minimize surgical and restorative complications
- Treat common implant complications and understand how to manage intraoperative and postoperative surgical complications
- Learn a predictable method for socket grafting and be able to discuss options if grafting doesn't heal with sufficient bone to place implants
- Discuss full arch

The Seventh District Dental Society is an ADA CERP-recognized provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at CCEPRADA.org.



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Program Cost:

\$338.00 credit card / \$325.00 check for ADA Member Dentist
\$546.00 credit card / \$525.00 check for ADA Non-member
\$234.00 credit card / \$225.00 check for Retired, Staff, or Spouse
\$120.00 credit card / \$115.00 check for Resident

Course Credit: 7CE Credit Hours

Name: (please print) *Attach a list of additional attendees if necessary*

Mailing Address: _____

Phone #: _____
ADA #: _____

Email Address (for registration confirmation): _____

Payment Method:

Please make checks payable to: **Seventh District Dental Society**
155 Culver Road, Suite 200, Rochester, NY 14620

Cancellation policy: Cancellation requests may be submitted by phone, (585) 385-9550, or emailed to ahughes@7dds.org. A full refund must be requested (7) seven business days before the event.

Total Fee: \$ _____

