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Drs. Jeffrey Ganeles, Frederic Norkin, and Samuel Zfaz talk about their group practice

**What can you tell us about your background?**

Jeff Ganeles: I grew up in the Northeast and have lived in most of the major cities between Washington and Boston. I moved to Florida and joined my current practice 20 years ago. I've been married for 26 years and have two children, one about to graduate from college and the other completing his freshman year.

Fred Norkin: I was raised in South Florida. I earned a BA in history from Emory University in Atlanta, Georgia, before going on to Tufts University School of Dental Medicine in Boston, Massachusetts. I've been married for six years and have two children, 4 and 2 years old.

Samuel Zfaz: I'm originally from Mexico City. My father is a prosthodontist there with a successful practice, and I have been around dentistry since I could walk. I went to dental school in Mexico City and graduated first in my class, which opened the doors to specialty training in the United States.



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**When did you decide to become a specialist and why?**

Jeff Ganeles: I had many options after dental school but was not sure what I wanted to do in my profession, so I seized the opportunity to do a General Practice Residency (GPR) at the Hospital of the University of Pennsylvania. My goal was to become a very well-trained general dentist and do all aspects of dentistry in a private practice environment. The GPR gave me a great opportunity to round out my diagnostic skills and medical knowledge, learn emergency management and generally improve my clinical skills. As the residency progressed, I realized that I was not going to gain the expertise in any one area if I stayed a general

dentist and that I really wanted to have a depth of expertise and knowledge in a particular specialty. Eventually, I narrowed my focus to periodontics.

Fred Norkin: During my undergraduate dental training, I knew that I wanted to become a specialist, but was torn between endodontics and periodontics. After dental school, I did a GPR at the Miami Veterans' Administration Hospital. I fell in love with surgery as soon as I started the program. I loved the fact that periodontists are to some degree primary care doctors while still practicing a surgical specialty. I found periodontics to be a unique specialty where I could develop long-term relationships with my patients and participate in interdisciplinary care with nearly every patient. Given these parameters, becoming a periodontist was an easy decision.

Samuel Zfaz: After dental school, I did an Advanced Education in General Dentistry (AEGD) program at Boston University, and during that year it became clear that I wanted to become a periodontist.

### **Is your practice limited to solely implant dentistry or do you practice other types of dentistry?**

Jeff Ganeles: I practice periodontics and particularly enjoy the regenerative aspects of the field.

Fred Norkin: Implant dentistry plays a large role in my practice.

However, I enjoy newer techniques in periodontics, such as minimally invasive surgery.

Samuel Zfaz: We are periodontists, after all, and diagnosis and treatment of periodontal disease is still very much a big part of our daily clinical activities.

### **Why did you decide to focus on implants?**

Jeff Ganeles: During my GPR, the proceedings of the original Branemark Symposium in Toronto were published. This opened my eyes to the science and predictability of the "new" age of implant dentistry. The idea that implant dentistry was positive, constructive, and offered tremendous patient benefit was exciting. The fact that there was significant documentation and science behind it was invigorating. The biology and surgical techniques were similar to periodontics and meshed well with my interests, skills, and expertise.

Fred Norkin: I trained in an era in which implant dentistry was increasingly considered the standard of care. During my residency, I found the knowledge of literature to be the most powerful tool in our profession. That said, peer-reviewed studies combined with practical experience confirm that implant therapy is a predictable treatment modality. This blends well with my patient population—vibrant baby boomers who are focused on their health, esthetics, and active lifestyles. Given this group's history of compromised dentitions due to "re-restoration," implant dentistry is a perfect fit.

Samuel Zfaz: Our focus is to perform comprehensive treatment planning; implants are a huge part of that because of their long-term predictability. We excel at treating complex multidisciplinary cases and these, more often than not, require implant-supported restorations and all the procedures that accompany them. Focusing on dental implants is a requirement for successful treatment planning and execution in today's dentistry.



### **Do your implant patients come from referrals?**

Most patients are either referred by other patients or other dentists.

### **How long have you been performing Implant Dentistry and what systems do you use?**

Jeff Ganeles' first implant was placed in 1987, Fred Norkin's was in 1997, and Samuel Zfaz's was in 2000. They all currently use Straumann®, Astra Tech, and Nobel Biocare™.

### **Tell us more about the training you have undertaken**

Jeff Ganeles: My residency did not include formal implant training. My first course was a 1-year continuing education (CE) course that was given while I was a resident in periodontics. Since then, I've become a CE junkie, attending hundreds of courses and meetings on implants. First, these were manufacturer-organized courses. Later, they were organizational courses put on by the AAP (American Academy of Periodontology), AO (Academy of Osseointegration), ITI (International Team for Implantology), or academic institutions. I am also a voracious reader and learn through journals and books.

Fred Norkin: My initial training was hands-on during my GPR. During this period, I placed a number of implants under the supervision of faculty periodontists, oral and maxillofacial surgeons, and prosthodontists. However, my ensuing 3-year postgraduate program in periodontics afforded me formal training, including clinical and didactic training. Additionally, I continue

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to update my knowledge base via continuing dental education through the AO, and world symposiums such as those sponsored by the ITI and Astra Tech. I also read multiple peer-reviewed journals.

Samuel Zfaz: I have a certificate in periodontics and am a Diplomate of the American Board of Periodontology. In addition, I completed a fellowship in prosthodontics and had the previous restorative experience from the AEGD. Although I don't practice restorative dentistry, it has been invaluable training, because we do our own temporaries for immediate-load cases.

### **Who has inspired you?**

In no particular order: Morton Amsterdam, D. Walter Cohen, Edwin Rosenberg, Herman Corn, Jan Lindhe, Sture Nyman, Marvin Rosenberg, Danny Buser, David Cochran, Robert Levine, Robert Jaffin, Tom Wilson, Lyndon Cooper, Will Martin, Dean Morton, Dennis Tarnow, Stuart Froum, Paul Rosen, Leonard Garfinkel, Dean Morton, David Cochran, and Sigmund Stahl.

### **What is the most satisfying aspect of your practice?**

Jeff Ganeles: I love exceeding patient's expectations in achieving results. I have developed methods to quickly and relatively painlessly convert an anxious patient with a mutilated dentition into a healthy fixed dentition within 24 hours. The best part of this is that patients often don't believe this can be done and frequently have seen other dentists who have told them it is impossible. I love to watch patients smile for the first time with their new teeth.

Fred Norkin: The gratitude of patients who appreciate the effort that has gone into their care.

Samuel Zfaz: The moment right after delivering a full-arch or anterior immediate-load temporary and I allow the patient to see him/herself in a full length mirror—the "wow" moment where they can see themselves changed keeps me coming back to work.

### **Professionally, what are you most proud of?**

Jeff Ganeles: I am very proud of the fact that I have significantly contributed to the idea that early and immediate loading of dental implants is safe, predictable, and rational for many patients in all sorts of clinical situations. This has been shown in all the professional recognition I received, such as in being invited to speak at virtually every major dental organization in the United States and several in Europe. It is also why I was the implant surgeon on ABC's reality TV show "Extreme Makeover" and a similar show in the United Kingdom called "Brand New You." This has grown from my professional publications and contributions to scientific literature.

Fred Norkin: At Florida Institute for Periodontics & Dental Implants, we always provide our patients with ideal care.

Samuel Zfaz: Being counted on by my referring doctors as a reference for treatment planning, implants, and periodontics, and being an indispensable part of their team.



### **What do you think is unique about your practice?**

The doctors and staff share a unique camaraderie and dedication to excellence that is noticeable. We excel at providing individualized, personalized care for patients with periodontal and implant dentistry-related problems. We believe that unless there are extreme extenuating circumstances, tooth replacements should be fixed, not removable, and will do whatever we reasonably can to ensure successful results. We base our treatment decisions on evidence, experience, and science and go to great lengths to document and analyze our results in order to improve patient outcomes. We are innovative and often among the first to offer

new treatments or procedures based on solid science and evidence. Our philosophy of care, customer care, technology (i-CAT®, Perioscope, planning software), and our ability to deliver and manage our own temporaries in immediate load cases sets us apart.

### **What has been your biggest challenge?**

Jeff Ganeles: I don't excel at the business or organizational side of practice management. I also have difficulty declining professional opportunities and lose family or personal time because of poor balance. Fred Norkin: The gratifying challenge in balancing work and family time. To practice at a high level requires extra hours, both in the office and attending CE programs out of town. This is often at the expense of family time.

Samuel Zfaz: Growing my practice.

### **What would you have been if you didn't become a dentist?**

Jeff Ganeles: The older I get, the more I would like to be in academics. I might have focused on materials science or bioengineering. My only problem is that I had a tough time in college with math and chemistry. Maybe maturity and perspective would motivate me now.

Fred Norkin: I am certain that I would have pursued a degree in modern Middle Eastern history. I love it! I don't know if I would have remained in academics or joined a political action committee. In either case, I would have loved the challenge.

Samuel Zfaz: I would have been an architect or engineer.

### **What is the future of implant dentistry?**

Jeff Ganeles and Fred Norkin: The future is generally bright, with increasing demand for services and ever-improving materials. There is also a dark side to the future, and that will revolve around the exploding problem of implant complications. Too many untested products are being put into too many vulnerable patients and sites by too many inadequately trained dentists. There needs to be more recognition of what constitutes a "straightforward" case and what is "complex." Quickly trained dentists often cannot recognize the tough cases in advance.

Samuel Zfaz: Implantology has reached its second evolution; we are now achieving the same results with fewer, stronger implants in half the time than 15 years ago. The future of implant dentistry will see a refinement of computer-generated guides, a refinement of CAD/CAD systems and new alloys to the point where their predictability and porcelain bond will have them replacing cast PFM restorations. We should be planning rehabilitations supported by a reduced number of implants, restored with stronger longer-lasting materials.

### **What are your top tips in maintaining a successful implant practice, and what advice would you give to budding implant dentists?**

Jeff Ganeles: For me, it is critically important to keep learning and evolving. For a new implant dentist, there is a huge volume of information to learn. Attending sophisticated implant meetings and/or buying the DVD's of the lectures is a pretty efficient method to learn.

Fred Norkin: The best method to improve and evolve is to photograph your cases with a good camera and critically evaluate your results. It doesn't matter that the patient didn't notice or complain about the compromises. We dentists should be more critical! Assess if gingival margins are symmetrical, if there is recession, if the contours are too flat, then figure out what you would do differently the next time to correct these deficiencies.

Samuel Zfaz: Our success comes from being thorough; comprehensive examinations are done for every patient, including i-CAT® scans for every implant consultation. We make a difference by listening to our patients and establishing desired outcomes and making sure that they understand treatment. We rely strongly on treatment coordinators once a treatment plan has been established to coordinate logistics so that doctor time is open for treatment or consultations.

### **What are your hobbies and what do you do in your spare time?**

Jeff Ganeles: I love to ski and be in the mountains, particularly with my family. I am a mediocre golfer, tennis player, and decent photographer. I also enjoy travelling.

Fred Norkin: I love to play tennis and spend time with my family. Although I love my career, my best days are with my wife and children. When time allows, I'm a pretty good golfer, but these days it's rare that I find time to play.

Samuel Zfaz: Wines, flying, skiing.

**Bios:** Jeffrey Ganeles, DMD, Frederic Norkin, DMD, and Samuel Zfaz, DDS, are partners in the Florida Institute for Periodontics & Dental Implants located in Boca Raton and West Palm Beach. Their 17 employees include two Directors of Professional Services, a Director of Operations, a Public Relations Coordinator, four admins, six surgical assistants, and three hygienists. They can be reached at (561) 912-9993 or [mailbox@perio-implant.com](mailto:mailbox@perio-implant.com).

### **Top 10 List**

1. Straumann implants
2. Astra Tech implants
3. Nobel Biocare™ implants
4. Infuse® Bone Graft (Medtronic)
5. Bio-Gide® resorbable bilayer collagen membrane (Osteohealth®)
6. Bio-Oss Collagen® (Osteohealth®)
7. Ossix™ Plus resorbably collagen membrane (OraPharma, Inc.)
8. RegenerOss™ Allograft Putty (FDBA; BIOMET 3i™)
9. Gem 21S® (Osteohealth®)
10. Straumann® Emdogain