

Watson Guide IP, LLC
Patent No. 11,806,209 – PGR2024-00040

Filed on behalf of Watson Guide IP, LLC
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UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

3D DIAGNOSTIX, INC.,

Petitioner,

v.

WATSON GUIDE IP, LLC

Patent Owner

Case PGR2024-00040
U.S. Patent No. 11,806,209

DECLARATION OF JEFFREY A. ELO, DDS, MS, FACS

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I, Dr. Jeffrey A. Elo of Trabuco Canyon, California, declare as follows:

I. BACKGROUND AND QUALIFICATIONS

1. My experience and qualifications are summarized in my curriculum vitae, a copy of which is provided as Exhibit 2008.

2. I have been retained as a technical expert by Patent Owner Watson Guide IP, LLC to study and provide my independent opinions regarding the technology claimed in U.S. Patent No. 11,806,209 (“the ‘209 Patent”). I am competent to testify under oath, and will do so if called as a witness, as follows herein.

3. I obtained my Doctor of Dental Surgery degree from Indiana University School of Dentistry. I then completed a four-year hospital-based advanced dental education residency training in the specialty of Oral and Maxillofacial Surgery at Loma Linda University Medical Center and School of Dentistry. I obtained a Master of Science degree from Loma Linda University School of Dentistry with a thesis entitled, "Implant Success in Distracted Versus Autogenous Grafted Sites."

4. I am currently a tenured full professor and the Drs. Daljit and Elaine Sarkaria Professor of Advanced Oral Diagnosis and Therapeutics at the Western University of Health Sciences College of Dental Medicine. I also maintain a faculty appointment as an assistant professor within the Department of Oral and

Maxillofacial Surgery at Loma Linda University School of Dentistry. I have active hospital staff appointments at Loma Linda University Medical Center and Loma Linda University Children's Hospital.

5. I am a Diplomate of the American Board of Oral and Maxillofacial Surgery, have served as a board examiner for the American Board of Oral and Maxillofacial Surgery since 2014, and have been a delegate for the American Association of Oral and Maxillofacial Surgeons' House of Delegates since 2013. I am a past president of the California Association of Oral and Maxillofacial Surgeons. I have been the Editor-in-Chief of The California Journal of Oral and Maxillofacial Surgery since 2010. I am a Fellow of the American College of Surgeons, American College of Dentists, and International College of Dentists. I have authored over 160 publications, abstracts, and poster presentations, and I am the author of Oral Surgery for Dental Students: A Quick Reference Guide.

6. *Prior Expert Testimony:* I have previously testified as an expert in dental malpractice litigation. A list of the cases that I have testified in during the last four years can be found at Attachment A.

7. My education and experience have given me specialized expertise in the fundamentals, principles, and technologies associated with dental implant procedures and surgical guides.

II. INTRODUCTION

8. I have been asked by counsel to review relevant materials and render my expert opinion in connection with technical matters in response to the Petition for Post Grant Review of U.S. Patent No. 11,806,209 (“the ‘209 Patent”). I am competent to testify about the matters set forth herein. All of the facts and statements contained herein are within my personal knowledge and/or within my field of expertise, and they are true and correct to the best of my knowledge.

9. This Declaration contains a summary of my opinions, with supporting explanations, concerning the patentability of the ‘209 Patent. I have been asked to address certain aspects of Dr. Douglas Erickson’s testimony and the positions of Petitioner in this PGR. If I do not address a specific issue or opinion offered by Dr. Erickson or Petitioner, this does not imply or suggest I agree with such an issue or opinion.

10. I understand that the parties in this matter are 3D DIAGNOSTIX, INC. (“Petitioner” or “3D”) and Watson Guide IP, LLC (“Patent Owner” or “Watson”). I understand that Watson owns the ‘209 Patent, and 3D is seeking cancellation of Claims 1-3, 5-7, 10-14 and 16-17 of the ‘209 Patent. I understand that Watson has disclaimed claims 11 and 13, but that remaining claims 1-3, 5-7, 10, 12, 14 and 16-17 remain at issue in these PGR proceedings.

III. COMPENSATION

11. I am being compensated for my services at my standard rates, as shown in Attachment B. My compensation is not dependent on the outcome of my analysis, the outcome of this matter, or the specifics of my testimony. I have no financial interest in 3D or Watson or the ‘209 Patent.

IV. CHALLENGED CLAIMS AND GROUNDS IN PGR

12. I understand the grounds of unpatentability which are being considered are as follows:

Ground 3: Whether Claims 1–3, 7, 10, 12, 14, and 16–17 are obvious under §103 by Llop (EX1006) and Sichuan (EX1008).

Ground 4: Whether Claims 1–3, 7, 10, 12, 14, and 16–17 are obvious under §103 by Llop (EX1006) and Sichuan (EX1008) in view of Groscurth (EX1011).

Ground 5: Whether Claims 1–3, 7, 10, 13–14 and 16–17 are obvious under §103 over Llop (EX1006) and Yau (EX1010).

Ground 6: Whether Claims 1–3, 7, 10, 13–14 and 16–17 are obvious under §103 by the Combination of Llop (EX1006) and Yau (EX1010) in View of Groscurth (EX1011).

Ground 7: Whether Claims 5, 6 and 12 are obvious under §103 by the Combination of Llop (EX1006), Sichuan (EX1008) and Scherer (EX1012, EX1013).

Ground 8: Whether Claims 5, 6 and 12 are obvious under §103 by the Combination of Llop (EX1006), Sichuan (EX1008) and Scherer (EX1012, EX1013) in View of Groscurth (EX1011).

V. MATERIALS CONSIDERED

13. I have reviewed the documentation listed below discussed in this Declaration. I have also relied on my education, background, and experience.

- a. U.S. Patent No. 11,806,209 (EX1001);
- b. Declaration of Douglas Erickson, DDS, MS (EX1003);
- c. U.S. Patent Application Publication No. 2017/0252126 to Llop (“Llop”) (EX1006);
- d. China Patent Application Publication No. CN 105686886A to Sichuan University (“Sichuan”)(EX1008);
- e. Certified translation of Sichuan (EX1009);
- f. U.S. Patent Application Publication No. 2017/0265963 to Yau (“Yau”) (EX1010);
- g. U.S. Patent No. 9,504,533 to Groscurth (“Groscurth”) (EX1011);

- h. Scherer, “Clinical Demonstration: All-on-4 nSequence Guided Prosthetics Surgical Technique with Zest Anchors Chairside Attachment Processing Material”,
<https://www.youtube.com/watch?v=VOWRdFpfngI>, posted October 23, 2015 (accessed May 21, 2024) (“Scherer”) (Part 1) (EX1012); and
- i. Scherer, “Clinical Demonstration: All-on-4 nSequence Guided Prosthetics Surgical Technique with Zest Anchors Chairside Attachment Processing Material”,
<https://www.youtube.com/watch?v=VOWRdFpfngI>, posted October 23, 2015 (accessed May 21, 2024) (“Scherer”) (Part 2) (EX1013).
- j. The Declaration of Alan Banks (EX2006).
- k. The New Webster’s Dictionary Definition of “Surround” (EX2002).
- l. The Oxford English Dictionary Definition of “Surround (EX2003).
- m. The Merriam-Webster Dictionary Definition of “Surround” (EX2004).
- n. The Dictionary.com Definition of “Surround” (EX2005).

VI. LAW OF OBVIOUSNESS

14. I am not an attorney. For the purposes of this Declaration, I have been informed about certain aspects of the law that are relevant to my opinions. My understanding of the law is summarized below.

15. I understand that determining whether a patent claim is valid requires a two-step analysis. First, the claim must be construed. Second, the properly construed claim must be compared to the prior art.

16. I understand that claim construction is a matter of law and that the final claim constructions for this proceeding will be determined by the Patent Trial and Appeal Board.

17. I understand that in the context of a post grant review, claims are construed from the perspective of a person of ordinary skill in the art at the time of the purported invention (which is approximated based on the earliest priority date of the patent).

18. I understand that a claim can be invalid if it would have been obvious to a person of ordinary skill in the field of the invention. I understand that the following factors must be evaluated to determine whether the claimed invention is obvious: (1) the scope and content of the prior art; (2) the differences between the claimed invention and the prior art; (3) the level of ordinary skill in the art as of the filing of the original application; and (4) any additional considerations – such as

commercial success of the claimed invention, long-felt need that the claimed invention satisfied, failure by others to solve the problem addressed by the invention, copying of the claimed invention by others, unexpected results from the claimed invention, and praise of the claimed invention by others – that indicate the invention was not obvious.

19. I also understand that there needs to be a necessary nexus between the evidence of the additional considerations and the claimed invention. To establish a nexus, the patentee must demonstrate that the secondary indicia are “reasonably commensurate in scope with the claims” and are directly attributable to the merits of the claimed invention—not to other factors like marketing, brand recognition, or unrelated product features. I understand that a presumption of nexus applies when: the objective evidence is tied to a product that embodies the claimed invention, and the product’s success or performance is due to the claimed features, not unclaimed or external factors.

VII. OVERVIEW OF THE ‘209 PATENT

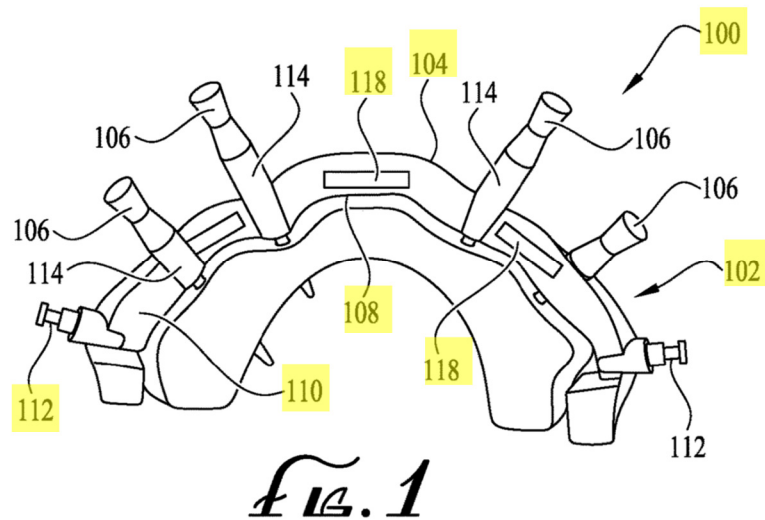
20. The ‘209 patent provides an apparatus and method for permanently installing a multi-tooth dental prosthesis. The apparatus uses a preconfigured fixation base that removably attaches to the front of a patient’s jaw and contains attachment elements for additional preconfigured dental guides. Preconfigured dental guides that may be used with the fixation base may include a mouthpiece

that surrounds at least a portion of the teeth of a patient for locating the fixation base, a bone reduction guide to assure proper recontouring of bone tissue, a drill guide for drilling holes in a patient's jaw for placement of implants and abutments for a dental prosthesis, and an abutment guide for abutment placement. The fixation base locates the other dental guides precisely for the dental procedure, improving the efficiency and accuracy of the procedure. As a result, the '209 patent enables faster and better surgeries with less complications.

21. While multi-tooth prostheses have been developed for anchorage via implants, prior methods and apparatuses for accomplishing such installations are complex and require considerable time for completion. The '209 patent provides dentists with a preplanned, predictable guided surgery for multi-tooth dental prostheses.

22. The '209 patent teaches a fixation base that is configured and dimensioned to fit in front of the maxillary or mandibular bone structure of a patient. The fixation base is removably fastened to the front of the maxillary or mandibular bone structure of a patient and contains attachment elements for attachment of dental guides used during prosthesis installation.

23. A representative embodiment of the claimed invention is depicted in Figure 1 of the '209 patent:



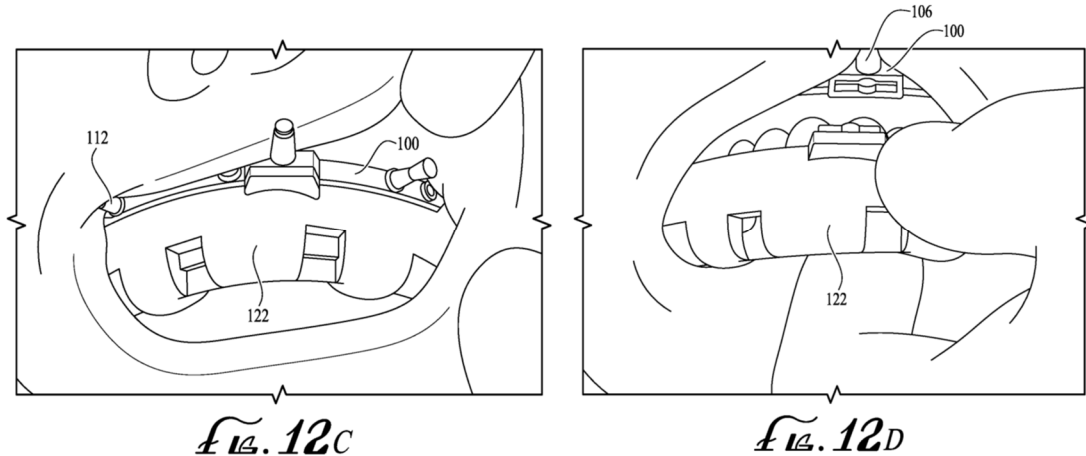
24. The fixation base 100 has a generally arcuate base member 102 with a front surface 104. The front surface 104 has a plurality of fasteners 112. The fixation base 100 also has a rear surface 108 configured to fit against a maxillary or mandibular bone structure of the patient. The fixation base 100 also has a horizontal surface 110 bearing attachment elements 106 for attachment of a dental guide used during a prosthesis installation. EX1001, 4:4-12.

25. The fixation base 100 is used with a mouthpiece guide 122 configured and dimensioned to surround teeth of the patient. EX1001, 4:61-67. The mouthpiece guide 122 is attached to the fixation base 100 and then placed on a patient's teeth to position the fixation base "with sufficient precision to assure successful installation of dental prosthesis." EX1001, 5:8-10. The fixation base 100 is then affixed to the front of the maxillary or mandibular bone structure of a patient, such as by using holes drilled in the maxillary or mandibular bone

structure and then pins that are driven through the fixation base 100 and into the maxillary or mandibular bone structure.

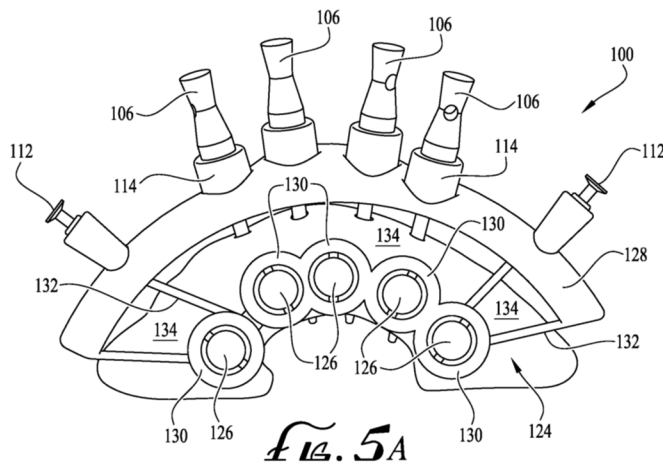
26. Once the fixation base is attached to the front of the maxillary or mandibular bone structure, the mouthpiece guide 122 is removed from the fixation base 100. EX1001, 8:6-19. “Including the mouthpiece enhances accuracy and geometric integrity of the installation, when compared to placing and relying solely on fixation base 100. It also enables fixation base 100 to be of minimal bulk, thereby affording better viewing of the procedure by the dental personnel.” EX1001, 6:66-7:4. Figures 12C-12D reproduced below illustrate the mouthpiece guide 122 and its use.

27. Fig. 12C shows the fixation base 100 with the mouthpiece guide 122 properly fitted on a patient’s teeth and with holes drilled and hammered in insertion pins 112. EX1001, 8:11-15. Fig. 12D shows the fixation base 100 once secured and having the mouthpiece guide 122 removed by unlocking the pins 106 and removing the mouthpiece guide. EX1001, 8:16-19.

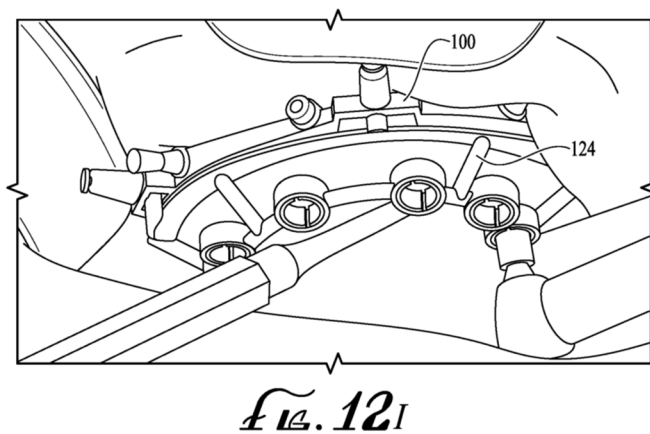


28. Once the fixation base is attached to the front of the maxillary or mandibular bone structure, the teeth are removed, and the maxillary or mandibular bone is reshaped. A bone reduction guide may be attached to the fixation base and used to guide bone reshaping. Alternatively, a surface of the fixation base itself may be used to guide bone shaping. EX1001, 7:5-15, 8:18-22.

29. Once the bone has been reshaped, a drill guide 124 is attached to the fixation base 100 for guiding the drilling of holes for implants. The drill guide 124 is attachable to fixation base 100 in a position wherein the drill guide is in vertical registry with the maxillary or mandibular jaw bone. As shown in Fig. 5A reproduced below, the drill guide 124 may include a seating feature cooperating with attachment elements 106 of the fixation base 100 and a plurality of generally vertical bores 126 corresponding in location to and in axial registry with intended implant sites. EX1001, 5:18-43.



30. As shown in Fig. 12I, Using the drill guide 124, a surgeon drills holes and installs implants into the maxillary or mandibular bone of the patient.



31. After the holes are drilled and the implants 16 installed, the surgeon removes the drill guide 124 and attaches an abutment guide 136 to the fixation base 100. EX1001, 5:44-51. An illustration of an abutment guide is shown in Fig. 12K below.

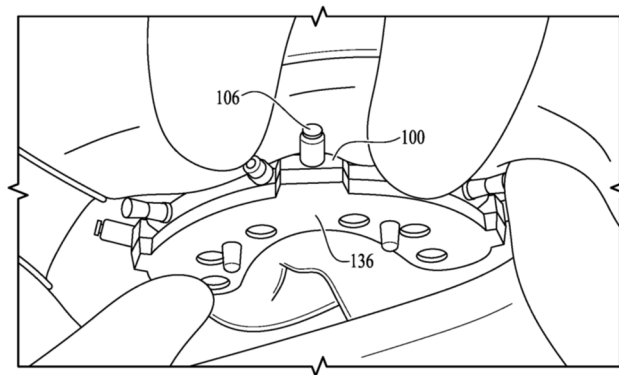


Fig. 12K

32. Abutments 18 are then attached to implants 16 through bores 138 in the abutment guide 136. EX1001, 5:44-51, 7:21-29. Ultimately, the abutment guide 136 is removed, the prosthesis is mounted to the abutments 18 to complete installation of the multi-tooth prosthesis. EX1001, 7:30-8:5.

33. Throughout the procedure the presence of the fixation base 100 on the front of the maxillary or mandibular bone of the patient allows for clear views of the surgical site as shown in Fig. 8 below.

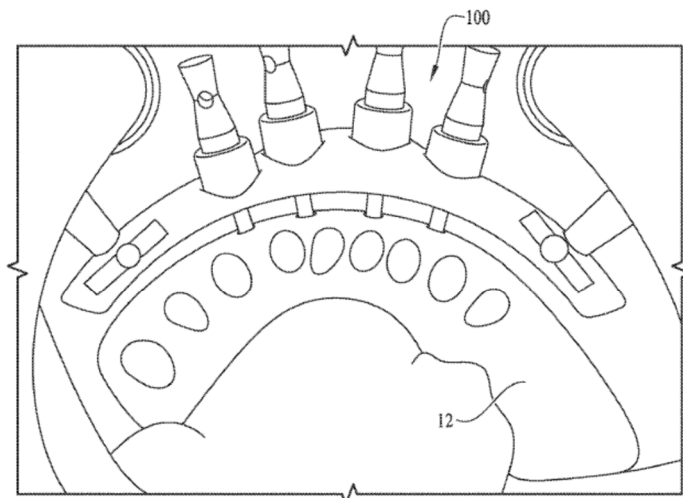


Fig. 8

VIII. LEVEL OF ORDINARY SKILL IN THE ART

34. I understand that a person of ordinary skill in the art is a hypothetical person skilled in the art, not a judge, a layperson, a person skilled in the remote arts, or a genius in the art at hand. This person of ordinary skill is an individual who is presumed to be one who thinks along the lines of conventional wisdom in the art at the time of the invention and is not one who undertakes to innovate, whether by extraordinary insight or systematic research. This person of ordinary skill is also a person of ordinary creativity, not an automaton.

35. Relevant factors in determining the level of ordinary skill in the art include the educational level of the inventor and those who work in the field. Other considerations include various prior art approaches employed in the art, types of problems encountered in the art, the rapidity with which innovations are made, and the sophistication of the technology involved. Not all considerations may be present in every case, and the education level of inventors is not itself conclusive.

36. I agree with Dr. Erickson and believe that a person of ordinary skill in this field as of 2017 would have had a doctoral degree in dentistry and at least three to four years of experience working with guided dental surgery for installing dental implants and prostheses.

IX. CLAIM CONSTRUCTION

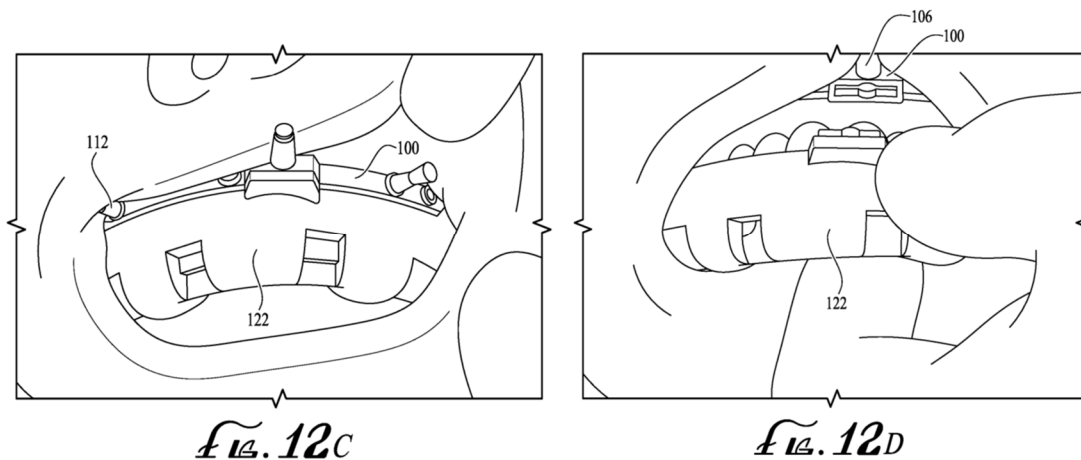
37. Petitioner asserts that construction of two claim terms is necessary to resolve certain of the unpatentability grounds presented. In particular, Petitioner asserts that the term “drill guide” found in claims 1, 10 and 11 should be construed as “drill guide made from metal or metallic alloy without traditional plastic or acrylic.” Additionally, Petitioner asserts that the term “fixation base” found in claims 1-5, 7-10, and 12-17 should be construed as “fixation base made from metal, metallic alloy or other strong material without traditional plastic or acrylic.”

38. However, I have been informed that the only grounds of unpatentability relating to the material of the “drill guide” or the “fixation base” are Grounds 1 and 2 relating to claims 11 and 13. I have been informed that claims 11 and 13 are no longer relevant for purposes of this post grant review. Accordingly, I understand that there is no need for construction of either of the terms “drill guide” or “fixation base” and those terms should just be given their plain and ordinary meaning.

39. However, in some of his invalidity arguments, as discussed below, Dr. Erickson uses the terms “mouthpiece that attaches to the fixation base and configured and dimensioned to surround at least a portion of the teeth of the patient” incorrectly. It is my opinion that the term “mouthpiece” as used in the dentistry field refers to a structure similar to a mouthpiece (also called a mouth

guard) used to protect athletes such as boxers, football players, or basketball players and that is configured to surround the teeth of a patient. For example, WebMD defines “mouth guard” as “a device that is inserted into the mouth and worn over the teeth to protect them against impact or injury.” This definition is consistent with the way a person of ordinary skill in the art would understand “mouthpiece” as used in the ‘209 Patent as “a device that is inserted into the mouth and worn over the teeth.” I note that this definition of “mouthpiece” is also fully consistent with the description and drawings of a “mouthpiece” in the ‘209 Patent.

40. Fig. 12C shows the fixation base 100 with the mouthpiece guide 122 properly fitted on a patient’s teeth and with holes drilled and hammered in insertion pins 112. EX1001, 8:11-15. Fig. 12D shows the fixation base 100 once secured and having the mouthpiece guide 122 removed by unlocking the pins 106 and removing the mouthpiece guide. EX1001, 8:16-19.



41. This definition is also consistent with the dictionary definition of “mouthpiece” and as that term is used in the specification. For example, the American Heritage Dictionary defines “mouthpiece” as “a rubber or flexible plastic protective device worn over the teeth, as by boxers.” (The American Heritage Dictionary of the American Language: <https://www.ahdictionary.com/word/search.html?q=mouthpiece>. Accessed March 21, 2025).

42. Given that one of skill in the art would understand the “mouthpiece” to be a device “that is inserted into the mouth and worn over the teeth,” one of skill in the art would understand the remainder of the phrase “surround at least a portion of the teeth of the patient” in independent claims 1, 7, and 17 to mean “enclose at least some teeth of the patient.” This construction is consistent with the specification and claims as well as the commonly understood definition of the word “surround”. The specification explains that the mouthpiece is “configured and dimensioned to surround teeth (not shown) of the patient.” EX1001, 4:61-67. In reading the ‘209 Patent it is clear that the mouthpiece has a specific structure that encloses the teeth of the patient. See Figures 12C-12D which show the mouthpiece guide 122 attached to the fixation base enclosing any remaining teeth of a patient on the maxillary bone.

43. I have reviewed dictionary definitions of the term “surround” and it is my opinion that one of skill in the art would understand that term to mean

“enclose”. New Webster’s Dictionary of the English Language defines the word “surround” as “to encompass or enclose on all sides; to envelop or encircle.”

EX2002. The Oxford English Dictionary defines “surround” as “to enclose, encompass, or beset on all sides; to stand, lie, or be situated around.” EX2003;

<https://www.oed.com/search/dictionary/?scope=Entries&q=surround>. The

Merriam-Webster Dictionary defines “surround” as “to enclose on all sides.”

EX2004; <https://www.merriam-webster.com/dictionary/surround>. Dictionary.com defines “surround” as “to enclose on all sides; encompass” and “something that surrounds, as the area, border, etc.” EX2005;

<https://www.dictionary.com/browse/surround>.

44. Thus, it is my opinion that one of skill in the art would understand the phrase “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” as referring to a “device that is inserted into the mouth and worn over the teeth . . . configured and dimensioned to enclose at least some teeth of the patient.”

X. ASSERTED REFERENCES

A. U.S. Patent Application Publication No. 2017/0252126 to Llop (Llop ‘126)

45. U.S. Patent Application Publication No. 2017/0252126 to Llop (“Llop”) and entitled “Bone Foundation Guide System and Method” was

considered by the U.S. Patent and Trademark Office during prosecution of the '209 patent. EX1001, p. 2. Llop discloses a fixation base 20 on both sides of the jawbone and over the teeth and bone to be removed, as described at paragraph 0096:

[0096] As substantially shown in FIGS. 1, 2, 3, 4, 5 and 6 the bone foundation guide **20**, as substantially used by a dental healthcare professional such as a dental surgeon (not shown) to substantially modify (e.g., reduce, augment or both) the bone **14** of the dental surgical site **12** as needed for a successful dental surgery. The bone foundation guide **20** could comprise a bone foundation guide body **22** with a buccal wall **24** and lingual wall **26** connected together at their respective ends by a first end **28** and a second end **30**. The first end **28** and the second end **30** could be holding the buccal and lingual walls **24**, **26** apart from one and other in a substantially parallel fashion to generally create and define an open surgical space **32** (e.g., that generally passes through the bone foundation guide body **22**) to generally continuously connect a portion of the top **34** of the body **22** with a portion of the bottom **36** of the body **22**.

46. There are also three removable struts 44 (sometimes also identified as 42 in Llop) used to further position the fixation base in the patient's mouth. EX1006, ¶98.

[0098] Some embodiments of the bone foundation guide body 22 may further comprise of a one or more anchoring struts 42 that may be removably attached to the buccal wall 24 and the lingual wall 26 between the first end 38 and the second end 30. The anchoring strut 42 may have at its outer apex 44 one or more indentations 46 that can match one or more portions of gum, dentition or both the patient's first or opposing alveolar ridge 28 (e.g., the opposing alveolar ridge 13 is located opposite of or opposing to the second alveolar ridge 15 that is supporting the dental surgical site 12. Meaning if the dental surgical site 12 is on the upper alveolar ridge then the opposing

alveolar ridge 28 could be the lower alveolar ridge.) The front end 43 of anchoring struts 42 may be penetrated by strut apertures 47 that allow strut fasteners 49 (e.g., tapered pins) to penetrate through the anchoring strut 42 to the buccal wall 24. The strut fasteners 49 may removably attach to the anchoring strut 42 by the buccal wall 24 and be held in place by frictional force. The other or rear end 41 of the anchoring strut 42 may have a strut groove 48 that fits over a respective cutout 25. A tab 45 within the strut groove 48 may be removably received within the respective cutout 25 to further reversibly attach the rear end 41 to the cutting guard 23.

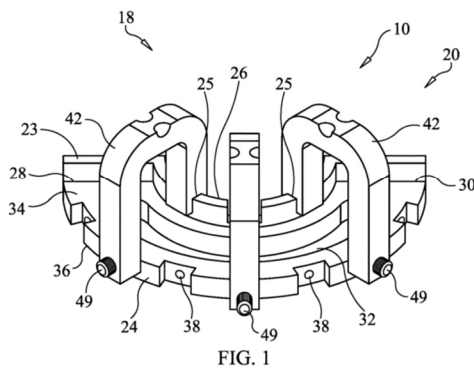


FIG. 1

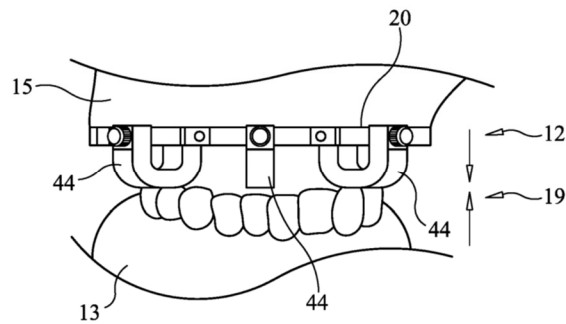


FIG. 11

47. Alternatively, the bone foundation guide is removably attached to an initial prosthesis 200, and the patient bites on the prosthesis with the opposing alveolar ridge to place the bone foundation guide. EX1006, ¶0128, Fig. 29.

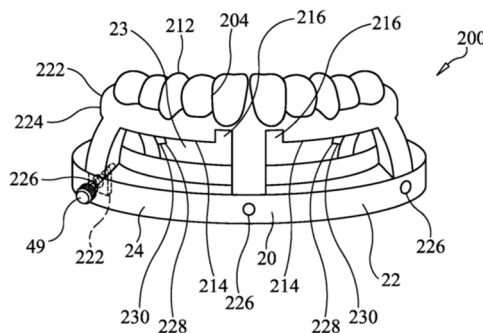


FIG. 29

48. Once the bone foundation guide 20 is properly positioned, it is secured to the patient's bone by body fasteners 40, and the anchoring struts 42 (or prosthesis 200) are removed. EX1006, ¶¶0099. The dental implant surgical guide 50 is then attached to the bone foundation guide and used to guide dental drill bits to create implant channels and insert implants. EX1006, ¶¶0034, 0101, Fig. 17.

49. The dental implant surgical guide 50 is removed, and a tissue spacing gasket 80 is then mounted to the bone foundation guide 20, to allow proper spacing for placement of the prosthesis. EX1006, ¶0125, Figs 20–23.

i. Llop does not teach or suggest a “mouthpiece” “configured and dimensioned to surround at least a portion of the teeth of the patient” as required by all challenged claims

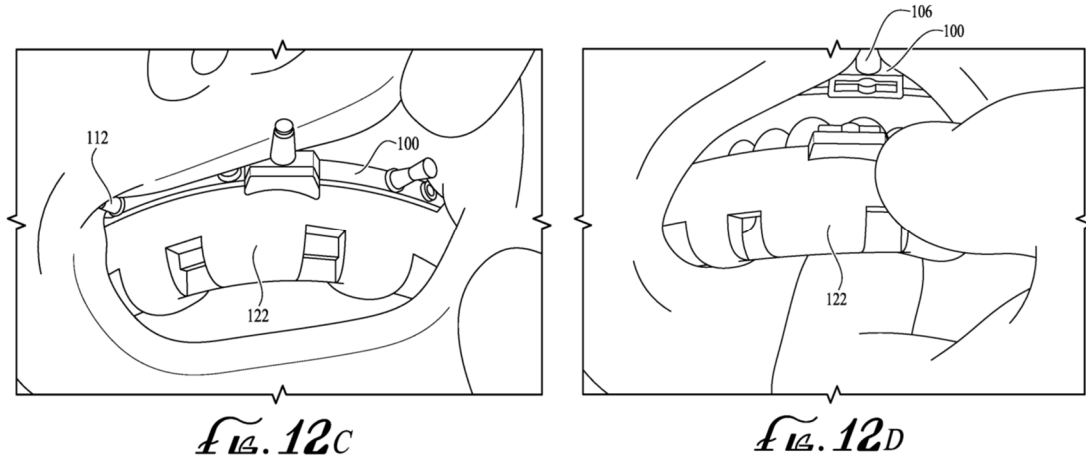
50. It is my opinion that Llop does not teach or suggest a “mouthpiece” “configured and dimensioned to surround at least a portion of the teeth of the patient” as required by the claims. [EX1001] at 26:9-45 (claim 1), 26:10:4-20 (claim 7), and 27:7-29 (claim 17). I do not see any disclosure of this limitation in Llop. In fact, the term “mouthpiece” is not used in Llop at all.

51. Dr. Erickson argues that “A POSA would understand that the anchoring struts 42 of Llop form a “mouthpiece” as that term is commonly understood.” I disagree that a person of skill in the art would understand anchoring struts 42 to form a “mouthpiece” as that term is understood. As explained above, it

is my opinion that a person of skill in the art would understand the term “mouthpiece” to be “a device that is inserted into the mouth and worn over the teeth,” such as the protective mouthpieces worn by athletes such as football players, basketball players, and boxers. This definition is consistent with the dictionary definition of “mouthpiece” and as that term is used in the specification. For example, the American Heritage Dictionary defines “mouthpiece” as “a rubber or flexible plastic protective device worn over the teeth, as by boxers.” (The American Heritage Dictionary of the American Language: <https://www.ahdictionary.com/word/search.html?q=mouthpiece>. Accessed March 21, 2025).

52. In reading the ‘209 Patent it is clear that the mouthpiece has a specific structure that encloses the teeth of the patient. See Figures 12C-12D which show the mouthpiece guide 122 attached to the fixation base enclosing any remaining teeth of a patient on the maxillary bone.

53. Fig. 12C shows the fixation base 100 with the mouthpiece guide 122 properly fitted on a patient’s teeth and with holes drilled and hammered in insertion pins 112. EX1001, 8:11-15. Fig. 12D shows the fixation base 100 once secured and having the mouthpiece guide 122 removed by unlocking the pins 106 and removing the mouthpiece guide. EX1001, 8:16-19.



54. As Dr. Erickson states, “the Examiner for the ‘209 Patent found that Llop126 did not disclose a ‘mouthpiece’ as claimed.” I agree with the Examiner, because the anchoring struts 42 are not a mouthpiece, let alone a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient.”

55. Dr. Erickson points out that:

“the anchoring struts engage with the patient’s teeth. In particular, the anchoring struts 42 have, “at its outer apex 44 one or more indentation 46 that can match one or more portions of gum, *dentition* or both the patient’s first or opposing alveolar ridge 28.” Ex. 1006, [0098] (emphasis added); Fig. 3. The indentations are specifically configured to match the contours of the patient’s teeth. *Id.*, [0136] (“The anchoring struts can also be patient-specific made to have indentations at their respective apexes to match various portions of the *dentition*, tissue or both of the opposing alveolar ridge.”) [EX1003; ¶150]

However, Dr. Erickson does not argue that Llop teaches or suggests a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” but rather cites to other references to teach this limitation. As the Examiner and Dr. Erickson have understood, even though the anchoring struts of Llop may have indentations that match portions of the patient’s teeth, the anchoring struts of Llop are not a “mouthpiece” and do not “surround at least a portion of the teeth of the patient” as recited in the claims and as that language would be understood by one of skill in the art.

ii. Llop does not teach or suggest “an abutment guide base” as required by challenged claims 5, 6, and 12.

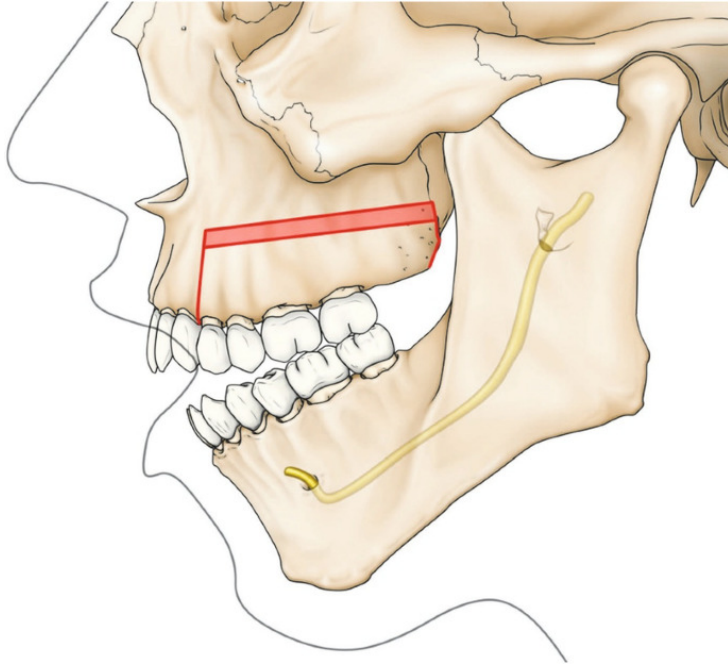
56. It is my opinion that Llop does not teach or suggest an “abutment guide base that attaches to the installed fixation base to assure appropriate location of the installed abutments” required by claims 5 and 6 or “an abutment guide oriented to receive abutments and guide the abutments for placement against the implants” required by claim 12. I do not see any disclosure of these limitations in Llop.

B. Chinese Patent Application CN201610012516.7 to Sichuan et al

57. Chinese Patent Application CN201610012516.7 to Sichuan et al. (“Sichuan”), entitled, “A Subapical Osteotomy Locating Guide Plate And A

Manufacture Method Therefor,” discloses a system for subapical osteotomy, which “is used as a classic technique for orthognathic surgery to treat various types of jaw deformities.” EX1009, ¶2.

58. A subapical osteotomy is a type of surgery done on the jawbone, usually to fix how the teeth and jaws line up. This is a rare and very different procedure than the installation of tooth implants. A person of ordinary skill in the art, as Dr. Erickson and I have defined that person, are not trained to perform a subapical osteotomy or otherwise qualified to perform that type of surgery. In a subapical osteotomy, a piece of jawbone below the roots of the teeth is cut so the surgeon can move it into a better position. After moving the bone, the surgeon fixes it in the new position with tiny plates and screws so it can heal properly. Indications for a subapical osteotomy are, for example, teeth that stick out too far and a jaw that is not lined up correctly. A figure illustrating a subapical osteotomy is shown below.



59. As seen in Fig. 1, Sichuan teaches a subapical osteotomy positioning guide plate having a positioning biteplate 1 provided with initial tooth prints 11. The positioning biteplate 1 is connected to maxillary osteotomy line guide plates 3 by means of connector rods 2. EX1009, Claim 1 and Fig. 1.

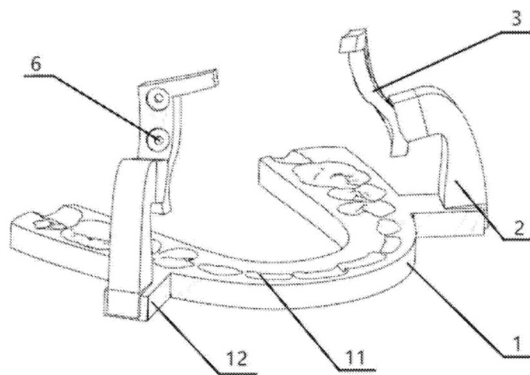


Figure 1

60. Once positioned with the biteplate, the guide plates 3 are affixed to

the patient's jawbone using screws through screw holes 6 in the guide plates.

EX1009, e.g., Abstract, Claims 1, 2, ¶¶7, 12. Once the guide plates 3 have been affixed, the connector rods 2 and biteplate 1 can then be removed, leaving the guide plates in place to facilitate the osteotomy operation with cutting of the jawbone. EX1009, ¶49.

61. However, the positioning biteplate 1 has tooth prints that are only 1 to 2 mm deep and consequently the biteplate is not a mouthpiece configured and dimensioned to surround at least a portion of the teeth of a patient. EX1009, ¶¶80, 84.

**i. Sichuan does not teach or suggest a “mouthpiece . . .
configured and dimensioned to surround at least a portion
of the teeth of the patient” as required by all challenged
claims**

62. It is my opinion that Sichuan does not teach or suggest a “mouthpiece” “configured and dimensioned to surround at least a portion of the teeth of the patient” required by the claims. [EX1001] at 26:9-45 (claim 1), 26:10:4-20 (claim 7), and 27:7-29 (claim 17). I do not see any disclosure of this limitation in Sichuan. In fact, the term “mouthpiece” is not used in Sichuan at all.

63.

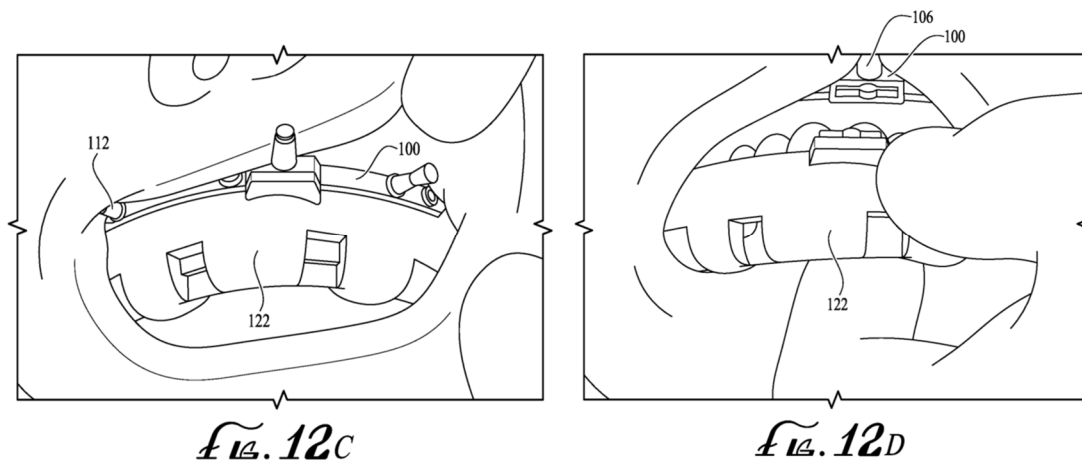
64. Dr. Erickson argues that Sichuan discloses a mouthpiece that is configured and dimensioned to surround a portion of the teeth in describing a removable “positioning biteplate”. [EX1003 at ¶ 152] Additionally, Dr. Erickson states that the biteplate is created from tooth prints of the patient and that biteplate therefore conforms to the shape of the teeth and that the biteplate therefore “would thus surround each of the patient’s teeth.” [EX1003 at ¶ 153]

65. I disagree that a person of skill in the art would understand the biteplate of Sichuan to be a “mouthpiece” as that term is understood. As previously discussed, it is my opinion that a person of skill in the art would understand the term mouthpiece to be “a device that is inserted into the mouth and worn over the teeth,” such as the protective mouthpieces worn by athletes such as football players, basketball players, and boxers. This definition is consistent with the dictionary definition of “mouthpiece” and as that term is used in the specification. For example, the American Heritage Dictionary defines “mouthpiece” as “a rubber or flexible plastic protective device worn over the teeth, as by boxers.” (The American Heritage Dictionary of the American Language: <https://www.ahdictionary.com/word/search.html?q=mouthpiece>. Accessed March 21, 2025).

66. In reading the ‘209 Patent it is clear that the mouthpiece has a specific structure that encloses the teeth of the patient. See Figures 12C-12D which show

the mouthpiece guide 122 attached to the fixation base enclosing any remaining teeth of a patient on the maxillary bone.

67. Fig. 12C shows the fixation base 100 with the mouthpiece guide 122 properly fitted on a patient's teeth and with holes drilled and hammered in insertion pins 112. EX1001, 8:11-15. Fig. 12D shows the fixation base 100 once secured and having the mouthpiece guide 122 removed by unlocking the pins 106 and removing the mouthpiece guide. EX1001, 8:16-19.



68. As seen in Figure 1 reproduced below, the biteplate disclosed by Sichuan teaches tooth prints that are only 1 to 2 mm deep and that therefore only touch small portions of a patient's teeth. [EX1009 at ¶80]

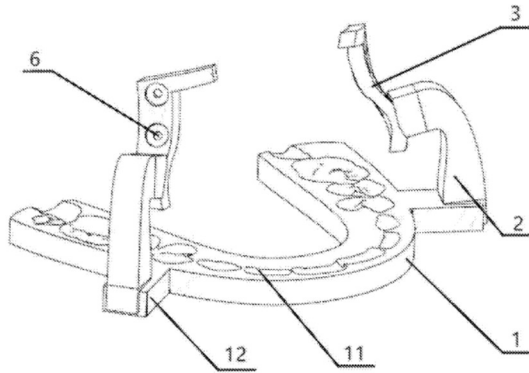


Figure 1

In my opinion, one of skill in the art would not understand a biteplate having tooth prints that are only 1 to 2 mm deep as being a “mouthpiece”, let alone a “mouthpiece . . . dimensioned and configured to enclose at least some teeth of the patient.” Thus, Sichuan fails to teach or suggest a “mouthpiece” “dimensioned and configured to enclose at least some teeth of the patient.”

C. U.S. Patent No. 9,504,533 to Groscurth et al.

69. U.S. Patent No. 9,504,533 to Groscurth et al. (“Groscurth”) is entitled “Edentulous Surgical Guide” and discloses a dental implant surgical guide system that clasps areas of a patient’s jawbone and areas of a patient’s gum tissue. EX1011, Abstract.

- i. Groscurth does not teach or suggest a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” as required by all challenged claims**

70. It is my opinion that Groscurth does not teach or suggest a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” required by the claims. The term “mouthpiece” is not used in Groscurth and Dr. Erickson does not opine that Groscurth teaches or suggests a mouthpiece.

71. Groscurth’s system is intended for use with edentulous patients (patients without teeth). Therefore, Groscurth’s patent does not describe any device that contacts a patient’s teeth, let alone a mouthpiece “configured and dimensioned to surround at least a portion of the teeth of the patient”.

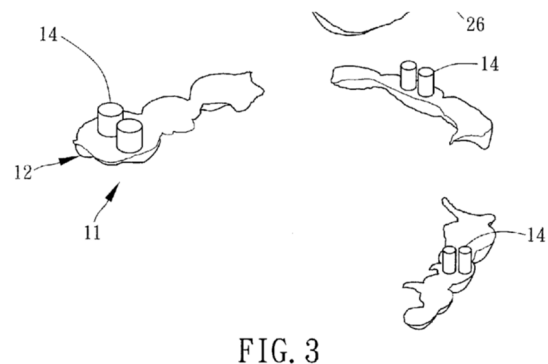
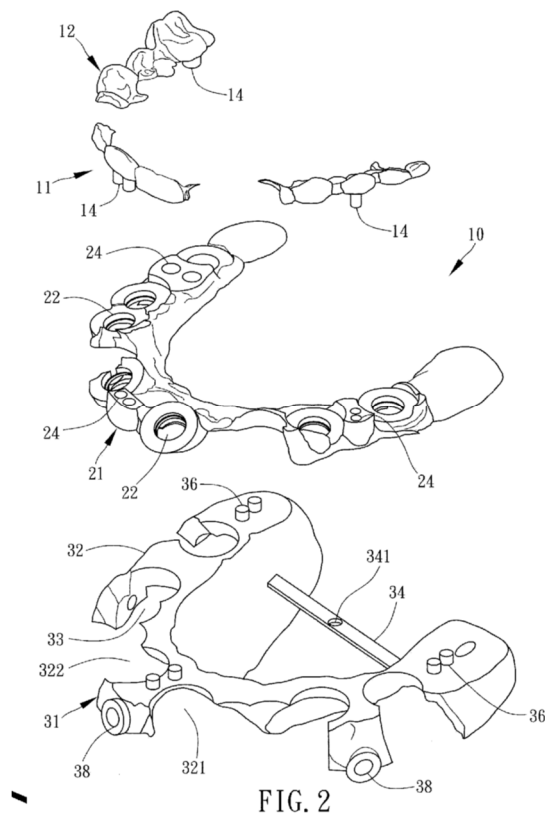
D. U.S. Patent Application Publication No. 2017/0265963 to Yau et al.

72. U.S. Patent Application Publication No. 2017/0265963 to Yau et al. (“Yau”) is entitled, “Dental Implant Surgical Guide,” and discloses a stackable set of components assembled as a guide for use in installing dental implants. EX1010, Abstract. As seen in Fig. 2 reproduced below, the guide has an upper guide member 11, an intermediate guide member 21, and a lower guide member 31. The upper guide member 11 comprises a tooth mold 12 and a plurality of first mating connector components 14. EX1010, ¶17.

73. The lower guide member 31 has a body 32 with a downward-facing recess 33. The downward-facing recess 33 is adapted for mating with the

gingiva of the patient. The lower guide member 31 also has a plurality of mounting portions 38 adapted for the mounting of equal number of mounting members 381 to secure the lower guide member 31 to the gingiva of the patient by means of friction resistance between the mounting members 381 and the jawbone of the patient. The mounting members 381 can be plug pins or screws.

EX1010, ¶19.



74. The tooth molds 12 are adapted for tight engagement with the natural teeth or temporary dentures of the **opposite** jaw when the patient bites. EX1010, ¶17. However, as seen in the portion of Fig. 3 reproduced above, the tooth molds

12 are solid and are not configured and dimensioned to surround any of the teeth of the patient.

i. Yau does not teach or suggest a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” as required by all challenged claims

75. It is my opinion that Yau does not teach or suggest a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” required by the claims. [EX1001] at 26:9-45 (claim 1), 26:10:4-20 (claim 7), and 27:7-29 (claim 17). I do not see any disclosure of this limitation in Yau. In fact, the term “mouthpiece” is not used in Yau at all.

76. Dr. Erickson argues that “Yau discloses a mouthpiece configured and dimensioned to surround a portion of the teeth that is used to assure appropriate location to attach a guide to the patient’s maxillary or mandibular bone tissue.” I disagree that a person of skill in the art would understand the stackable set of components assembled for a guide as forming a “mouthpiece” as that term is understood. It is my opinion that a person of skill in the art would understand the term “mouthpiece” to be “a device that is inserted into the mouth and worn over the teeth,” such as the protective mouthpieces worn by athletes such as football players, basketball players, and boxers. This definition is consistent with the dictionary definition of “mouthpiece” and as that term is used in the specification.

For example, the American Heritage Dictionary defines “mouthpiece” as “a rubber or flexible plastic protective device worn over the teeth, as by boxers.” (The American Heritage Dictionary of the American Language:
<https://www.ahdictionary.com/word/search.html?q=mouthpiece>. Accessed March 21, 2025).

77. As explained above, in reading the ‘209 Patent it is clear that the mouthpiece has a specific structure that encloses teeth of the patient. See Figures 12C-12D which show the mouthpiece guide 122 attached to the fixation base enclosing any remaining teeth of a patient on the maxillary bone.

78. The tooth molds 12 of Yau are adapted for engagement with the natural teeth or temporary dentures of the **opposite** jaw when the patient bites, but one skilled in the art would not describe the tooth molds 12 as surrounding the teeth on the opposite jaw. EX1010, ¶17. As illustrated in the figures below, there is little difference between the structure of Yau’s tooth molds 12 and the structures of Llop which, as explained above, neither the Examiner nor Dr. Erickson believe are “configured and dimensioned to surround at least a portion of the teeth of the patient.”



Llop



E. Video of Surgical Technique Performed by Michael Scherer

79. Exhibits 1012 and 1013 are videos of a surgical procedure performed by Michael Scherer, DMD (“Scherer”). EX1012 was considered by the U.S. Patent and Trademark Office during prosecution of the ‘209 patent. EX1001, p. 2. Scherer discloses a dental prosthesis installation procedure on an upper jaw using an “All-on-4 nSequence Guided Prosthetics Proprietary Surgical Technique.” EX1012, 0:01. Scherer shows that all the teeth are extracted before placement of a bone foundation guide installed using removable struts with teeth indentations. EX1012, 1:20-2:00. Once the bone foundation guide is installed, the struts are removed and a drill guide and abutment guide are used in combination with the bone foundation guide to further install a prosthetic into the mouth of the patient. EX1012, EX1013.

80. The nSequence Technique in the video utilizes a system very similar to or identical to that disclosed in Llop. Petition at 93. Accordingly, Scherer adds little beyond Llop.

i. Scherer does not teach or suggest a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” as required by all challenged claims

81. It is my opinion that Scherer does not teach or suggest a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” required by the claims. [EX1001] at 26:9-45 (claim 1), 26:10:4-20 (claim 7), and 27:7-29 (claim 17). The term “mouthpiece” is not used in the Scherer video and Dr. Erickson does not opine that Scherer teaches or suggests a mouthpiece.

82. In the video, Scherer uses a guide having anchoring struts, like those disclosed in Llop. As explained above, it is my opinion that a person of skill in the art would understand the term mouthpiece to be a device worn over the teeth, such as the protective mouthpieces worn by athletes such as football players, basketball players, and boxers and that in the ‘209 Patent it is clear that the mouthpiece has a specific structure that encloses the teeth of the patient.

83. The Examiner for the ‘209 Patent found neither Llop nor Scherer disclosed a “mouthpiece” as claimed. I agree with the Examiner, because the

anchoring struts used in Scherer are not a mouthpiece, let alone a mouthpiece . . .

“configured and dimensioned to surround at least a portion of the teeth of the patient.”

84. As with Llop, Dr. Erickson does not argue that Scherer teaches or suggests a “mouthpiece . . . configured and dimensioned to surround at least a portion of the teeth of the patient” but rather cites other references to teach this limitation. As the Examiner and Dr. Erickson have understood, even though the anchoring struts of Scherer may have indentations that match portions of the patient’s teeth, the anchoring struts in Scherer do not “surround at least a portion of the teeth of the patient” as recited in the claims and as that language would be understood by one of skill in the art.

**XI. ONE OF SKILL IN THE ART WOULD HAVE NO MOTIVATION
TO COMBINE LLOP WITH SICHUAN**

85. Dr. Erickson argues that claims 1-3, 7, 10, 13-14, and 16-17 are obvious over Llop and Sichuan [EX1003, pp. 62-96]. Dr. Erickson also argues that claims 1-3, 7, 10, 13-14, and 16-17 are obvious over Llop and Sichuan in view of Groscurth [EX1003, pp. 96-101]. Dr. Erickson also argues that claims 5, 6, and 12 are obvious over Llop, Sichuan and Scherer [EX1003, pp. 118-121]. Finally, Dr.

Erickson argues that claims 5, 6, and 12 are obvious over Llop, Sichuan and Scherer in view of Groscurth [EX1003, pp. 122].

86. Dr. Erickson argues that a person of skill in the art “would have been motivated to modify the [Llop] anchoring strut system by constructing it with a positioning mouthpiece, like the biteplate of Sichuan, such that proper precise placement of the fixation base is ensured.” I disagree and it is my opinion that one skilled in the art would have no motivation to combine the biteplate of Sichuan with the anchoring strut system of Llop.

87. While Dr. Erickson characterizes the references as readily combinable because each concerns the same field of endeavor, I disagree. As explained above, Sichuan is directed to a system for subapical osteotomy, a very rare procedure and a procedure that is very different than implant installation. In my time at Loma Linda University Medical Center teaching oral and maxillofacial surgery residents orthognathic surgery since 2002, there have been less than 15 segmental subapical osteotomies and less than 5 total subapical osteotomies performed in our department, and I typically perform 0-1 subapical osteotomies per year. A person of ordinary skill in the art of implant dentistry is not trained how to perform a subapical osteotomy, is not qualified to perform a subapical osteotomy, and would never perform a subapical osteotomy. A person of ordinary skill in the art would

not look to a device for performing subapical osteotomies, which are used in the field of maxillofacial surgery or plastic surgery, and not general dentistry.

88. The guide plates 3 in Sichuan are mounted very high in the patients' mouth up by the cheekbones. General dentists who perform implant surgeries are unlikely to want to cut up that high, because such surgery is likely more invasive than they feel comfortable with. In my opinion, one of skill in the art of implant system design would not look at the art relating to subapical osteotomies.

89. Additionally, in my opinion a person of skill in the art would have no motivation to combine Llop with Sichuan because there is no expectation that the biteplate of Sichuan would be more effective than the struts with tooth shaped indentations or with a temporary prosthesis for matching with teeth of the opposing jaw that are already disclosed in Llop.

90. The biteplate of Sichuan cited by Dr. Erickson [EX1003 at ¶123] has impressions of teeth on the jaw to be operated on. In Llop, the teeth of the jaw to be operated on are removed prior to use of the struts. This is another reason one skilled in the art would have no expectation of success in combining the biteplate of Sichuan with the struts of Llop.

91. Finally, Dr. Erickson attempts to explain that using the Sichuan biteplate achieves equally accurate results as mouthpieces that are taller and which

extend further up the tooth such as the mouthpiece disclosed and claimed in the ‘209 patent, and has advantages over them. In particular, Dr. Erickson states:

The thinner mouthpiece of Sichuan is less bulky, and thus easier to manipulate in a patient’s mouth and allows for greater visibility.

Additionally, a tall mouthpiece designed to engage with the entire tooth may be difficult to place and prone to getting stuck, whereas a cuspal registering mouthpiece as in Sichuan is easy to remove and place.

92. I disagree that a cuspal registering biteplate achieves equally accurate results as a mouthpiece configured and dimensioned to surround at least a portion of the teeth of the patient. I also disagree that it is easier to manipulate a cuspal registering biteplate in a patient’s mouth or that a cuspal registering biteplate allows for greater visibility, because the claimed mouthpiece may be provided with windows, as shown in Fig. 12D, which allow a surgeon to check the positioning of the mouthpiece.

93. A cuspal registering biteplate is only effective in a situation such as an apical osteotomy where patients typically have a lot of healthy and intact teeth. Without many teeth present, or when many of the teeth are broken and loose, a biteplate is not effective. Additionally, in order for a biteplate to be used, the opposing jaw would need to be closed; the patient would either need to bite down

or the surgeon would need to hold the jaw closed, which is unnecessary with a mouthpiece that surrounds teeth of the patient.

94. The distinction drawn by Dr. Erickson between the biteplate of Sichuan and the claimed mouthpiece shows that the Sichuan biteplate is not a mouthpiece that is configured and dimensioned to surround any teeth of a patient.

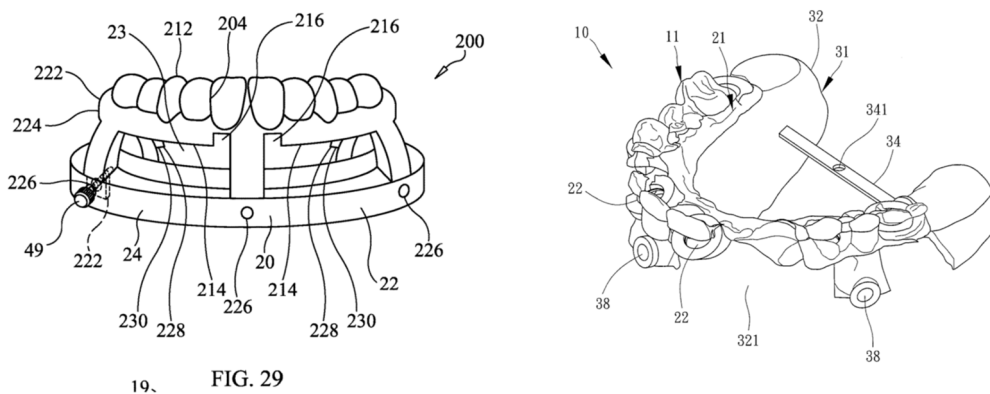
XII. ONE OF SKILL IN THE ART WOULD HAVE NO MOTIVATION TO COMBINE LLOP WITH YAU

95. Dr. Erickson argues that claims 1-3, 7, 10, 13-14, and 16-17 are obvious over Llop and Yau [EX1003, pp. 101-113]. Dr. Erickson also argues that claims 1-3, 7, 10, 13-14, and 16-17 are obvious over Llop and Yau in view of Groscurth [EX1003, pp. 114-118].

96. Dr. Erickson argues that a person of skill in the art “would have been motivated to modify the [Llop] anchoring strut system by constructing it with a tooth mold for ‘tight engagement with the natural teeth,’ such that proper precise placement of the fixation base is ensured.” [EX1003 at ¶ 211]. I disagree and it is my opinion that one skilled in the art would have no motivation to combine the tooth mold of Yau with the anchoring strut system of Llop.

97. Dr. Erickson argues that a person of skill in the art would have understood from Yau the benefits of modifying the anchoring struts of [Llop] to

include the tooth mold of Yau “to improve the positioning of the bone foundation guide for attachment to a patient’s jawbone. [EX1003 at ¶ 214]. I disagree and it is my opinion that the tooth mold of Yau is no better than Llop’s teaching of mounting a prosthesis to the struts to place the bone foundation guide. EX1006, ¶0128, Fig. 29. As illustrated in the figures below, there is little difference between the structure of Yau’s tooth molds 12 and the structures of Llop which, as explained above, neither the Examiner nor Dr. Erickson believe are “configured and dimensioned to surround at least a portion of the teeth of the patient.”



98. Additionally, the complicated structure of Yau appears difficult to use and unlikely to lead to consistent and reproducible results, and I do not think persons of skill in the art would consider it for modification of Llop.

99. Dr. Erickson attempts to explain that using the Yau upper guide member “achieves equally accurate results as mouthpieces that are taller and which

extend further up the tooth such as the mouthpiece disclosed and claimed in the ‘209 patent, and has advantages over them.” In particular, Dr. Erickson states:

The thinner mouthpiece of Yau is less bulky, and thus easier to manipulate in a patient’s mouth and allows for greater visibility. Additionally, a tall mouthpiece designed to engage with the entire tooth may be difficult to place and prone to getting stuck, whereas a cuspal registering mouthpiece as in Yau is easy to remove and place.

100. I disagree that a cuspal registering biteplate achieves equally accurate results as a mouthpiece configured and dimensioned to surround at least a portion of the teeth of the patient. I also disagree that it is easier to manipulate a cuspal registering biteplate in a patient’s mouth or that a cuspal registering biteplate allows for greater visibility, because the claimed mouthpiece may be provided with windows, as shown in Fig. 12D, which allow a surgeon to check the positioning of the mouthpiece. Additionally, in order for the anchoring struts of Llop or the tooth mold of Yau to be used, the opposing jaw would need to be closed; the patient would either need to bite down or the surgeon would need to hold the jaw closed, which is unnecessary with a mouthpiece that surrounds teeth of the patient. This is fundamentally different than the claimed mouthpiece.

101. The distinction drawn by Dr. Erickson between the tooth mold of Yau and the claimed mouthpiece shows that the Yau tooth mold is not a mouthpiece that is configured and dimensioned to surround any teeth of a patient.

XIII. OBJECTIVE INDICIA OF NON-OBVIOUSNESS

102. I have also reviewed the declaration of Alan Banks. The CHROME GuidedSMILE product appears to track the claim language of U.S. Patent No. 11,806,209. For example, with regard to claim 7, the CHROME GuidedSMILE product is an apparatus for installing a dental prosthesis to a maxillary or mandibular jaw bone of a patient. The CHROME GuidedSMILE product has a fixation base for providing an attachment surface for a dental guide used during a dental prosthesis installation procedure, the fixation base further comprising a generally arcuate base member with a front surface that includes a plurality of openings through which fasteners can be passed, a rear surface, and a horizontal surface.

103. The CHROME GuidedSMILE product also has a first dental guide, wherein the first dental guide is a mouthpiece configured and dimensioned to surround at least a portion of the teeth of the patient and to attach to the fixation base and to be removed after the fixation base is affixed to the maxillary or mandibular bone structure of a patient. Additionally, the CHROME GuidedSmile product is used in a method of installing a multi-tooth dental prosthesis as recited in at least claims 1 and 17. [EX2006 at ¶¶ 9-13].

104. It appears that there is significant evidence that the claimed invention is not obvious. In particular, I note that prior to the CHROME GuidedSMILE

product incorporating the claimed methods and apparatus for installing a dental prosthesis there was a long felt need for a guided surgical product to improve the efficiency and accuracy of full-arch tooth replacement. [EX2006 at ¶¶ 3-6]. I also note that prior attempts for guided surgical products for installing a full-arch dental prosthesis were unsuccessful. [EX2006 at ¶ 7].

105. As noted by Mr. Banks, the CHROME GuidedSmile products have been a commercial success and have received substantial praise in the industry. [EX2006 at ¶¶ 15, 17].

XIV. CONCLUSION

106. Based on the foregoing, it is my opinion that Petitioner has failed to establish by a preponderance of the evidence that Claims 1-3, 5-7, 10-14 and 16-17 of the '209 Patent are unpatentable over the cited references.

107. In signing this Declaration, I recognize that the Declaration will be filed as evidence in a contested case before the Patent Trial and Appeal Board of the United States Patent and Trademark Office. I also recognize that I may be called upon to testify in deposition or before the Patent Trial and Appeal Board. If called upon to testify, I would testify truthfully and competently to all matters stated in this Declaration.

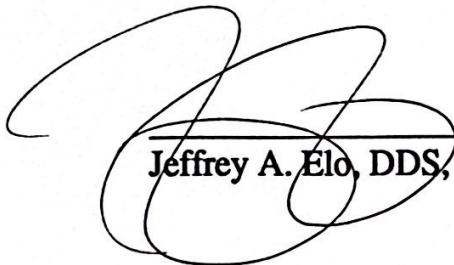
Watson Guide IP, LLC

Patent No. 11,806,209 – PGR2024-00040

108. I reserve the right to supplement my opinions in the future to respond to any arguments that Petitioner raises and to take into account new information as it becomes available to me.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true and that such statements are made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

Executed on April 21, 2025 at POMONA, California



Jeffrey A. Elo, DDS, MS, FACS

Attachment A

Expert Testimony within the Last Four Years

Johnson v. Silva (2020-2022)
Eighth Judicial District Court
Case No. A-20-815893-C
Las Vegas, NV
(testified by deposition)

Baghdasarian v. Zadeh (2020-2021)
Case No. BC663443
Superior Court of California, County of Los Angeles
Van Nuys, CA
(testified by deposition and at trial)

Attachment B

**Professor and
Drs. Daljit and Elaine Sarkaria Professor of
Advanced Oral Diagnosis and Therapeutics**

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Fee Schedule for legal review:

SERVICE	FEE
Records review, case consulting (phone/in-person/virtual)	\$700.00 per hour
Deposition	\$800.00 per hour
Trial fee/Court appearance/arbitration	\$5,000 per day
Independent Medical Examination (with report)	\$750.00 per hour (exam); \$250 (report)
In-office digital panoramic radiograph	\$200.00
In-office cone beam C.T. scan (CBCT)	\$600.00

CERTIFICATE OF SERVICE

The undersigned certifies that pursuant to 37 C.F.R. § 42.6(e), a true copy of the foregoing document was filed electronically and served via email to all parties in this proceeding at the addresses indicated:

Aaron R. Feigelson (Reg. No. 59,022) (lead counsel)

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Dated: April __, 2025

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