MARCH 9, 2018

A Lecture Course

Dental Team Implant Certification Program

EDIE GIBSON, RDH, MS,

Is your team ready for this new journey? Can they identify “why” patients may prefer this treatment? Do they appreciate your passion for this modality of treatment? Do they understand the differences of treatment options? Can they define these differences clearly for patients? Do they know the right questions to ask when uncovering a patient’s motivation for tooth replacement? This course is designed to get everyone in your office speaking the same language to patients!

Upon completion of this program participants will be able to:
• Develop an appreciation for the role of dental implants in the maintenance of oral health
• Identify patients who would benefit from implant therapy & learn the consequences of no treatment
• Identify potential medical & medico-legal complications related to implant dentistry
• Develop a knowledge base related to treatment planning implant cases
• Understand the causative factors of implant success & failure

COURSE OUTLINE:
• Assessment, Diagnosis & Treatment Planning
  • Client evaluation and assessment
  • Diagnostic and adjunctive procedures
  • Treatment planning, site selection, and implant selection
  • Risk management
  • Implant complications and failures
• Patient Interaction
  • Case presentation & handling objections
  • Commonly asked questions and appropriate responses
  • Fee presentation
  • Financial options and arrangements
• Implant Surgical Procedures
  • Surgical guides & templates
  • Pharmacology & sedation
  • Surgical preparation and infection control
  • Surgical procedures
  • Ancillary procedures: sinus lifts, bone grafts, tissue regeneration
• Implant Prosthodontic Procedures
  • Provisional prostheses & fabrication of temporaries
  • Impressions
  • Types of superstructures
  • Laboratory considerations
• Maintenance & Evaluation Procedures
  • Professional care, armamentaria, and techniques
  • Client education and care
  • Management of implant complications and failures
  • Evaluation and post-treatment care
• Marketing
  • Increasing your patient base
  • Common marketing techniques
  • Referrals and intra/inter office communications

MARCH 10, 2018

A Lecture Course

Essential Skills for the Dental Implant Team

JOY MILLIS, CSP,

OVERVIEW
Management and communication skills go hand in hand with the clinical skills necessary to provide implant dentistry. Marketing the service, answering questions, maintaining patient records, coordinating treatment, quoting fees, making financial arrangements and risk management will be discussed. Handout materials provided will assist in the rapid implementation of skills learned and systems discussed during this program.

OBJECTIVES
At the conclusion of this program, participants should be able to:
• Increase the likelihood that patients will act on treatment recommendations.
• Improve the quality of the practice/patient relationship.
• Reduce the risk to the patients and the practice by developing a system of continual care and communication.
• Quote and collect appropriate fees for quality care.
• Take insurance out of the doctor/patient relationship.

PRESENTER
JOY MILLIS, CSP, is a successful entrepreneur. Her business development firm Joy of Communication, equips and motivates professionals to implement quality-based marketing and communication skills. She has earned the prestigious Certified Speaking Professional (CSP) designation from the National Speakers Association. Ms. Millis also serves on the visiting faculty of The Medical College of Georgia, Howard University, The University of Miami and The University of Texas Health Science Center where she teaches management excellence for implant dentistry.

TIME
Check-in: UT Health San Antonio, 8:00 AM
Program: Saturday, 9:00 AM - 5:00 PM

LOCATION
La Quinta Inn & Suites - 4431 Horizon Hill Blvd,
San Antonio, TX 78229

TUITION
Dentist: $210.00
Allied Dental Personnel: $160.00
Special Discount Fee: $144.00
Additional Office Member Fee: $119.00
(Must register for the Implant Certification course on March 9 to receive discount.)

CREDIT (Course Code: 161852A) AGD Code: 550 Hours: 7

In order to receive this special offer, all office members must register for the first course at full price. The second course, first office member will pay $94.00 and for each additional staff member they will pay $69.00.

Must register before February 2, 2018

SPECIAL INFORMATION
Membership status of the Association of Dental Implant Auxiliaries (ADIA) is included, upon completion of this program. Register for the Dental Team Implant Certification Program and Essential Skills for the Dental Implant Team, and receive a discount on the March 10, 2018 course.
REGISTRATION FORM
Please use one form per person-photocopy as needed.

PREREGRISTRATION: Preregistration for all courses is necessary. Each participant should pre-register for a course as a course packet will be available at the time of check-in. Please call the Office of Continuing Dental Education at (210) 567-3177 to pre-register for a course or fax this registration form to (210) 567-6807. You can mail the registration form with credit card number or check made payable to "UTHSCSA"

to:

UTHSCSA
Continuing Dental Education MSC 7930
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

CHECK APPROPRIATE BOX:

☐ MARCH 9, 2018 (161850A) FRIDAY
Dental Team Implant Certification Program
☐ADIA & PM Member: $210.00    ☐Non-Member: $260.00

☐ MARCH 10, 2018 (161852A) SATURDAY
Essential Skills for the Dental Implant Team
☐ Dentist: $160.00    ☐ Allied Dental Personnel: $110.00
☐ Special Discount Fee: $94.00
☐ Additional Office Member Fee: $69.00
(Must register for either Implant Certification program on February 3 to receive discount.)

DISCOUNT REFUND POLICY: This special offer does not qualify for a refund.

Please fill out form below and fax to 210-567-6807 or call 210-567-3177

Name:____________________________________________________DOB:____/____/____☐RDH ☐DA ☐DLT ☐CDT
Office Address________________________________________________________Suite No.________

City/State/Zip________________________________________________________

Home Address________________________________________________________

City/State/Zip________________________________________________________

Office Phone_________________________Home Phone________________________Fax No.________________________

E-Mail Address________________________________________________________

Dental School________________________________________________________Year of Graduation________________________

Specialty/Position____________________________________________________

Enclosed (payable to UTHSCSA): Check#________________________________

☐VISA ☐MasterCard ☐Discover

Card No.____________________________________Include the last three numbers on the signature part of the card________

Exp. Date_________________________Card Holder’s Name________________________