CAD/CAM DENTISTRY ESTHETICS & OCCLUSION

OVERVIEW: This course is designed to aid the restorative dentist in providing more comprehensive diagnostic treatment planning and clinical treatment skills. The future of dentistry is changing. CAD CAM dentistry is on the cutting edge of advanced restorative care.

OBJECTIVES:

- Participants Will Understand...

JULY 27, 2018 (161860A)

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OBJECTIVES: Participants Will Understand...

- Digital Impression Systems
- Complete Chair-side Systems
- Milling Centers
- Case Selection
- Tooth wear
  (Abrasion, Erosion, NCCL, Attrition)
- Parafuction and Bruxism
- Occlusal Adjustment
- Parafuction and Bruxism
- CO-CR Slide
- Occlusal Adjustment
- Management of 2 step occlusion
- Virtual Articulation
- Single visit restoration
- Materials (CAD CAM Blocks and Bonding Materials)
- Prep Designs for Veneers, Inlays, Onlays, Crowns and Bridge
- Parameters
- Anterior Guidance and Multiple Anterior Unit Techniques
  Stain, Glaze, Characterization, and Sintering
- Implant Prosthesis
- CBCT and CAD CAM

JACOB G. PARK, D.D.S., is a Professor of Dentistry/ Clinical in the Department of Comprehensive Dentistry at UT Health San Antonio School of Dentistry. He holds fellowship with the Academy of Dentistry International, the International Congress of Oral Implantologists and the International College of Dentists. He is the Past President of the American Equilibration Society and serves as a chairman of Subcommittee 9 CAD CAM in Dentistry of the Standards Committee on Dental Products of the ADA.

SIL PARK, D.M.D., is a full time Clinical Associate Professor in the Division of Advanced Prosthodontics at the UCLA School of Dentistry where he teaches pre-doctoral and post-doctoral conventional and Implant prosthodontics. He is a former prosthetic director of Implant Dentistry, UCLA Advanced Clinical Training Program. He collaborates with implant companies to develop CAD/CAM guided implant surgery systems. Dr. Park received DMD degrees from Tufts University and completed Advanced Prosthodontics training and Maxillofacial Prosthetics Fellowship at UCLA.
A TWO PART PARTICIPATION STUDY GROUP

April 20, 2018 (Part 1) Clinical Occlusion
June 29, 2018 (Part 2) Clinical Occlusion

Dentist: $420.00 for Parts I & II  
Early Bird: $336

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CLINICAL CONSIDERATIONS FOR CAD/CAM GUIDED IMPLANT DENTISTRY

Individual: $210  Dental Personnel: $160

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CAD/CAM DENTISTRY

EACH COURSE 7 CE HOURS-AGD CODE: 615

Pick Part I or II for $210 each!

Early Bird: Save $84

Register and pay before MARCH 30, 2018

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Fill out & fax this registration form to 210-567-6807 or call us at 210-567-3177

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OFF SITE (PARTICIPATION & LECTURE) PROGRAM REFUND POLICY:

If you must cancel your registration, please notify the Office of Continuing Dental Education as soon as you determine you are unable to attend so that a refund may be considered. Due to commitments to off-site properties, any cancellation made prior to the start of the program will be subject to an administrative fee assessment of $198.50. Any cancellation made two months or less, prior to the course does not qualify for a refund. However, participants may choose to place their tuition minus an administrative and direct cost fee assessment into a holding account for future use. “No Shows” will not qualify for refunds. Written notification is required within five business days by mail, fax, or e-mail to initiate the refund process. Please allow four to six weeks for all refunds. Specific refund policies may apply to all off-site programs. Contact our office for the specific refund policy regarding any course.

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Name______________________________________________________________Date of Birth_______________________

Office Address______________________________________City/State/ZipCode__________________________________

Office Phone____________________________________________Fax No.________________________________________

Email_________________________________________________________________________________________________

Home Address________________________________________City/State/Zip Code_______________________________

Home Phone______________________________________________Specialty/Position___________________________

Dental School________________________________________________________________________Grad Year_________

Check (Total amount enclosed payable to UTHSCSA): Total Amount Enclosed___________________

Visa Mastercard Discover

Card No____________________________________________________________Expiration Date____________________

3 numbers on back____________

Card Holders Name_____________________________________________________________________________________

Signature______________________________________________________________________________________________