Friday, November 10, 2017

As we honor Dr. James P. Hollers, we commemorate his memory as a Texan with numerous civic and military achievements, a vision of a dental school, and as a dentist of national stature, having held the post of President of the American Dental Association.

“Update on Current Standards of Care, Medical Emergencies, and Special Topics in Oral and Maxillofacial Surgery”

Update on Medical Emergencies-2017 Standards of Care
- Ventilation simplicity
- Use of AED

Special Topics in Oral and Maxillofacial Surgery
- Overuse of Opioids in Dentistry for the treatment of post surgical pain
- Current standards-when to use antibiotics in conjunction with dental infections and procedures
- Socket preservation-indications
- Define peri-implantitis
- Describe the treatment approach of peri-implant lesions

JAMES Q. SWIFT, DDS, is a Professor in the Division of Oral and Maxillofacial Surgery at the University of Minnesota School of Dentistry. He is a graduate of Cornell College, Mt. Vernon, IA, the University of Iowa College of Dentistry and completed a General Practice Residency at Oklahoma Children’s Memorial Hospital. Dr. Swift completed his oral and maxillofacial surgery residency training program at the University of Oklahoma Health Sciences Center. He began his academic career as an assistant professor at the University of Oklahoma Health Sciences Center, in the College of Dentistry. He had teaching responsibilities with the dental students and the oral and maxillofacial surgery residents. He served on two cleft palate/craniofacial teams.

To register call us at 210-567-3177 or visit http://smile.uthscsa.edu

Check-in: 7:30 AM
Exhibit Hall Opens at 7:30 AM
Event: 9:00 AM - 5:00 PM

To become an Exhibitor call 210-567-3177
The 32nd Annual
James P. Hollers
Memorial Lectureship
Friday, November 10, 2017
REGISTRATION FORM: Please use one form per person. Photocopy as needed.

PREREGISTRATION for all courses is necessary. A course packet will be available at the time of check-in.
Call the Office of Continuing Dental Education at (210) 567-3177 to pre-register for a course or fax this form to (210) 567-6807.
You can mail the 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

Name ________________________________________________________
D.O.B.__________________
Office Address __________________________________________________________________City/State/Zip Code__________________
Office Phone ________________________________Fax No.__________________________________________Email________________________
Home Address ____________________________________________City/State/Zip Code__________________
Home Phone ________________________________Speciality/Position ________________________________Dental School _____________________________Year of Graduation__________
Check (Total Amount Enclosed payable to UTHSCSA): Total amount enclosed:____________________________
☐ Visa ☐ Mastercard ☐ Discover
Card No. ____________________________________________Expiration Date ___________Last three numbers on back of card __________________
Card Holders Name __________________________________________________________________________________________
Signature __________________________________________________________________________________________________________________________________________________________

OFF SITE (PARTICIPATION & LECTURE) PROGRAM RE-FUND 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 email 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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