**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 & medicinal 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:**  
- Introduction & Definitions  
- Assessment, Diagnosis & Treatment Planning  
- Patient Interaction  
- Implant Prostodontic Procedures  
- Implant Surgical Procedures  
- Maintenance & Evaluation Procedures  
- Marketing

**Implant Surgical Procedures**  
- Surgical guides & templates  
- Pharmacology & sedation  
- Surgical preparation and infection control

**Implant Prostodontic 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

**Marketing**  
- Increasing your patient base  
- Common marketing techniques  
- Referrals and intra/inter office communications

**Objectives**  
- Describe important techniques for effective case presentation  
- Understand how to discuss treatment fees and present financial options  
- Review the techniques and skills involved in implant maintenance  
- Develop techniques for good intra/inter office communication and documentation  
- Understand the laboratory procedures involved in implant therapy

**PRESENTERS**  
**EDIE GIBSON, RDH, MS,** Edie is a Certified Speaker for Straumann, a Clinical Trainer for The Implant Consortium and a Thought Leader/KOL for several prestigious dental companies. She is also a 2013 Sunstar RDH Award of Distinction recipient, a Registered Psychotherapist and a contributing author to the bestselling book, Overcoming Mediocrity. She incorporates real world experiences and humor into all her presentations.

**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: D.S. Main Lobby, 7:30 AM  
- Program: Friday, 8:00 AM - 4:00 PM

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

**TUITION**  
- ADIA & PM Member: $210.00  
- Non-Member: $260.00

**CREDIT** (Course Code: 161850A) Hours: 7

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**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.

PREREГISTRATION: 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________________________________________