

SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

For Adults & Children - A System for Dx and Tx Mini-Residency

48 Hours Lecture & Participation CE



Learn the "System" that dentists worldwide are using with reproducible success!

Session 1

- Screening SBD, OSA, Craniofacial Pain
- ◆How to Find CR
- ◆Imaging: CBCT, MRI
- ◆Electrodiagnostics: JVA, Jaw Tracker, EMG
- ◆Motor Nerve Reflex Evaluation
- **♦**Anatomy
- ◆Airway and TMJ Neuroanatomy
- ◆Diagnosis and Treatment Planning

Session 2

- ◆Sleep Disorders
- ◆Triage of Sleep Appliance Therapy
- ◆Headaches
- ◆Recapturing Discs
- ◆Orthotic Design & Indications
- **◆**Pharmacology

Session 3

- ◆Sleep Disorders that Cause TMJ Pain
- ◆ Neuropathic Disorders
- ◆Typical and Atypical Neuralgias
- ◆Musculoskeletal Pain
- Physical Medicine Modalities
- **♦**Nutrition
- ◆Pediatric OSA
- ◆Myofunctional Therapies and Myobrace



Directed by International Educator Steven Olmos, D.D.S.

Founder, TMJ & Sleep Therapy Centres International
Diplomate, American Board of Craniofacial Dental Sleep Medicine
Diplomate, American Board of Dental Sleep Medicine
Diplomate, American Board of Craniofacial Pain
Diplomate, Academy of Integrative Pain Management
FAAOP, FAACP, FICCMO, FADI, FIAO

Testimonials

"You will leave this course prepared to treat TMD and Sleep Disordered Breathing at a level you didn't even know existed. No other CE program has delivered results like this one. Dr. Olmos' researched/evidenced based systems added \$1,000,000 of production to our practice within 12 months. This will be the best investment you've ever made in your practice."

- Dr. Daniel Klauer, South Bend, IN

"Within the first 10 minutes of Dr Olmos' lecture, I saw this system as the missing link for me. I have always tried to look for the root causes of things in dentistry, and have been frustrated by really high quality work that still has a chance to fail. It was like a light bulb turned on and I realized what I have been missing."

-Dr. John Imm, Columbus, OH

i-CAT





Dental Alignment Systems™

MYOFUNCTIONAL

RESEARCH CO.





Course Includes:

Comprehensive 3 session manuals, all forms & documentation (patient intake, clinical exam, tracking) are supplied to successfully treat patients.

Dates

Session 1 September 8-9, 2017 Session 2 October 13-14, 2017 Session 3 November 10-11, 2017

Location: Orlando World Center Marriott

Preferred Hotel

Orlando World Center Marriott 8701 World Center Dr. Orlando, FL 32821 1 (800) 228-9290

Limited number of rooms at a special rate of \$139.00 per night BOOK EARLY!

(Special block rates closes 30 days before start of session)

Contact hotel directly for reservations

Register Today!

www.tmjtherapycentre.com
Or speak directly with our Education Administrator

877.865.4325 / 619.462.0676



Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 61/1/14 to 5/31/18. Provider ID





2017 MINI-RESIDENCY COURSE REGISTRATION

Fax 619-469-4524 | Email education@tmjtherapycentre.com

Doctor Name(s):				
Staff Name(s):				
Address:			City:	
Province/State:	Postal/Zip Co	ode:	Country:	
Email:				
Cell Phone:	Office Pho	one:		
☐ MINI RESIDENCY Session 1:	September 8-9, 2017 MINI RESIDENCY Session			n 2 October 13-14, 2017
Doctor Course Fee \$2195 per session	n 🔷 Private Practitioner Non-L	Dentist Fee \$1695 pe	er session 🔷 Sta	ff Course Fee \$950 per session
Doctor Fee \$2195 x	_Sessions	\$		\$
Private Practitioner Fee \$1695 x		\$		\$
Staff Fee \$950 xStaff x	Sessions	\$		\$
TOTAL COURSE FEE		\$		\$
 Please Select One Option: □ I authorize my credit card to be be due 30 days in advance of cou □ I authorize a one time charge on Mini Residency Course. 	ırse.			
PLEASE CHOOSE:	SA □ MASTERCARI	D DISC	OVER	AMERICAN EXPRESS
Name on Card:				
Card Number:		Exp Date:	Bill	ing Zip Code:
Cancellation Policy: All refunds will be is made in writing (emails accepted) up to 30 da refunds within 30 days of a session due to not missed session at a later date. In the unlikely within 21 days following the scheduled date of I understand, accept and acknowledge that the	nys prior to the start of the program ar n-refundable commitments. In the eve event that T&S Therapy Centre Internof the event. Please initial here to con	nd will be refunded in fu ent that you cannot atto national cancels this pr firm that you have reac	ull less 10% of the fe end a session, arrang ogram all paid regis d and agree to the ca	es collected. We are unable to offer gements can be made to attend the tration fees will be refunded in full uncellation policy
Print Name:	Signature:			
Referred by:				
	FOR OFFICE US	SE ONLY		
Invoice #	Sales Order #		PIF#	‡