

# SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

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

## 42 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

### Course Includes:

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

### Dates:

- Session 1 April 27-28, 2018**
- Session 2 May 25-26, 2018**
- Session 3 June 22-23, 2018**

### Location:

**Rancho Cucamonga, CA**  
Closest airport is the Ontario International Airport

*Rancho Cucamonga is only  
40 minutes away from Disneyland.  
Come learn with us and play  
with the family this Spring!*

### 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

### Register Today!

www.tmjtherapycentre.com  
Or speak directly with our Education Administrator  
**877.865.4325 / 619.462.0676**



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Join our International Family of Centres! For more information please contact:  
T&S Therapy Centre International - 877.865.4325 / 619.462.0676 - education@tmjtherapycentre.com - tmjtherapycentre.com



2018 MINI-RESIDENCY COURSE REGISTRATION
Fax 619-469-4524 | Email education@tmjtherapycentre.com

Doctor Name(s):

Staff Name(s):

Address: City:

Province/State: Postal/Zip Code: Country:

Email:

Cell Phone: Office Phone:

- MINI RESIDENCY Session 1 April 27-28, 2018
MINI RESIDENCY Session 2 May 25-26, 2018
MINI RESIDENCY Session 3 June 22-23, 2018

Doctor Course Fee \$2195 per session Private Practitioner Non-Dentist Fee \$1695 per session Staff Course Fee \$950 per session

Table with columns for Doctor Fee, Private Practitioner Fee, Staff Fee, and TOTAL COURSE FEE. Includes a 'FOR OFFICE USE ONLY' box for calculations.

PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay T&S Therapy Centre International the full fee as outlined above for the listed course. I understand that T & S International is a United States based company and that all fees are payable in US dollars.

Please Select One Option:

- I authorize my credit card to be charged the first sessions fee upon receipt of registration form. Subsequent payments will be due 30 days in advance of course.
I authorize a one time charge on my credit card for the entire amount for my registration of the 3 Sessions of the Mini Residency Course.

PLEASE CHOOSE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card:

Card Number: Exp Date: Billing Zip Code:

Cancellation Policy: All refunds will be issued via USD check from our corporate office, regardless of how payment was made. Cancellations can be made in writing (emails accepted) up to 30 days prior to the start of the program and will be refunded in full less 10% of the fees collected.

Please initial here to confirm that you have read and agree to the cancellation policy.

I understand, accept and acknowledge that this agreement made this day of , 2018 to be in effect and binding as of said date of signing.

Print Name: Signature:

Referred by:

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Table with columns for Invoice #, Sales Order #, and PIF#