

Hands-On Phase II Orthodontics

In Office, Clinical Program for Finishing Your TMJ Cases

Individual Instruction & Hands-On Training



YOU WILL LEARN

The essential steps through practical application in this 6 session (12 day) in office program

- Concepts of 3D Position Correction
- Cant Correction Identification and Determination
- ◆ Types of Orthodontics: Passive Ligation vs Twin Brackets
- Developing a Treatment Plan
- Airway: Its Role and How it Influences Treatment



Directed by Edmund Lipskis, D.D.S. MS
Diplomate American Board of Craniofacial Pain
Diplomate American Board of Craniofacial Dental Sleep
Medicine Diplomate Academy of Clinical Sleep Disorders
Fellow American Academy of Craniofacial Pain
Fellow American Academy of Functional Orthodontics
Fellow International Association for Orthodontics

Testimonials

"Having taken many orthodontic courses and incorporated both TMD treatment and Orthodontics in my practice for many years I was looking for an ortho course that would help me connect the dots. Dr. Lipskis' course has it all. For both the advanced practitioner that wants to step up or the practitioner who is trying to put it all together with or without a TMD practice. The atmosphere, smaller more intimate class size and the hands-on in clinic sessions are simply fabulous. I highly recommend this course!"



-Dr. Bradley Oldfin, Ontario, Canada













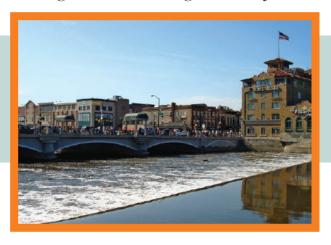












- Removable Appliances vs Fixed
- ◆ TADs- Their Use and How to Bracket
- Handling the Symptomatic Episodes
- ◆ Class II Cases, Do They Exist as Phase II TMD Cases
- ◆ Case Finishing Integrating Ideal Orthodontic Principles with Phase II/TMD Cases

Dates:

Session 1 May 18-19, 2018

Session 2 June 8-9, 2018

Session 3 July 13-14, 2018

Session 4 August 17-18, 2018

Session 5 September 14-15, 2018

Session 6 October 12-13, 2018

Location: St. Charles, IL

Due to the hands-on nature of this course, space is limited!

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 IDI: 305666





2018 HANDS-ON PHASE II ORTHODONTICS COURSE REGISTRATION

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

Doctor Name(s):			
Staff Name(s):			
Address:		C	ity:
Province/State:	Postal/Zip	Code: Count	try:
Email:			
Cell Phone:	Office P	Office Phone:	
☐ PHASE II ORTHO S	ession 1 May 18-19, 2018 ession 3 July 13-14, 2018 ession 5 September 14-15, 2018	☐ PHASE II ORTHO Session 2 June 8-9, 2018 ☐ PHASE II ORTHO Session 4 August 17-18, 2018 ☐ PHASE II ORTHO Session 6 October 12-13, 2018	
	◆ Doctor Course Fee \$2195 per session	◆ Staff Course Fee \$950 pe	
Doctor Fee \$2195 x	Sessions	\$	FOR OFFICE USE ONLY
	Staff x Sessions	\$	\$
TOTAL COURSE FEE		\$	\$
be due 30 days in ad I authorize a one tim	t card to be charged the first sessions for vance of course. The charge on my credit card for the entire		
	Orthodontics course.	DD □ DISCOVED	□ AMEDICAN EVDDESS
PLEASE CHOOSE:	□ VISA □ MASTERCAI	RD □ DISCOVER	□ AMERICAN EXPRESS
Name on Card:			Dilli 71 G 1
Card Number:		Exp Date:	•
made in writing (emails acceptorefunds within 30 days of a session at a later date. I within 21 days following the sc	nds will be issued via USD check from our co ed) up to 30 days prior to the start of the program sion due to non-refundable commitments. In the In the unlikely event that T&S Therapy Centre Int cheduled date of the event. Please initial here to co	and will be refunded in full less 10% event that you cannot attend a session ernational cancels this program all proportions that you have read and agree	o of the fees collected. We are unable to offer on, arrangements can be made to attend the paid registration fees will be refunded in full to the cancellation policy.
I understand, accept and ackno	owledge that this agreement made thisday	y of, 2018 to be in	effect and binding as of said date of signing.
Print Name:		Signature:	
Referred by:			
-	FOR OFFICE	E USE ONLY	
Invoice #	Sales Order #		PIF#