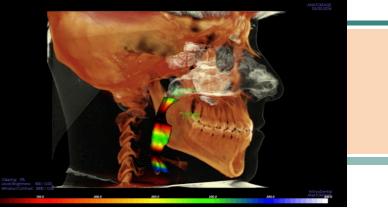
TMJ & Sleep Therapy Centre



8 Hours Lecture & Participation CE



OBJECTIVES

- Imaging protocols and patient dose considerations
- Reformatting CBCT scan volumes based on diagnostic task
- Review of radiographic anatomy and normal radiographic appearance with emphasis on airway & TMJ imaging
- How to perform a systematic review and interpretation of a CBCT scan volume
- Review of common soft tissue and osseous abnormalities in CBCT
- Ethical and medicolegal considerations of CBCT
- Principles of modern CBCT technology and its application in patient diagnosis
- Case review participants are invited to bring a case for group discussion**
 **Cases need to be brought on a USB or sent to us ahead of time at education@tmjtherapycentre.com



Directed by Grace Petrikowski, D.D.S., MSc, FRCD(C) Specialty: Oral and Maxillofacial Radiology

Dr. Grace Petrikowski graduated from the Faculty of Dentistry at the University of Alberta and completed her Oral and Maxillofacial Radiology specialty training at the University of Toronto. She later completed a Master of Science degree through the Department of Applied Sciences in Medicine in

the Faculty of Medicine at the University of Alberta and taught for a number of years at the Universities of Alberta and Toronto. In addition to teaching in continuing education courses, Dr. Petrikowski maintains a full-time private radiology practice and has contributed to textbooks on oral and maxillofacial diagnostic imaging and TMJ imaging.



Dates:

Sunday, October 14, 2018 Location:

Orlando World Center Marriott Doctor Course Fee:

\$1095.00 per one day session (Lunch Provided)

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 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#: 305666



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2018 MAXILLOFACIAL RADIOLOGY 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:				
MAXILLOFACIAL RADIOLOGY October 14, 2018					
 Doctor Course Fee \$1095 per one day session 					
		FOR OFFICE USE ONLY			
Doctor Fee \$1095	\$	\$			
TOTAL COURSE FEE	\$	\$			

PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay TMJ & Sleep Therapy Centre International the full fee as outlined above for the listed course. I understand that TMJ & Sleep International is a United States based company and that all fees are payable in US dollars. If your payment is made in a currency other than USD, the current exchange rate will be applied for each payment. I also understand that if paid in a different currency then a foreign exchange fee may be applied by my merchant and that TMJ & Sleep Therapy Centre International is not responsible for that fee.

Please Select One Option:

□ I authorize a one time charge on my credit card for the entire amount for my registration of the MAXILLOFACIAL RADIOLOGY Course

PLEASE CHOOSE:	□ VISA	□ MASTERCARD	□ DISCOVER	□ AMERICAN EXPRESS
Name on Card:				
Card Number:			xp Date:	Billing Zip Code:
made in writing (emails accepte offer refunds within 30 days of to attend the missed session at fees will be refunded in full with Please initial here to confirm the	ed) up to 30 days pri f a session due to no a later date. In the hin 21 days following at you have read and	rior to the start of the program and on-refundable commitments. In the e unlikely event that TMJ & Sleep TI g the scheduled date of the event. d agree to the cancellation policy.	l will be refunded in full less e event that you cannot atten 'herapy Centre International	p payment was made. Cancellations can be 10% of the fees collected. We are unable to nd a session, arrangements can be made cancels this program all paid registration effect and binding as of said date of signing.
Print Name:			Signature:	
Referred by:				
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Invoice #		Sales Order #		PIF#