

Live-Patient Surgical Training

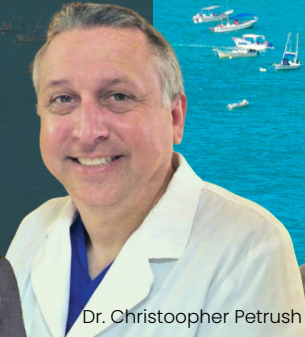
34 CEU

Nov. 20-24
2024

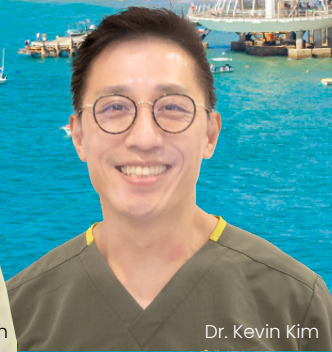
Puerto Vallarta, Mexico



Dr. Joseph Yang



Dr. Christopher Petrush



Dr. Kevin Kim



ABOUT COURSE

This is a dental implant training program designed for dental clinicians to be able to place and perform advanced implant surgery under close supervision on live-patients in Puerto Vallarta.

GDIA offers three levels of Dental Implant Surgical Training -Fundamental, Intermediate, and Advanced. All levels will cover from diagnosis, treatment planning and live surgery. This course is limited to 10 doctors. With the guidance of instructors and volunteering GDIA mentors, we maintain a 2:1 ratio of participants to instructor. During the program, you will perform surgery on patients under the direction of top clinicians from our faculty members.

All patients and cases will be selected and pre-screened by GDIA faculty before the program.



REGISTER NOW!

(323) 617-4141 | info@gdia.com | www.gdia.com

PV Course Overview

Course Subject	PV-Basic	PV-Intermediate	PV-Advanced
Treatment Planning Using CBCT Imaging	✓	✓	✓
Free Handed Surgery	✓	✓	✓
Basic Surgical Principles: Suturing, Incision & Flap Design	✓	✓	✓
Atraumatic Extraction	✓	✓	✓
Socket Management		✓	✓
GBR		✓	✓
Partially & Fully Edentulous Arches		✓	✓
Bi-Lateral Sinus		✓	✓
Lateral Sinus			✓
Ridge Split Technique			✓
Full Mouth Reconstruction			✓
All on X			✓
Tuition	\$10,500	\$12,500	\$13,500

DAILY COURSE SCHEDULE

7:30 AM - Breakfast
 8:00 AM - Leave to Clinic
 9:00 AM - Lecture
 10:00 AM - Surgery
 12:00 PM - Lunch
 1:00 PM - Surgery
 5:00 PM - Leave to Hotel
 7:00 PM - Dinner

3 Surgeries a day!

Learn, Serve and Thrive!

Patient-care focused implant surgical course, offering digitally guided and free-hand surgery training with unrivaled curriculum.

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Registration Form

Live-Patient Surgical Training Program in Puerto Vallarta, Mexico

Applicant's Information:

Sales Rep. _____

Referred by _____

Name _____ DDS DMD Specialty (if Applicable) _____

Office Address _____

Office Phone # _____ Fax _____

Cell Phone # _____ E-mail _____

Licensed in State _____ License # _____

Course Fee _____ Course Code : GDIA 101 GDIA 201 GDIA 301 Soft Tissue

- Copy of current state dental license attached
- Copy of current dental malpractice policy attached
- Copy of COVID vaccination record
- Flight Itinerary

Size of Medical Scrubs Sets :
 XS S M L XL XXL

Level of Clinical Experience	Extensive=20+ cases	Moderate= 10-20 cases	Limited=less than 10 cases	None=0
Soft tissue surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Dental implant surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Sinus grating procedures	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Dental surgery in general	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Advanced grafting procedures	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Computer aided guide surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Full mouth reconstructive surgery	<input type="checkbox"/> Extensive	<input type="checkbox"/> Moderate	<input type="checkbox"/> Limited	<input type="checkbox"/> None
CE courses taken in past 12 months	<input type="checkbox"/> 50+ hrs	<input type="checkbox"/> 25-50 hrs	<input type="checkbox"/> 10-25 hrs	<input type="checkbox"/> <10 hrs

Describe formal implant training (institute, instructor, when taken, length of time etc.)

Implant system(s) familiar with

- I **understand** that the program supplies me with a number of clinical cases that are suitable for learning purposes of the participants
- I **understand** that due to the nature of clinical case load, the cases will be distributed to each participants depending on the availability of cases, experience level of each participants, and type of procedure being rendered
- I **understand** that summary of cases (photographs, clinical images, radiographs, health history, models) will be available for review, prior to the first clinical session
- I **understand** that I will be operating clinically under the auspices of Global Dental Implant Academy and Centro Odontologia Especializada I also understand that provisional licensure is granted to the program by the local health authorities
- I **agree** as a health care professional to practice in the safest, and the most sound method possible and as in the Hippocratic Oath, "do no harm."
- I **agree** to pay \$ _____ of the tuition in order to secure my spot in the program, and complete the full payment by at least 14 business days before the first day of the program
- I **understand** that the travel to and from San Diego International Airport is my responsibility. I also understand that travel from San Diego International Airport to the hotel in Tijuana, and to and from the clinic is provided by GDIA

Payment Enclosed: VISA MC AMEX DISC Check (Payable to GDIA)

Credit Card No. _____ Exp. Date _____ CVV Code _____

Billing Address _____

Total Credit Charge \$ _____ Signature _____ Date _____

Refunds are granted only if a written cancellation notification is received at least 60 days before the course. 50% of the tuition minus a processing fee will be refunded if cancellation occurs within 31 days before this course. No refund is granted afterwards. A \$75 fee is withheld for processing cancellation must be notified in writing by emailing to info@gdia.com

Register Now!

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International Health Insurance for Travelers

Live-Patient Surgical Training Program in Puerto Vallarta, Mexico

Travel Schedule

- Trip Destination : Puerto Vallarta, Mexico
- Trip Purpose : Education
- Trip Type : Single Trip

Purpose

- Coverage
- Medical Limit : \$1,000,000.00
 - Deductible : \$0.00

*Required Information for Traveler's Insurance

Participant's Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
E-mail	<input type="text"/>
Phone #	<input type="text"/>
Beneficiary Name/ Relationship	<input type="text"/>
Beneficiary Contact Information	<input type="text"/>
Address	<input type="text"/>



Global Dental Implant Academy (GDIA)
Nationally Approved PACE Program Provider
for FAGD/MAGD credit.
Approval does not imply acceptance by any
regulatory authority or AGD endorsement.
11/1/2017 to 10/31/2024
Provider ID#358861

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