

Basic-Intermediate **

16 CEUs

HANDS-ON

PRF
Dental Implant
Course with
Phlebotomy
Training

INSTRUCTOR

Dr. Robert J. Miller DDS, FACD, DABOI, FAO

- Graduated with honors from NYU College of Dentistry
- International College of Dentists Award
- Honored Fellow of the American Academy of Implant Dentistry
- Diplomate International Congress of Oral Implantologists
- Diplomate Academy of Osseointegration



Course Objectives:

Understand a site-based concept of defect regeneration

Understand the importance of attached keratinized tissue and adequate vestibular depth

Develop treatment strategies for peri-implantitis

Treatment of the implant surface to restore hydrophilicity and enhance cell attachment

DAY 1 - LECTURE

- Advanced regenerative procedures for bone grafting
- Regeneration of the facial/incisal line angle for aesthetics
- Importance of keratinized tissue and sufficient vestibular depth
- Understanding of the Mode of Failure in peri-implantitis
- Treatment strategies for treatment of peri-implantitis
- · UVC photofunctionalization of the implant surface
- · Conditioning of the implant surface with autologous plasma

DAY 2 - HANDS-ON

- PRF fundamentals / Phlebotomy hands-on
- Fabrication of particulate sticky bone
- · Fabrication of composite grafts with autologous growth factors
- · Model surgery with defect grafting techniques

Date June. 14 (Fri) & 15 (Sat), 2024

Location Double Tree Hotel, Fort Lee, NJ 2117 Route 4 Eastbound, Fort Lee, NJ 07024

Course 8:30-Registration

9:00 AM-5:00 PM - Lecture & Hands-on

*Light pastries & coffee for breakfast and

lunch are included.

Tuition \$1,200

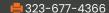
Offering 20% Off Promo Code

20GDIA Ends 5/15









Promotion ONLY for Course Attendees



DENTIS Centrifuge Machine SET



PRF-BOX R (1)

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Red Tube (50)



Atraumatic Tweezer (1)



Goldenman Fox Scissors (1)



DW HorizonSpin (1)

Total MSRP: \$3,670

Dr. Miller Course Price

\$1,899

REGISTRATION FORM

Name					DS DMD
Office Address					
City		_ State	Zip		
Office Phone	Fax _				
Cell Phone	E-mai	il			
Licensed In State	License #		AGD Meml	ber:	
Specialty (If Applicable)	No. of Team N	/lembers A	ttending		
Payment Enclosed: ☐ visa ☐ мс	☐ AMEX ☐ DISC ☐ Check (payable to GDIA)		Exp. Date:		
Credit Card No.:			CVV Code:		
Billing Address:					
Address Total Credit Charge: \$	Signature:	City Date		State	Zip Code
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