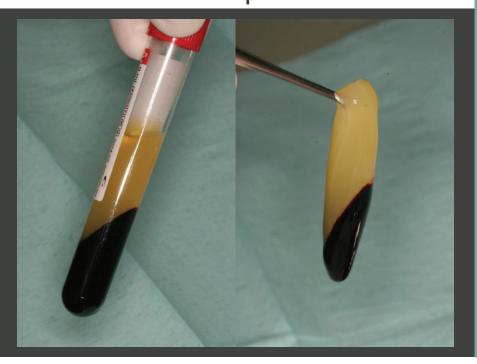
PRF Dental Implant Course



Basic-Intermediate★★ Max Attendees: 24

HANDS-ON 16 CEUs

Date

Location GDIA SoCal Education Center

11095 Knott Ave Suite ABC Cypress, CA 90630

Course

8:30-Registration 9:00 AM-5:00 PM-Lecture & Hands-on

Tuition \$1,200

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

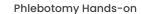
Develop treatment strategies for peri-implantitis

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

- 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
- Phlebotomy Training

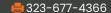












Promotion ONLY for Course Attendees



DENTIS Centrifuge Machine SET



PRF-BOX R (1)

The state of the s



Atraumatic Tweezer (1)



Red Tube (50) Goldenman Fox Scissors (1)



DW HorizonSpin (1)

Total MSRP: \$3,670

Dr. Miller Course Price

\$1,999

REGISTRATION FORM

Name					DS DMD
Your Sales Rep. Name					
Office Address					
City		State	Zip		
Office Phone	Fax				
Cell Phone	E-ma	ail			
Licensed In State	License #		AGD Meml	oer:	
Specialty (If Applicable)	No. of Team	Members At	ttending		
Payment Enclosed:visamc	AMEX DISC Check (payable to GDIA	A)	Exp. Date:		
Credit Card No.:			CVV Code:		
Billing Address:					
Address		City		State	Zip Code
Total Credit Charge: \$	Signature:	Date	:		





Nationally Approved PACE Project Provider for FAGD/MAGD credit.

Y Approval does not imply acceptance by any useful authority or AGD endorsement.

11/1/2017 to 10/31/2024

Provider ID#358861