

Enhancing Clinical Assessment Using Cone Beam Computed Tomography (CBCT)

DATE : 6 November 2016, Sunday
TIME : 8:30am - 5:00pm
VENUE : International Medical University,
Bukit Jalil, Kuala Lumpur, Malaysia

Keynote Speakers and Facilitators:



Prof Phrabhakaran Nambiar
Oral Radiologist and Forensic Dentist



Prof Swati Yeshwant Rawal
Periodontist



Dr Naresh Shetty
Oral Surgeon



Dr Sham Kishor Kanneppady
Oral Radiologist



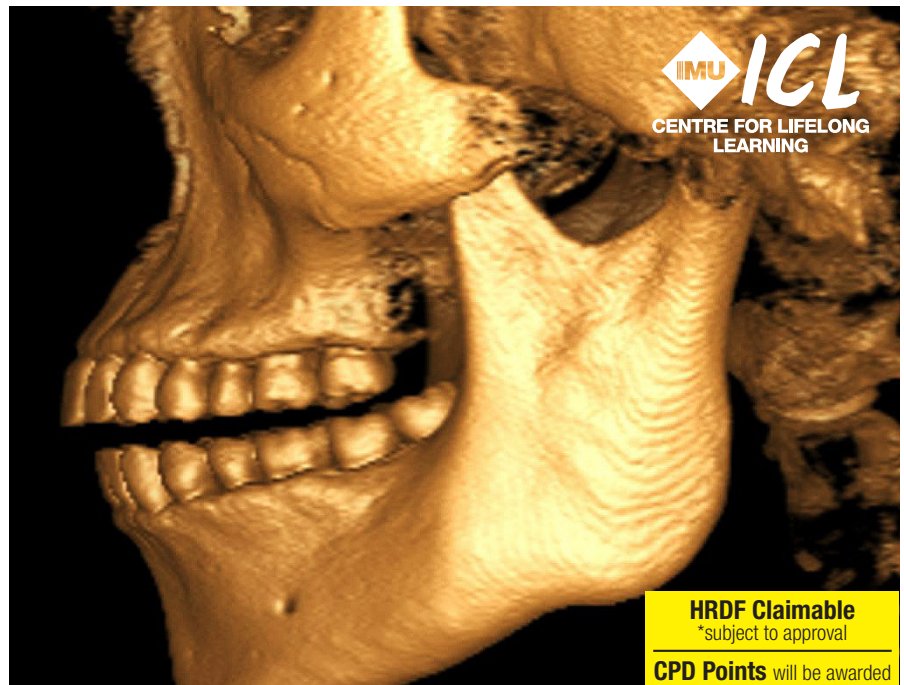
Dr Thomas Mathew
Orthodontist



Dr Shekhar Bhatia
Endodontist

CONTACT PERSON

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IMU ICL
CENTRE FOR LIFELONG LEARNING

HRDF Claimable
*subject to approval
CPD Points will be awarded

Imaging is an important diagnostic tool in the clinical assessment of dental patients. The introduction of cone-beam computed tomography (CBCT) that is specifically dedicated to imaging maxillofacial region heralds a paradigm shift from a 2D to a 3D approach to data acquisition and image reconstruction.

The International Medical University (IMU), School of Dentistry, is organising a full day workshop, that encompasses lectures from experience speakers who used CBCT successfully and hands-on training in manipulating CBCT images for diagnosis, treatment planning and guide operative and surgical procedures in implant dentistry, oral surgery, endodontics and orthodontics.

Participants will be paired and each pair will have hands-on experience on a laptop working on cases.

OBJECTIVES

- To enhance the diagnosis and treatment planning skills of dental clinicians through the application of CBCT.
- To apply CBCT in implant dentistry, oral surgery, endodontics and orthodontics through hands-on CBCT experience.

TARGET AUDIENCE

- Private Specialists and General Dental Practitioners.
- Ministry of Health Specialists and Dental Officers.
- Dental Academic Staff and Students.

LEARNING OUTCOMES

- To understand the basic principles on the use of CBCT in dental practice.
- To apply CBCT for specific dental treatment and to predict and evaluate artifacts in CBCT scans.
- To apply CBCT imaging in pre-implant treatment planning.
- To indicate cases that would benefit from the use of CBCT in oral surgical planning, endodontics and orthodontic procedures.

REGISTRATION FEE

RM500 (Inclusive of 6% GST)

Registration will be on first come first serve basis as the workshop is limited to only 30 participants

REGISTRATION FORM

Name: _____ Nationality: _____
 Gender: Male Female Title: Mr Mrs Ms Prof Dr Other: _____
 Organisation: _____
 Department: _____ Position: _____
 Tel No: () _____ Fax No: () _____ Mobile Phone No: _____
 Address: _____
 Postcode: _____ City: _____ State: _____
 Please indicate whether this is your office or home address: Organisation Home
 Email: _____
 Organisation's Website (if any): _____
 Dietary Needs/Preference: Vegetarian Non-Vegetarian
 Are you an IMU Alumni member? Yes No

REGISTRATION FEE RM500**MODE OF PAYMENT**

Please tick your option:

- Cash
 Cheque* (for Malaysian Banks only)
 Credit Card

I hereby authorise the processing of my card for the sum of (USD/RM): _____

Please complete the following sections. These details are required for security purposes.

Type of Card: VISA MASTERCARD Issuing Bank: _____

Cardholder's name (as it appears on the card): _____

Card Number: Card Expiry Date: / (MM/YY)Card Security Code (3 digits found on reverse VISA / MASTERCARD) Bank Draft* Bank of Issue: _____ Date: _____ Total Amount (USD/RM): _____

* Payable to IMU Education Sdn Bhd

CANCELLATION POLICY

1. Any cancellation of registration must be made in writing to the Secretariat of Enhancing Clinical Assessment Using Cone Beam Computed Tomography (CBCT).
2. There will be a 50% refund of registration fee for cancellation made before 6 October 2016.
3. There will be a 30% refund of registration fee for cancellation made before 20 October 2016.
4. There will be no refund of registration fee for cancellations made after 27 October 2016, however a substitute participant will be welcomed.
5. The Organiser reserves the right to cancel or change the topic of the workshop, if for whatever reasons beyond its control, the workshop cannot be held as scheduled or the topics need to be altered.

DECLARATION AND AUTHORISATION

1. I confirm that the above information is correct and I will inform IMU when there is any change to this information.
2. I have read, understood and consent to the processing of my personal data as set out in the enclosed Privacy Notice.

Signature_____
Date**DISCLAIMER:**

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to the speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.

FOR MORE INFORMATION, KINDLY CONTACT:

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