



INTERNATIONAL MEDICAL UNIVERSITY
MALAYSIA



GATEWAY TO IMPLANT DENTISTRY

Case Selection, Hands-On Workshop On Treatment Planning Using CBCT And Surgical Placement Of Dental Implant

▼ DATE

2 November 2018 (Friday)

▼ TIME

8:30am – 5:30pm

▼ VENUE

International Medical University,
Bukit Jalil, Kuala Lumpur,
Malaysia

▶ KEYNOTE SPEAKERS ◀



Dr Elvin Leong

MDS (Prosthodontics), FRACDS (Australia),
Adjunct A/Prof,
International Medical University, Malaysia



Dr Naresh Shetty

MDS (OMFS), FDSRCS (Edinburgh), MFDSRCS (Glasgow),
FDSRCS (England), Program Director (PGDID),
Senior Lecturer,
International Medical University, Malaysia



Dr Sham Kishor

MDS, PhD, Oral Radiologist, Senior Lecturer,
International Medical University, Malaysia

This one-day course will provide an opportunity for dental practitioners to integrate basic knowledge of implantology from case selection, treatment planning to practice building in clinical practice. The participants will perform a hands-on CBCT planning and critical steps in the placement of dental implants.

OBJECTIVES

- Formulate a treatment plan for replacement of missing teeth using dental implants
- Interpret a CBCT image and identify anatomical landmarks
- Perform hands-on assessment of a CBCT image of an anatomical site for future implant placement using ICAT software
- Perform hands-on placement of implants on a model

PROGRAMME

| TIME | TOPIC |
|-------------------|--|
| 9:00am - 10:45am | Case Selection and Treatment Planning in Implant Dentistry |
| 10:45am - 11:15am | Tea Break |
| 11:15am - 11:45am | Building Successful Implant Practice |
| 11:45am - 12:30pm | Factors Influencing Surgical Placement of Implants |
| 12:30pm - 1:00pm | Discussion / Q&A |
| 1:00pm - 2:00pm | Lunch Break |
| 2:00pm - 3:00pm | Hands-On Workshop on Treatment Planning Using CBCT |
| 3:00pm - 5:00pm | Hands-On Workshop on Surgical Placement of Dental Implants on Jaw Models |
| 5:00pm - 5:30pm | Discussion / Q&A / Tea Break |

REGISTRATION FEE

| Early Bird <small>(By 30 September 2018)</small> | Regular | IMU Alumni |
|---|--------------|--------------|
| RM500 | RM600 | RM420 |



CONTACT US

SECRETARIAT

T +603 2731 7669 / 7072 | F +603 8656 8018 | E icl@imu.edu.my



REGISTRATION FORM

SURNAME / LAST NAME:

FIRST NAME:

NATIONALITY:

GENDER: MALE FEMALE

TITLE: MR MRS MS PROF DR

OTHER:

ORGANISATION:

PUBLIC PRIVATE

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):

ARE YOU AN IMU ALUMNI MEMBER? YES NO

DIETARY NEEDS/PREFERENCE: VEGETARIAN NON-VEGETARIAN

REGISTRATION FEE

EARLY BIRD: RM500 REGULAR: RM600 IMU ALUMNI: RM420

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 (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 (RM):

* Payable to IMU Education Sdn Bhd

CANCELLATION POLICY

1. Any cancellation of registration must be made in writing to the Secretariat of GATEWAY TO IMPLANT DENTISTRY - Case Selection, Hands-On Workshop On Treatment Planning Using CBCT And Surgical Placement Of Dental Implant.
2. There will be full refund of registration fee for cancellation made by 2 September 2018.
3. There will be a 50% refund of registration fee for cancellation made before 2 October 2018.
4. There will be a 30% refund of registration fee for cancellation made before 19 October 2018.
5. There will be no refund of registration fee for cancellations made after 19 October 2018.
6. 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.