



# **LATERAL SINUS GRAFT AND IMMEDIATE IMPLANT PLACEMENT**

## DATE

23 - 24 July 2019 (Tuesday – Wednesday)

## TIME

8:30 am - 5:30 pm

### **VENUE**

Artius Dental Specialist Centre, Suite #01-14, Level 1, Menara See Hoy Chan, 374, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.

## ▶ KEYNOTE SPEAKERS ◀



**Dr Jeanette Chua** Founder of Artius Group, Diplomate of American Board of Periodontology



Dr Y. Naresh Shetty Head of Oral Diagnostics and Surgical Sciences, International Medical University

atients suffering from tooth loss in the posterior and anterior maxilla are often subjected to functional, aesthetic and psychological complications. Often, the posterior maxilla needs augmentation prior to implant placement due to anatomical constraints of the lateral sinus. The anterior maxilla is another challenging region for dental implant placement if augmentation is not performed immediately upon extraction or implants are not inserted immediately to maintain the soft and hard tissue architecture.

All these three procedures are highly sensitive and requires scientific and anatomical knowledge before clinical practice. Day 1 of the workshop will focus on augmentation procedures of the posterior maxilla, specifically on lateral sinus graft. Day 2 of the workshop will focus on anterior maxilla immediate implant placement as well as socket preservation.

## **OBJECTIVES**

- To have a better understanding of practical aspects and results based on biological principles of different bone augmentation procedures leading to long-term aesthetic and functional implant restorations.
- To have hands-on experience in sinus lift, bone grafting procedures and immediate implant placement.

## **REGISTRATION FEE**

Early Bird (By 23 May 2019)	Regular	IMU Alumni	Student (IMU student)
RM1000	RM1200	RM840	RM600



## CONTACT US

**SECRETARIAT** 

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REGISTRATION  EARLY BIRD: □RM		IMU ALUMNI: □ RM840	STUDENT (IMU STU	JDENT): □ RM600
CREDIT CARD  CREDIT CARD  BANK DRAFT*  * Payable to IMU Education So	OPTION:  Ialaysian banks only)  I hereby authorise the processing Please complete the following set TYPE OF CARD: VISA CARDHOLDER'S NAME (as it app CARD NUMBER: CARD EXPIRY DATE: 7/C CARD SECURITY CODE (3 digits for BANK OF ISSUE:	ctions. These details are re  MASTERCARD  ears on the card):  (MM/YY)	quired for security purp ISSUING BANK:  stercard)	poses.
CANCELLATIO	N POLICY			
Workshop on Late 2. There will be full r 2019.	of registration must be made in writing eral Sinus Graft and Immediate Imp refund of registration fee for cancell 1% refund of registration fee for can	plant Placement. lation made by 23 May 5	before 9 July 2019. There will be no re 9 July 2019. The Organiser rese workshop, if for wh	% refund of registration fee for cancellation made. fund of registration fee for cancellations made after erves the right to cancel or change the topic of the atever reasons beyond its control, the workshop cannot ed or the topics need to be altered.
DECLARATION	AND AUTHORISATION			
	above information is correct and I rstood and consent to the processi			
	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.

