

*“Practical Oral Surgery for the General Dentist”*



**Jay B. Reznick, DMD, MD**

**Friday, April 12, 2019**

**Richmond Marriott Short Pump  
4240 Dominion Blvd., Glen Allen, VA 23220**

**6 CE Credit Hours**

**SAVE THE  
DATE!**

Registration: 8:00 a.m.  
Lecture: 9 a.m. – 4 p.m.

The Richmond Dental Society is an ADA CERP recognized provider approved by the Virginia Dental Association. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental information. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The Richmond Dental Society designates this activity for 6 continuing education credits.

**Dr. Jay B. Reznick, DMD is a Diplomate of the American Board of Oral and Maxillofacial Surgery and serves as the moderator for the Oral Surgery section of Dentaltown website.** He received his undergraduate Biology degree from CAL-Berkeley, Dental Degree from Tufts University, and his MD Degree from the University of Southern CA. He did his internship in General Surgery at Huntington Memorial Hospital in Pasadena and trained in Oral and Maxillofacial Surgery at LA County-USC Medical Center. **Dr. Reznick was one of the first North American adopters of fully-guided, prosthetically-based implant surgery and was the first specialist in the US to integrate CBCT and AD/CAM in his practice.** He has taught dentists about basic and advanced implant dentistry, surgery, and 3D digital technology for the last two decades. Dr. Reznick has published extensively in dental and medical literature. He lectures frequently at dental meetings and educational conferences, as well as giving live training courses to dentists from all over the world.

**FROM THIS LECTURE YOU WILL LEARN:**

1. This presentation covers the “basics” of oral surgery for the general practitioner.
2. Increase the knowledge level and comfort zone of the general dentist when performing surgical procedures. Learn the tools to **reduce referrals and add more production.**
3. How to evaluate the patient’s medical history, management of the patient on anticoagulants, antibiotic prophylaxis, and informed consent, presurgical planning, local anesthesia, design and use of surgical flaps, handpieces and hand instruments, classification of third molar impactions, surgical techniques for impacted teeth, and management of surgical site, biopsy indications and techniques, and management of complications.

**COURSE OBJECTIVES:**

1. Relationship between patient’s medical history/medications and dental care.
2. Better treatment plan for surgical extraction/impaction cases to reduce wasted surgical time and frustration.
3. Understand the difference between surgical handpiece and standard dental handpiece and when each should be used.
4. How to manage extraction site for multiple extractions and implant site preparation.
5. Understand how to avoid complications that occur during and after surgery and know how to appropriately manage those that do occur.

**April 12, 2019 ALL-DAY CE COURSE REGISTRATION FORM**

Name: \_\_\_\_\_ Additional Attendee(s): 1) \_\_\_\_\_  
 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

**REGISTRATION FEE (Includes Lunch from Noon to 1:00 PM)**

- VDA Member Dentists - \$200  VDA Member Staff - \$100  
 \*Non-Member Dentists of RDS/VDA/ADA - \$500  Non-Member Staff - \$200

**Cancellation/Refund Policy:** All Cancellations must be received in writing 7 days prior to scheduled program (Attn: Linda Simon, Executive Director).  
 Please make check payable to: **Richmond Dental Society • 14241 Midlothian Turnpike, #509 • Midlothian, VA 23113**

Check Enclosed \$ \_\_\_\_\_  I will pay by credit card:  VISA  MasterCard  Discover  
 Card # \_\_\_\_\_ Exp.Date: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_  
 Billing Street: \_\_\_\_\_ Billing City/State: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_