

THE PATUXENT DENTAL SOCIETY

proudly presents:

" Understanding immediate temporization in Implant Dentistry"

by:

Dr. John Davliakos

Introduction:

Proven and progressive philosophies in modern dentistry have led to an emerging understanding of the validity and benefits of immediate temporization of a single implant-supported unit or an entire dentition. The utilization of preventive and interceptive prosthodontics is enabling the development of clear parameters for success.



The goal of aligning the patient's desires with clinical success requires consideration of balancing the benefits of a non-removable temporary solution with the possibility of compromising osseous integration. A clinician is faced with the questions: When does the esthetic and functional benefit outweigh the potential risk? What factors contribute to decreasing those clinical and financial risks? Are there alternatives that can increase the likelihood of successful integration?

Clinical techniques, technology and products all contribute to improving the outcome. In some situations, a "delayed" immediate outcome is the appropriate goal.

Learning objectives:

- *Expand our understanding of traditional implant dentistry to better achieve immediacy in implant applications.*
- *Utilize contour anatomic abutments with snap cap feature as a means of temporization, and carry this through to the completed restoration.*
- *Determine the appropriate use and benefits of specially designed implants.*

Tuesday, February 10, 2009

 Meeting Location 	
Waldorf Jaycees Community Center Route 301 North	
Cocktails	6:00 p.m.
Dinner	7:00 p.m.
General Meeting & Presentation	7:30 p.m.

This program includes 2 CE Units.

The fee for non-members and guests is \$40.00 for dinner and program. Members and non-members who RSVP and do not attend will be assessed the meal cost.

RSVP no later than February 4, 2008. No late registrations accepted!



Print this form and mail in if you choose to attend:

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Date/Time:

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Registration Fee:

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Attendee Information: *(please print)*

Dentist: _____ Member: Yes or No

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Address: _____

Telephone: _____

Amount Enclosed: \$ _____

Return Registration with payment to:

Patuxent Dental Society
c/o Dr. Eric Wilhelm
807 Charles Street
La Plata, MD 20646

Payment must accompany registration