



# **Maxillofacial** Mentorship *Program*

Have you ever wanted to learn from an expert oral maxillofacial surgeon for a few days? Watching what he does, assisting him, maybe even performing some procedures under his direction?

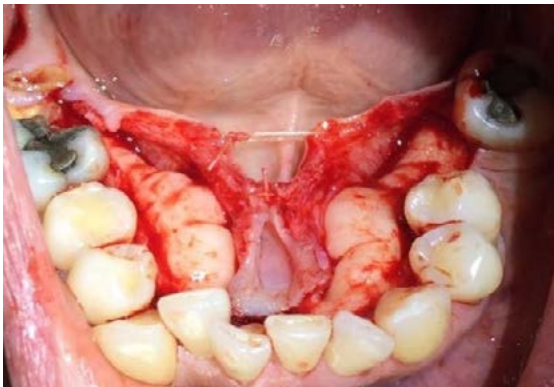


# Well, stop dreaming and start learning. Here's your chance!

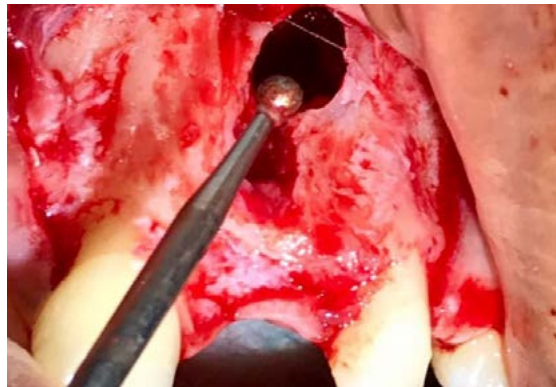
Not long ago apprenticeship was the key way in which professionals and tradesmen alike learned their skills. Shadowing closely someone else in the field was a far more productive use of both the mentor and the mentee's time.

We have created a unique program where participants will shadow an oral maxillofacial surgeon and learn from his experience.

With a small class size of only four doctors, you will shadow our full-time dual degree oral maxillofacial surgeon (with both DDS and MD degrees) for two complete days, 8-10 hours each.



Tori Removal



Cyst Removal



Mole Removal

# Course Overview

During the mentorship program you will witness up close procedures that may include:

- Tori removals
- Cyst removals
- Difficult impacted canines
- Super difficult impacted third molars
- Highly infected teeth that require large bone grafts
- Fistula removals and repairs
- Treatment of dental abscesses
- Intensive suturing
- Use the buccal fat pad for repairing chronic sinus exposures

## Course Location



**Garg Foundation Institute**  
(Fundación Dr. Garg)

**Av. Bolívar 259, Gazcue,  
Santo Domingo, D.N., R.D.**

## Recommended Hotel

**Catalonia Santo Domingo**  
Av. George Washington 500  
Santo Domingo, Dominican Republic

Phone: +1 809-685-0000

\*Ask for the "Fundación Dr. Garg" rate.

**Optional travel package available upon request.**

# Registration

**COURSE:** Maxillofacial Mentorship Program  
**DATES:** September 7-8, 2020  
**LOCATION:** Fundación Dr. Garg, Santo Domingo, Dominican Republic  
**TUITION:** \$4995  
**CE HOURS:** 16-20 (based on actual hours)

www.ImplantSeminars.com  
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305-944-9636 | DrGarg@ImplantSeminars.com

Full Name \_\_\_\_\_

AGD Number (if applicable) \_\_\_\_\_

## BILLING ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## PAYMENT INFORMATION

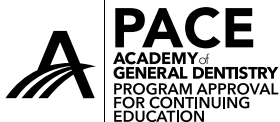
Total to be charged on credit card: \_\_\_\_\_

VISA®     MasterCard®     American Express®     Discover®

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_ CVV# \_\_\_\_\_ ZIP \_\_\_\_\_



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