



ASK YOURSELF, IS YOUR PRACTICE PRODUCING WHAT IT COULD, AND IS PATIENT CARE WHERE YOU WANT IT TO BE?

Patients rely on their restorative dentist to provide options for treatment, good patient care and reliable referrals when outside treatment is necessary. By understanding what the patient needs, embracing certain techniques, and being ready to take on the challenge, the restorative dentist can be successful in providing the best patient care, while creating a super practice.

Objectives:

- Growing your practice through better patient care tomorrow!
- Developing a basic knowledge of patient treatment options and acceptance of treatment
- Understanding new technologies to increase practice efficiency
- Realizing why it is important to have a great Oral & Maxillofacial Surgeon, referral relationship and how this relates to a super practice

THURSDAY, JANUARY 9, 2020

TIME: 6 – 9pm

VENUE: Portland Grille - 1980 Eastwood Road

CONTINUING EDUCATION CREDITS: 3 Credits

TEACHING METHODS: Lecture

PROGRAM FEE: \$150

TO REGISTER FOR THIS PROGRAM:

Contact Dr. Arne's office at 910-7622-4011 or email: sduncan@coastalcarolinaos.com

**Seating is limited and registration needs to be submitted by
Thursday, December 19th**

SPEAKER

Bruce R. Ouellette, DDS

Dr. Ouellette received his dental degree from the University of Maryland in Baltimore, Maryland. His professional affiliations include the American Academy of Cosmetic Dentistry, American Dental Association, Florida Academy of Cosmetic Dentistry, American Equilibration Society and the Florida Dental Association. Dr. Ouellette is a former faculty member at the Dawson Academy For Advanced Dental Study in St. Petersburg, Florida, a former Clinical Instructor at Palm Beach State College and Visiting Faculty for advanced continuing dental education at Baylor College of Dentistry in Dallas, Texas. Dr. Ouellette maintains a full-time private practice focusing on occlusion, aesthetics, implant reconstruction and TMJ in West Palm Beach, Florida.

Registration

Name: _____

Practice Address:

Phone: _____ Email: _____

Payment Method: _____

Credit Card# : _____ Expiration: _____ CVV#: _____

If paying by Check, please make it payable to: Coastal Carolina OMS

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