

IMAGING UPDATE; RECENT ADVANCES IN RADIOLOGY

Organized by
**AL SALAM GROUP OF
DENTAL CENTRES**

Accredited by HAAD
for **16 CME Hours**

Date: 25th & 26th January 2019

Venue: Emirates Institute for
Banking & Financial Studies
Auditorium (EIBFS), Abu Dhabi

Time: 8:30 AM - 6:00 PM

REGISTRATION

Contact: Mr. Biji Balan
Mobile: 055-9948542/ 050-6236891
Tel: 03-7646510, Fax: 03-7640436
PO Box: 23648, Al Ain, UAE

REGISTRATION FEES

Before 20th January 2019

Day 1

Doctors Dhs 350
Other Health Professionals Dhs 250

Day 1 & 2

Doctors Dhs 1400
Other Health Professionals Dhs 700

After 20th January 2019

Day 1

Doctors Dhs 450
Other Health Professionals Dhs 300

Day 1 & 2

Doctors Dhs 1600
Other Health Professionals Dhs 800

Day 1: LECTURE (7 hours)

TOPICS

- ✚ Basics of 2D & 3D Imaging
- ✚ Clinical Applications of CBCT
- ✚ Radiation Protection and Radiation Hygiene
- ✚ Imaging in Implantology
- ✚ CBCT Derived Surgical Guided Implantology
- ✚ Imaging in Endodontics

Day 2: WORKSHOP(9 hours)

(Limited Seat only(30))

1. Demo Part I (Done By Instructor)

- a. CBCT Software Assessment for implant cases (Part I)
- b. CBCT Software Assessment for implant cases (Part II)
- c. CBCT Software Assessment for TMJ region

2. Practical Part I (done by Participant)

- a. CBCT Software Assessment for implant cases (Part I)
- b. CBCT Software Assessment for implant cases (Part II)
- c. CBCT Software Assessment for TMJ region

TARGET AUDIENCE

- ✚ GP Dentists
- ✚ Specialists & Consultant Dentists
- ✚ Radiology, Radiation protection officer
- ✚ Dental Clinical Support

SPEAKER

Dr. Ajay Nayak, MDS

Chief Maxillofacial Radiologist, Insight CBCT
Centre, Mumbai, India

OBJECTIVES

At the end of the program the participants will be able to:

- ❖ Recollect 2D Imaging – Shadow Principles
- ❖ Enumerate its Disadvantages
- ❖ Recognize the types of images used in clinical dentistry
- ❖ Recognize 3D Imaging – Projection Principle
- ❖ Relate the modification for CBCT
- ❖ Enumerate types of CBCT Machines
- ❖ Apply appropriate FOV in clinical situations
- ❖ Identify the different sectional images
- ❖ Recognize different clinical situations on sectional 3D images
- ❖ Identify sources of radiation
- ❖ Recognize dose limits to organs
- ❖ Give examples of radiation protection measures used
- ❖ Recall the imaging objectives in Implantology
- ❖ Recognize complications in Implantology
- ❖ Identify the need for Surgical Guides
- ❖ Recall indications for guides

Program Schedule: (25th January 2019)

8:30 AM **REGISTRATION & COFFEE**

Chair: Dr. Deepak Prasanna

9:00- 10:45 Basics of 2D & 3D Imaging
Dr.Ajay Nayak
Chief Maxillofacial Radiologist, Insight CBCT Center, Mumbai, India.

10:45-11:00 **Discussion**

11:00-11:45 Clinical Applications of CBCT
Dr.Ajay Nayak
Chief Maxillofacial Radiologist, Insight CBCT Center, Mumbai, India.

11:45-12:00 **Discussion**

12:00- 01:30 **Prayer & Lunch Break**

Chair: Dr.Deepak Prasanna

1:30-2:15 Radiation protection & Radiation Hygiene
Dr.Ajay Nayak
Chief Maxillofacial Radiologist, Insight CBCT Center, Mumbai, India.

2:15-2:30 **Discussion**

2:30-3:15 Imaging in Implantology
Dr.Ajay Nayak
Chief Maxillofacial Radiologist, Insight CBCT Center, Mumbai, India.

3:15-3:30 **Discussion**

3:30- 3:45 Coffee Break

3:45-4:30 CBCT Derived Surgical Guided Implantology
Dr.Ajay Nayak
Chief Maxillofacial Radiologist, Insight CBCT Center, Mumbai, India.

4:30-4:45 **Discussion**

4:45-5:30 Imaging in Endodontics
Dr.Ajay Nayak
Chief Maxillofacial Radiologist, Insight CBCT Center, Mumbai, India.

5:30-5:45 **Discussion**

5:45-6:00 **Post Test**

6:00 **CLOSING CEREMONY& DISTRIBUTION OF CERTIFICATES**

Payment Details

Bank Name: Abu Dhabi Commercial Bank (ADCB)

A/c No: 10642023920001

Account Name: New Al Salam Center for Orthodontics & Dental

IBAN No: AE250030010642023920001

Swift Code: ADCBAEAA;

Branch : Bawadi Mall

Please fax or email the receipts along with the registration form if you have done payment through the bank.

Fax No: 03-7640436

Email id: alsalamcme2019@gmail.com/alsalamodc@gmail.com

REGISTRATION FORM

Name: _____

(Name should be written as it should appear in the certificate)

(For Day 2 Participants please provide Mobile number & Email Address Compulsory)

Profession: _____

Address: _____

Mobile: _____

Fax: _____

E-Mail: _____

Day1

Day1 & 2