

2021 Open Evening

Clinical Updates – resin bonded bridges, dentures, orthodontics, endodontics and periodontics

Presentations from the specialists at Garstang Dental Referral Practice

**Thursday 4th November 2021 from 5.45pm at Garstang Country Hotel and Golf Club**

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| Zohaib Ali, Specialist in Prosthodontics | **“Resin retained bridges: Predicably successful”** |
| Rachel Seed, Specialist in Orthodontics | **“Clinical case presentation”** |
| Robert Jacobs, Specialist in Endodontics | **“Top tips for negotiating curved root canals”** |
| Finlay Sutton, Specialist in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics | **“Getting the teeth in the right place for complete dentures – 6 secrets to carving the wax rim.”** |
| Syed Abad, Specialist in Periodontics | **“Surgical periodontics – A step by step approach to pocket reduction surgery”** |

Aims and objectives of the presentations and open evening are to:

* Provide practical advice, hints and tips, which can be applied straight into clinical practice
* Highlight potential pitfalls and problems when treating patients within our disciplines
* Help identifying patients who will benefit from specialist referral and management
* Provide evidence that you can refer patients to us with total confidence
* Meet the team and discuss clinical cases

The evening will consist of a hot buffet meal from 5.45pm followed by presentations at 6.30pm prompt.

The evening is free of charge and provides 2 hours verifiable CPD.

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| **Venue**  Garstang Country Hotel and Golf Club  Lancashire  PR3 1YE‬ | **Ways to book**  By email - office@garstangdrp.co.uk  By phone - 01995 606091  By post – please complete and return slip below  Please let us know of any dietary requirements when booking |

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**Application form for Open Evening with Garstang Dental Referral Practice at Garstang Country Hotel and Golf Club on Thursday 4th November 2021 at 5.45 pm**

Names of attendees…………………………………………………………………………………………………………………………………………………………………………….

GDC Numbers………………………………………………………………………………………………………………………………………………………………………………………

Dental Practice…………………………………………………………………………………………………………………………………………………………………………………….

Telephone………………………………………..Email…………………………………………………………………………………………………………………………………………

Dietary requirements/special requirements…………………………………………………………………………………………………………………………………………

Please return to:

Garstang Dental Referral Practice, Weind House, Park Hill Road, Garstang, Lancashire PR3 1EL