Dental Assisting Program
Fall Seminar
Offered for the Entire Dental Health Team

Friday, October 7, 2016
8:00 Registration
8:30 - 12:30 Seminar
2 clinical & 2 radiography CE hours

Home Study Radiography
And
Expanded Functions Course

Visit our website for more information

www.lakeareatech.edu/academics/dental-assisting/
Saving Lives
Saving Marriages
Screening for Obstructive Sleep Apnea in the Dental Office
Presented by Darin Bach, D.D.S., F.A.G.D., Diplomate American Board of Dental Sleep Medicine

It is important to have restful sleep each night. Lack of sleep places a burden on the heart leading to cardiovascular disease, heart attacks, strokes, hypertension, obesity, memory loss, and diabetes.

Snoring often indicates a severe health condition called sleep apnea. This problem centers on the obstruction of the airflow into and out of the lungs. Lack of oxygen throughout the night can contribute to heart disease and strokes by increasing and sustaining high blood pressure and often resulting in premature death.

Sleep deprivation leads to lowered brain functioning and an increase in the release of stress hormones which can cause depression. Dr. Bach will discuss an easy solution to the problem by use of an oral appliance that keeps the airway open and stops incessant snoring.

Cost before September 23th, after cost is $85.00.

Radiography Review and Future

Presented by Steve O’Neil

Steve's presentation will include

- Radiology review
- Physics behind x-ray
- Radiation safety - How much dose do you get in a dental office vs. everyday activities
- 2D and 3D Intraoral and extraoral imaging

$75

Registration
Fall Seminar

Complete this form and return with a check for $75.00 per participant, payable to Lake Area Technical Institute.

Please mail form to:
LATI Corporate Ed.
1201 Arrow Ave.
Watertown, SD  57201

For more information, contact Corp Ed at (605) 882-5284, ext. 320 or E-mail bispingc@lakeareatech.edu

Dental Office_________________________________
Name of Participants
_________________________________
_________________________________
_________________________________
Address_________________________________
City_________________________________
State___________  Zip___________
Phone__________________________
E-mail__________________________

Reproduce this form as necessary