

Lecture, Demonstration & Hands-On Learning  
**Medical & Dental Sleep Solutions . . .**  
**Collaboration & Results**  
with Mark Abramson, D.ABDSM

**Friday, May 1, 2020**

**8:00am—4:30pm**

**Continental Breakfast & Lunch**

**8 AGD / CA CE**

**California Sleep Solutions**

**Diagnostic & Treatment Center**

**1130 Conroy Lane, Bldg. 400**

**Roseville (916) 789-0112**

**(Off Sunrise & Near Douglas)**



**Lecture Presentation**

- ◆ TMJ, Bruxism, Airway & Sleep Disordered Breathing
- ◆ Sleep Testing & Diagnostic Reports—In-Lab, Home Sleep Testing, Remote Diagnostics
- ◆ Valuable Insight from the Sleep Study in Treatment Planning— Snoring, Sleep Apnea, Sleep Stages & Respiratory Disturbances, Sleep Position, Matrix Appliance Study.....
- ◆ CPAP Therapy, Oral Appliance Therapy & Combination Approaches
- ◆ Dentists Working in the Medical Sleep Model for Treating Sleep Disorders
- ◆ Patient Screening In-Office, Health Questionnaires & Co-Morbidities Associated with OSA
- ◆ The Airway Exam, the Throat, the Nose, the Tongue
- ◆ Appliance Selection—Appliance Types, Medicare Compliant, Patient with Dentures or Minimal Teeth, Mild to Severe OSA, During Invisalign Treatment, Impressions & Bite
- ◆ Appliance Delivery, Adjustments, Troubleshooting, Combination Approaches for Success
- ◆ Study published on Oral Appliance Therapy Success Treating Severe OSA
- ◆ Working with Medical Insurance Providers, Documentation, Protocols, Billing Companies
- ◆ **Demonstrations & Hands-On Learning**
- ◆ Sleep Lab Tour & Talk with the Sleep Techs, Airway Exam, Appliances-Features, Adjustments, Impressioning & Construction Bites—Conventional & Digital, Matrix Sleep Test, Troubleshooting—Discomfort, Not Ideal Results, Follow-Up Sleep Study, Sleep Tech Titration of Appliance During Study for Improved Results
- ◆ **Opportunity for Doctor Appliance 50% Off**—Sent Impressions in Early & Your Appliance will be Delivered at the Course by Dr. Abramson; **or** Have Impressions & Bite Taken at the Course for an Appliance, **or** Take a Sleep Study in Lab or at Home

**Sacramento  
District  
Dental  
Society**



**Speaker MidWinter 2020**

**EARLY REGISTRATION DISCOUNT "SDDS2020"**

**Doctor**

By 3/15 **\$199**

**Doctor & One Team Member**

By 3/15 **\$249**

**Doctor & Two Team Members**

By 3/15 **\$299**

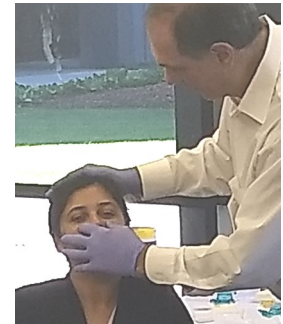
**Doctor & 3 Team Members**

By 3/15 **\$349**





**Mark Abramson DDS, D.ABDSM**, Diplomat of the AAOP, APM, AADSM, Executive Board Member of AAPMD and a Fellow AACF. He has a private practice in Redwood City, California. Dr. Abramson is on faculty with Stanford University, speaks Nationally and Internationally, and has spoken at the SDDS Mid-Winter Conventions and at Monthly Meetings. developed the FDA cleared OASYS Oral/Nasal Airway System and the Medicare Compliant OASYS Herbst Appliance.



www.dreamsystemsdentallab.com

## EARLY REGISTRATION DISCOUNTS



	<u>BY 3/15</u>	<u>BY 4/1</u>	<u>AFTER 4/1</u>
<b>Doctor</b>	By 3/15 <b>\$199</b>	By 4/1 <b>\$249</b>	After 4/1 <b>\$299</b>
<b>Doctor &amp; One Team Member</b>	By 3/15 <b>\$249</b>	By 4/1 <b>\$299</b>	After 4/1 <b>\$349</b>
<b>Doctor &amp; Two Team Members</b>	By 3/15 <b>\$299</b>	By 4/1 <b>\$349</b>	After 4/1 <b>\$399</b>
<b>Doctor &amp; 3 Team Members</b>	By 3/15 <b>\$349</b>	By 4/1 <b>\$399</b>	After 4/1 <b>\$449</b>

(A Team Member does not include another Dentist. An Associate Dentist from the Same Office will be given the \$199 Early Registration Fee Until 4/1.)

## Dental Sleep Course May 1, 2020—Roseville

Name: \_\_\_\_\_ DDS / DMD Phone \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Name/Title Team Members: \_\_\_\_\_

<b>Doctor</b>	By 3/15 <b>\$199</b>	By 4/1 <b>\$249</b>	After 4/1 <b>\$299</b>
<b>Associate Doctor Same Office</b>	By 3/15 <b>\$199</b>	By 4/1 <b>\$199</b>	After 4/1 <b>\$249</b>
<b>Doctor &amp; One Team Member</b>	By 3/15 <b>\$249</b>	By 4/1 <b>\$299</b>	After 4/1 <b>\$349</b>
<b>Doctor &amp; Two Team Members</b>	By 3/15 <b>\$299</b>	By 4/1 <b>\$349</b>	After 4/1 <b>\$399</b>
<b>Doctor &amp; 3 Team Members</b>	By 3/15 <b>\$349</b>	By 4/1 <b>\$399</b>	After 4/1 <b>\$449</b>

**Total \$ \_\_\_\_\_**

☐ I am interested in possibly having a Personal Sleep Device made. Please call me to discuss.

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

Billing Address \_\_\_\_\_ ☐ Same as Office

☐ Visa ☐ MC ☐ AX ☐ DC # \_\_\_\_\_ Exp \_\_\_\_\_ CVC \_\_\_\_\_

Credit Card Confirmation Email to: \_\_\_\_\_

Checks to: Dream Systems—660 Commerce Drive, Ste C, Roseville, CA 95678 (916) 865-4528