

# SHADOWING:

## Run Your Practice Like the Dental Sleep & TMD Experts

**Request a Date | Atlanta, GA | 12 CEUs**

### Course Description

This 2 day over-the shoulder seminar is your opportunity to experience firsthand how the experts run a successful dental sleep medicine or TMD practice. Having a credentialed mentor can help propel you and your team to the next level in expanding your practice. By shadowing a successful TMJ/dental sleep practice and discussing how to overcome specific roadblocks you may be facing, your own practice will grow at a much faster rate than trying to do it all on your own.



Dentists and their teams will be able to watch both the dental expert, and their staff treating live sleep apnea and TMJ cases. By shadowing the practice throughout the day, the dentist will observe communication with the patients during screenings and exams, and the protocols the entire team follows for each case, as well as following up with patients on the delivery of sleep and TMJ appliances, and troubleshooting appliances if not properly working.

After the shadowing portion, a half-day will be spent discussing the witnessed cases, and reviewing a plan for implementing protocols in the dentists own practice.

### Benefits of Attending

- ✓ Shadow a Successful TMJ/Dental Sleep Medicine Practice First-Hand.
- ✓ Develop a blueprint with the expert to implement in your own TMJ/dental sleep practice.
- ✓ Bring your team to observe the expert's auxiliary duties and office flow.



Additional Courses, Dates, and Locations Listed Online



*"Observing the diagnoses and carefully planned treatment of your patients together with our instructive discussions enabled me to bring to my practice skills that I can use to improve the treatment of my patients. My sincere appreciation for sharing your knowledge with me."*

**Walt Pfitzinger, DDS, MS**

## Pricing

**Dentist: \$3495    Team Member: \$1995**

## Instructor

**Mayoor Patel, DDS, MS, D.ABDSM,  
D.ABCP, D.ABCDSM, D.ABOP**



Dentist Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

VISA    MC    AMEX   Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \_\_\_\_\_



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