



When:

Friday, March 12, 2010

Where:

Burgundy Basin
Pittsford, NY

Time:

Registration: 7:30 am
Business Mtg. 8:15 am-8:30 am
Lecture: 8:30 am-4:30 pm

Lunch will be provided



**Monroe County Dental Society
&
Seventh District Dental Society
Combined Meeting**

**Presents:
Dr. Mel Hawkins**

J. Mel Hawkins, DDS, BSc AN, FADBA, FICD, FPFA, is the director of the Intravenous sedation, a continuing education program at the University of Alberta, Faculty of Medicine and Dentistry, professor of pharmacology and department chair at the Aurora Dental College and the founding director of the intravenous sedation program at the University of Toronto, Faculty of Dentistry.

**Medical Emergencies in the Dental Office—What Situations
Warrant the Status “Emergency?”**

Are we prepared to effectively manage a medical emergency in our office? How can we always be ready to respond appropriately when emergencies occur so infrequently? The answer? The simpler, the better! This course will help you develop an effective way to manage an emergency in and out of the office.

The participant will be able to:

- Plan and practice an office emergency game plan
- Identify external sources of assistance in case of an office emergency
- Identify health concerns that are high risk contributors to the medical emergency
- Understand how to apply this knowledge to the office and external emergencies
- Understand and Update your “Do-it-Self “emergency kit

7 MCE
Credits



**Medical Emergencies in the Dental Office—What Situations
Warrant the Status “Emergency?”**

Dr. Mel Hawkins

Registration Form

Please complete this form and return it to
Monroe County Dental Society
255 Woodcliff Drive, Fairport, NY 14450
or fax to 585-385-9590

RETURN REGISTRATION BY:
MARCH 4, 2010

Attendees Names:

_____	Fee _____
_____	Fee _____
_____	Fee _____
_____	Fee _____

Doctors ADA# _____ AGD # _____

Doctors office address: _____

Fees:

Dentist/ADA Member	=	\$180.00
Non-ADA Member	=	\$250.00
Retired Member	=	\$ 70.00
Resident	=	\$ 70.00
Staff & Spouse	=	\$ 70.00

Payment Options:

Check payable to: Monroe County Dental Society
-or-
Credit Card - MasterCard or Visa

Charge amount: \$ _____ Card #: _____

Exp. Date: _____

Name on card: _____