

Friday, May 3, 2019 - All Day

- 8:00 - 8:30 - Registration
- 8:30 - 9:00 - General Business Meeting
- 9:00 - 12:00 - Clinical Seminar
- 12:00 - 1:00 - Lunch
- 1:00 - 4:00 - Clinical Seminar

Exhibitors to be present:*

- Biogenic Dental Corporation
- BonaDent Dental Laboratories
- Crane Denal Laboratory
- Dentsply Sirona
- Empower Federal Credit Union
- Fortress Insurance Co / EDA
- Gardali Advanced Restorative
- Henry Schein Dental
- Medical Liability Mutual Insurance Co.
- Rochester Technical Group
- Wells Fargo Advisors
- Zimmer Biomet Dental

Sponsor:

*as of 3/1/19

- Kettenbach

Three Ways to Register...

- 1 **Web:** www.5dds.org
- 2 **Fax:** 315-437-6013
- 3 **Mail:** 6323 Fly Rd, Ste. 3, E. Syracuse, NY 13057

The Fifth District Dental Society is an ADA CERP recognized provider approved by the New York State Dental Association.

For a complete calendar of continuing education or to register online please visit the Fifth District on the web at www.5dds.org or call 315-434-9161.

Fifth District Dental Society
6323 Fly Road, Suite 3
East Syracuse, NY 13057

The Synergistic
Interplay Between
Dental Sleep
Medicine &
General Dentistry

7 MCE

Eugene Santucci, DDS, MA

The Synergistic Interplay Between Dental Sleep Medicine and General Dentistry

presented by

**Eugene Santucci
DDS, MA, FACD**



May 3, 2019

Hampton Inn Cazenovia

25 Lakers Lane
Cazenovia, NY
315-655-7666



sponsored by the

Fifth District Dental Society

Course Description

FRIDAY, MAY 3, 2019 - HAMPTON INN CAZENOVIA

The Synergistic Interplay Between Dental Sleep Medicine and General Dentistry

This course will bring to light not only the need to evaluate your patients for disturbed sleep patterns but offer the basic information to add to your existing evaluation process for all patients of record. As dentistry expands its vision of care to encompass the total patient, sleep is definitely in the crosshairs.

Objectives:

- 40 million Americans both children and adults suffer from disturbed sleep, how to detect them in your practice
- Explore the effect on total body health as a result of the various comorbidities resulting from disturbed sleep and how it may affect your general dentistry
- Understand why a child experiencing ADHD symptoms just may be the result of disturbed sleep
- Explore the recent ADA resolution regarding your office's role regarding the detection, referral or treatment regarding this new paradigm of total patient care

The Fifth District Dental Society designates this activity for 7 Continuing Education Credits.

The Fifth District Dental Society is an ADA CERP recognized provider approved by the New York State Dental Association.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

2019 Continuing Education Dates

Feb 8 - Winter Seminar - Marriott Syracuse Downtown

May 3 - Spring Seminar - Hampton by Hilton Cazenovia

Sep 12 & 13 - CNYDC - ONCENTER - Syracuse

Nov 22 - Fall Seminar - Marriott Syracuse Downtown

for a complete schedule of all CE in the Fifth District visit www.5dds.org

About the Speaker

FRIDAY, MAY 3, 2019 - 9:00 AM - 4:00 PM

Eugene Santucci, DDS, MA, FACD

Dr. Gene Santucci is an Associate Professor in the Department of Preventive and Restorative Dentistry at the University of the Pacific, Dugoni School of Dentistry (UOP), in San Francisco, CA. He holds a Masters Degree in Educational Psychology and Counseling from the University of the Pacific. He has balanced dental education with private practice for over 30 years.

Dr. Santucci is Co-Director of the Dental Sleep Mini-Residency Program at UOP as well as Content Coordinator for Sleep Medicine Curriculum at the dental school. He was a faculty member in their prestigious complex and esthetic rehabilitation program and is Course Director for the second year integrated preclinical restorative course teaching a curriculum that includes esthetic dentistry, occlusion and implants. He was a member of and author on UOP's Task Force Report regarding sleep medicine course content, in dental education.

He has presented nationally and internationally on the topics of Dental Sleep Medicine, ADHD in Children and Sleep Related Disorders, Occlusion, Aesthetics, Temporomandibular Disorders, Dental Photography, Functional Anatomy of the Gnathostomatic System and Fabrication and Delivery of Night Guards.

Dr. Santucci has contributed to text books on the topics of: Headache and Facial Pain as well authored the chapter on The Patient Examination in an Esthetic Dental Practice in the 2010 text, Esthetic Dentistry in Clinical Practice from Wiley-Blackwell Publishing. This book has been published in 4 languages. Additionally he has contributed to numerous articles and abstracts in referred journals: Simplified Clinical Technique for Routine Indirect impressions using a Dry Field Illuminator, Evaluation of Digital Impressions (Cadent-i-Tero Scanner) versus Conventional Impression Techniques, Multifactorial Facial Pain, Differential Diagnosis, Sleep Medicine in Dental Education, A Taskforce Report 2015.

Dr. Santucci is a Fellow in the American College of Dentists, a Diplomat in both the Pierre Fauchard Academy and American Academy of Integrated Pain Management. He holds membership in the American Dental Educators Association, American Academy of Sleep Medicine, American Academy of Dental Sleep Medicine, California Sleep Society, American Association of Oral Systemic Health, American Dental Association, California Dental Association and Catapult Education. He is also the past president of the Pacific Dugoni School of Dentistry Alumni Association and the OKU National Honor Society Delta Delta Chapter.

Dr. Santucci's goal is to encourage all dental professionals to become the first line of defense for children and adults in the evaluation, treatment or referral of patients with various types of sleep disturbances ranging from snoring to obstructive sleep apnea. Those of us in the dental profession can be responsible for many positive changes in people's health. We can have an impact on children who are not performing to normal school standards, as well as adults who have medical issues involving co-morbidities such as diabetes, stroke, cardiovascular disease, hypertension and gastric distress.

Dr Santucci discloses that he has a financial affiliation with Kettenbach, who is providing partial financial support for this presentation.

Pre-Registration Form

DEADLINE FOR PRE-REGISTRATION IS APR 26, 2019

Dental Practice / Primary Dentist Name: _____

Street _____

City _____ State _____ Zip _____

Tel Number: _____ Fax Number: _____

Please provide your email address. All confirmations will be emailed unless otherwise specified.

Email: _____

Course Credit: 7 MCE

\$250 MEMBER, \$500 NONMEMBER, \$175 STAFF/RESIDENTS

Lunch is Included

REGISTRANT 1	Full Name: _____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
ADA # (Dentists/Students)	_____
<input type="checkbox"/> DDS/DMD <input type="checkbox"/> RDH <input type="checkbox"/> DA	
	Course Fee: \$ _____

REGISTRANT 2	Full Name: _____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
ADA # (Dentists/Students)	_____
<input type="checkbox"/> DDS/DMD <input type="checkbox"/> RDH <input type="checkbox"/> DA	
	Course Fee: \$ _____

REGISTRANT 3	Full Name: _____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
ADA # (Dentists/Students)	_____
<input type="checkbox"/> DDS/DMD <input type="checkbox"/> RDH <input type="checkbox"/> DA	
	Course Fee: \$ _____

REGISTRANT 4	Full Name: _____
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
ADA # (Dentists/Students)	_____
<input type="checkbox"/> DDS/DMD <input type="checkbox"/> RDH <input type="checkbox"/> DA	
	Course Fee: \$ _____

PAYMENT METHOD:

Please bill my: MC Visa Discover Amex

Credit Card Number: _____

Exp. Date: _____ Signature: _____

Check enclosed Payable to: Fifth District Dental Society

Total Fee For All Registrants: \$ _____