

# SK DENTAL SDN BHD

MyoSml Orthodontic Lab

PROUDLY PRESENT

# ORTHO & YOU

This superb course has led to thousands of general dental practitioners developing a thriving Orthodontic side of their practice

Presented by the world's foremost Ortho Lecturer

**Dr. J.W. 'Skip' Truitt DDS BS**

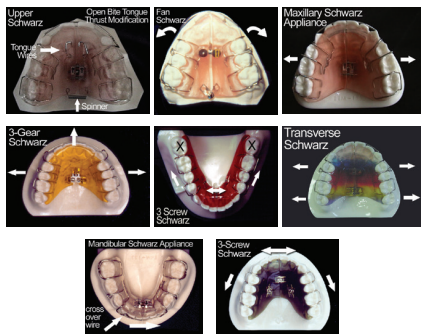
You will learn the benefits of early interceptive treatment, how to correctly diagnose and then treat developing malocclusions that you see every day in your practices.

This is the first course in a series of six courses, all lasting three days. The remaining courses will cover Fixed Appliance Therapy, Cephalometrics, Advanced Orthodontics Techniques and T.M.J. Therapy.

We guarantee that your only regret after the course will be that you did not attend sooner!

## Course 1 (3 Days) Maxillofacial Orthopedics and Orthodontics 24 ce Hrs

- Diagnosis of Dental and Skeletal Imbalances
- Schwarz-Korkhaus Model Analysis
- Fundamentals of the Bimler Elite Cephalometric Analysis
- Orthopedic Appliances : Williams, Walters Modified Twin Block, Crozat, Schwarz, Bionator, Correcter, and Reverse Pull Headgear
- Insurance and fee Structures to Maximize Profits



## Forthcoming Ortho & You Dates :

**Monday 11th, Tuesday 12th  
& Wednesday 13th July**

**St Giles The Gardens Hotel, Kuala Lumpur**

**Special  
Fees  
RM6800.00**

Inclusive Of  
Course Materials

**Closing Date : 30th June 2016**

To register or for more information on courses please contact Siva / Asha

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Email : skdental88@gmail.com

# CFOO COURSE 1 ORTHODONTIC SEMINARS

11th - 13th July, 2016

**Course Venue** : St Giles The Gardens Hotel, Kuala Lumpur

**Seminar Hours** : 8.30am to 4.30pm

**Lecturer** : Dr. J.W. 'Skip' Truitt DDS BS

## REGISTRATION FORM

**Full Name** : .....

**Address** : .....

.....

**Tel** : ..... **Fax** : ..... **Mobile** : .....

**Email** : .....

Yes! Please register me for Course 1

**Note** : Please submit this registration form Before 30th June, 2016

**Bank In / Cheque to** MyoSml Orthodontic Lab

**Bank Name** : MBB

**A/C No** : 514244132195

Please fax or email this accomplished registration form to :

### **The Coordinator**

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