10 CPD HOURS

Practical Live Patient Crestal Sinus Lift and PRF Platelet-rich Fibrin

With Dr. Keith Doonan

30 September to 1 October 2022

Join Dr. Keith Doonan in this practical course where attendees gain experience and knowledge in a Crestal Sinus Lift and PRF Platelet-rich Fibrin.

To ensure maximum support the course is only open to four hands-on attendees and two assisting spots.

Be quick. First in, first preference.

Doonan Dental,
6 Coral Street,
Maleny, QLD 4552

Friday 30 SEP
9 to 5pm
Saturday 1 OCT
8 to 12pm

Hands-on $3,500 inc GST
Assisting $2000 inc GST

Limited spots available

Dr. Keith Doonan

B.D.S (Lond) M.Clin. Dent (Pros), FRACDS

Dr. Keith Doonan received his BDS in 1993 from Royal London Hospital Dental School where he graduated as the Dental Society President. He later received his Masters in Prosthodontics from Kings College London and is a fellow of the Royal Australasian College of Dental Surgeons and was a part-time visiting Senior Lecturer at the University of Queensland Dental School.

In addition, Keith is a faculty member of DPL Educational services accredited to deliver DPL workshops on communication and interpersonal skills to dentists. He is also a qualified actor engaged in short films, stand up comedy and theatre. He currently lectures on dental implants, Prosthodontics and communication skills and maintains a private practice in Brisbane City Centre and the Sunshine Coast. Keith has mentored a number of dentists with practical 'hands on' supervision in regards to all aspects of Implant dentistry.

Registration Form - Crestal Sinus Lift

RSVP to info.au@neoss.com by 1 September 2022

☐ Hands-on registration $3,500 inc GST   ☐ Assisting registration $2,000 inc GST

First Name: _____ Surname: _____

Practice Name: _____

Address: _____

Town/City: _____ State: _____ Postcode: _____

Telephone: _____ Email: _____

Please advise if you have any dietary requirements: _____

Charge my Neoss Australia P/L Account # _____   ☐ Cheque (encl.)

Charge my Credit Card: ☐ Visa   ☐ Amex   ☐ MasterCard

Name on Card: _____ Card Number: _____

Expiry Date: _____ CVV: _____