

**YOU'RE  
INVITED...**

**PERIO MASTERY  
FOR  
HYGIENISTS  
SERIES**



**HANDS ON IMPLANTS**

**PLEASE JOIN US FOR OUR FALL MEETING OF OUR PERIO MASTERY FOR  
HYGIENISTS SERIES!**

**MAGGIANO'S LITTLE ITALY  
111 WEST GRAND AVENUE  
CHICAGO, IL 60654  
WEDNESDAY, NOVEMBER 9, 2016  
5:30 – 9 PM**

**3 CE CREDITS**

**\$65/ATTENDEE**

**PRESENTERS:**

**JAY SISNEY WITH BIOHORIZONS.**

**PETER O. CABRERA, D.D.S. &**

**KATE A. QUINLIN, D.M.D.**

**WWW.PERIOIMPLANTCHICAGO.COM**

**DUE TO THE HANDS ON NATURE OF THIS COURSE,  
SPACE WILL BE LIMITED TO 50 GUESTS  
PLEASE REGISTER A.S.A.P. TO SECURE YOUR PLACE**



**Peter O. Cabrera, D.D.S. Kate A. Quinlin, D.M.D.**

**Periodontics and Dental Implants**

939 West North Ave., Suite 700 \* Chicago, IL 60642\* Office 312-944-7939 Fax 312-944-7839

September 20, 2016

Dear Colleagues,

We are excited to present to you our sixth **Perio Mastery for Hygienists seminar!** The number of implants being placed every year is increasing exponentially. Placing, restoring, and maintaining an implant requires detailed knowledge of each step of the process. Hygienists are often more familiar with the restorative phase of treatment than the surgical placement of implants. Our seminar aims to close that treatment margin and fill the gap.

**Hands-On Dental Implants for Hygienists**

The seminar will include:

- A review of implants, placement protocol, components, and various restorations
- Implants and the support network for the surgeon, restorative dentist, and hygienist, presented by Jay Sisney of BioHorizons
- Hands-On components (implant placement as well as interaction with the restorative components of the various implant prostheses.)

Thank you for your continued support and please feel free to contact us if you have any questions.

We look forward to seeing you,

Peter O. Cabrera, D.D.S.

Kate A. Quinlin, D.M.D.

**SPACE IS LIMITED. PLEASE RETURN REGISTRATION FORM BY TUESDAY, OCTOBER 25, 2016 TO RESERVE YOUR PLACE!**

**PERIO MASTERY FOR HYGIENISTS SERIES REGISTRATION**

**Affiliated Office:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Total (\$65 x \_\_\_) =** \_\_\_\_\_ **Paying by Check (made out to Peter O. Cabrera, DDS)** \_\_\_\_\_

**Credit Card#** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **CVV** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

\_\_\_\_ **I have a case I would like discussed at the series** (If you have a case, please submit photos, xrays, and details of the case to [office@cabreraperio.com](mailto:office@cabreraperio.com))