

OAKLAND COUNTY DENTAL HYGIENISTS' ASSOCIATION PRESENTS

“Smile Reconstruction”

Wednesday April 29, 2015



BLOOMFIELD TOWNSHIP PUBLIC LIBRARY

1099 Lone Pine Road

Bloomfield Hills, MI 48302

248-642-5800 [MAP](#)



012 Anatomy

Kongrit Chaiyasate M.D., F.A.C.S.

Dr. Kongkrit Chaiyasate is double board certified by The American Board of Plastic Surgery and The American Board of Surgery with dual fellowships in Craniofacial Surgery/Pediatric Plastic Surgery, and Reconstructive Microsurgery. He is a Fellow of the American College of Surgeons. He has special interests in complex reconstruction in children with craniofacial syndromes. He also has special interests in complex reconstruction after cancer ablation. He has extensive experiences in cleft lip and cleft palate, endoscopic treatment of craniosynostosis, craniofacial distraction osteogenesis, and microvascular free tissue transfer for head and neck reconstruction, breast reconstruction, and sarcoma reconstruction. He is Assistant Professor, Department of Plastic and Reconstructive Surgery, at Oakland University William Beaumont School of Medicine. Dr. Chaiyasate is also Co-Director of Ian Jackson Cleft and Craniofacial Clinic at William Beaumont Hospital and Beaumont Children’s Hospital in Royal Oak, Michigan.

COURSE OBJECTIVES:

- Understand how replacement tissue is utilized in reconstructing the smile
- Review cleft palate and cleft lip corrections
- Gain knowledge of unique craniofacial surgical procedures including case studies
- Prepare dental hygienists to treatment plan craniofacial surgical patients

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6:00 PM Registration, Refreshments and Announcements

6:30 PM - 8:30 PM Dr. Kongrit Chaiyasate Presentation

2 CEU Deadline: 04/19/15 *there may be an additional charge for late registration

ADHA Members: \$40 DDS: \$95 Non-members/Staff/Others: \$50 **Make checks payable to OCDHA** No Refunds

Mail registration to: Deb McKelvey, RDH 3268 Catalpa Dr. Berkley, MI 48072 (248)398-7990 berklejyimananddeb@aol.com

April 29, 2015 “Smile Reconstruction”

Please provide your e-mail address as we will be e-mailing handouts if they are available prior to the seminar.

NAME: _____

EMAIL: _____

ADDRESS:(City,State,Zip) _____

PHONE: _____

ADHA Member # _____ Component Name: _____ DDS _____ Staff/Others _____