**Text

Description automatically generatedKansas 1.12.24**

**Total Health Dentistry for All Ages**

**What would you like to learn this afternoon?**

* **Infant** Oral Health Exam Checklist
* Reviewing the Eight **Food Pillars** for Health
* More on the Hands-On **Learning Lab** for Children’s Health
* **Periodontal Disease:** The NEW Paradigm in Treatment Strategy
* **Diabetes** Detection and Its Critical Relevance in Dentistry
* **Adult Airway:** SDB (Sleep Disordered Breathing), UARS Upper Airway Resistance Syndrome), and/or OSA(Obstructive Sleep Apnea)
* **Pediatric Airway**: SDB and OSA Prevention including Lip- and Tongue-Tie Release, Myo, Habit Control, Early Expansion
* **Pediatric Allergy**, Auto-Immune Disorders, Asthma and their impact on **Pediatric Airway Development**
* Personalized **Weight Loss** Solutions
* **HPV** (Human Papilloma Virus) and OPC (Oral Pharyngeal Cancer)
* **Caries Disease** (decay) Prevention and Non-Operative Treatment
* **Acid Reflux**/Airway Reflux: Diagnosis and Treatment Strategies
* Gaining **pH Balance** in your Body
* **Pregnancy** Complications from Periodontal Disease
* Secondary Joint Disease and **Joint Replacement** Prophylaxis
* **Erectile Dysfunction** and Periodontal Disease
* Helping with **Nicotine Cessation** Strategies
* When and how to screen for **Hypertension**
* More on **Salivary Diagnostics**: It’s Our Future
* **Poly-Pharmacy**: Drug Interactions and Side Effects
* **Caffeine** Addiction: Screening and Treatment
* Generating **Co-Referral Relationship:** Attracting New Patients from your like-valued Medical Colleagues
* Creating a Competitive Advantage (**Marketing**) Around Total Health Dentistry
* The Hygiene-to-Doctor **Handoff**
* Strategies for achieving an **Insurance Independent**, Fee for Service Dental Practice
* Cultivating Amazing **Team** Members for your Total Health Dental Practice

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor/Practice Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rank on a scale of 1-poor, 2-needs some improvement, 3-adequate, 4-good, 5-outstanding**

**\_\_\_\_\_\_ 1. Effectiveness of speaker**

**Comments:**

**\_\_\_\_\_\_ 2. Impact of subject matter**

**Comments:**

**3. What three things might you do differently as a result of today?**

**1)**

**2)**

**3)**

**4. What subjects are you eager to learn more about from Dr. Susan Maples?**

**\_\_\_\_\_\_ 5. What is your interest in Total Health Academy a robust, online learning platform for your dental team?**

**0-not interested 1-somewhat interested 2-interested 3-very interested**