

February 24<sup>th</sup>-27<sup>th</sup> 2016 |  
Miraflores Lima, Perú



Aristo Carranza, DDS  
Program Director

## Hands-on surgery implant course

Universidad Científica del Sur,  
Avenida Paseo de la República 5544,  
Miraflores Lima-Perú

  
**sweden & martina**  
I M P L A N T O L O G Y

## SPEAKERS |



### Aristo Carranza, DDS (USA)

Program Director and Clinical Coordinator.

Director of Tristate Dental Institute, Basic and Advanced Implant Courses, Advanced Dental Aesthetics. Former Clinical Associate Professor and Co-Director for the Advanced Aesthetic Program at New York University College of Dentistry.

Received his dental degrees from San Marcos University in Lima-Perú and New York University, USA



### Dr. Rodolfo Valdivia Maibach (Peru)

Director of Universidad Científica del Sur, Master of Science in Dentistry at the University of Weybridge USA.

Specialty in Oral Rehabilitación at Universidad Científica del Sur. Post Grade in Dental Implants at Wolfburg, Germany DGCI.

## COURSE DESCRIPTION |

These courses are being offered and conducted by experienced and qualified surgical dentists in conjunction with dental university oversight. The course is designed to provide dentists with a practical hands-on application of implant dentistry. A knowledge of oral surgery and instrumentation is required.

The course is designed to assist dentists with placing implants (a minimum of 18 implants within 3 sessions, this number could be greater or less depending on indications).

Overall, this hands-on course gives the opportunity to attain practical experience in surgery and treatment planning. Attendees and instructors will review each case before surgery using Digital Panoramic, 3D Imaging, Study Models and Photos. There will also be opportunity to consult with the University on final prosthesis.

## REQUIREMENTS |

- Basic Dental Implant Training.
- Basic knowledge on Oral Surgery.
- Basic knowledge in dental implants Instrumentation.
- Minimum of 3 years in general dental practice.

# PROGRAM |

**Location:** Universidad Científica del Sur, Avenida Paseo de la República 5544, Miraflores  
Lima-Perú

**Course timetable:** Thursday, Friday, Saturday from 8.30 am to 2.30 pm

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## Wednesday, February 24<sup>th</sup>

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- Departure from United States

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## Thursday, February 25<sup>th</sup>

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- Case Presentation by Participants
- [Digital Panoramic & Cone beam CT Implant Planning](#)
- Selection of patient's fixtures and an overview of implant procedures
- [Live Surgery](#): each participant will place a minimum of 6 implants.

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## Friday, February 26<sup>th</sup>

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- Case Presentation by Participants
  - [Digital Panoramic & Cone beam CT Implant Planning](#)
  - Selection of patient's fixtures and an overview of implant procedures
  - [Live Surgery](#): each participant will place a minimum of 6 implants.
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## Saturday, February 27<sup>th</sup>

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- Case Presentation by Participants
- [Digital Panoramic & Cone beam CT Implant Planning](#)
- Selection of patient's fixtures and an overview of implant procedures
- [Live Surgery](#): each participant will place a minimum of 6 implants.

Departure late night from Lima, arriving in the United States next day

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Surgery will be performed by attending doctors and supervised by Course Director & Faculty Members.

The courses are based on collaboration between Sweden & Martina and the Universidad Científica del Sur in Lima-Peru.

# INFORMATION |

**Tuition fee:**

\$13,995

**Includes:**

- 3 day-course;
- Luxury Hotel Accomodation with breakfast inclusive;
- transfers to/from the airport and to/from Universidad Científica del Sur;
- lunch each day;
- gala dinner;
- training resources including implants, equipment and all surgical materials necessary to perform treatment;
- Premium surgical kit, complete;
- Restorative Kit, basic;
- 20 Premium implants;
- 20 Premium healing abutments.

**Does not include:**

- Beverages and refreshments not specified above;
- Trip cancellation, accidents and baggage insurances;
- Any other service not indicated above.



Patient assignment will be based on participant's prior experience.  
Limited to 10 Participants.

Total Lecture and Participation AGD Credits: 18

# DECLARATION |

I the undersigned [SURNAME] ..... [NAME] .....  
place of birth ..... date of birth .....  
currently resident in [COUNTRY] ..... in [TOWN] .....  
at [street and number]

## DECLARE

- for the required registration for the course DAINC022 held by Dr. ARISTO CARRANZA in LIMA (PERU) on the days 24<sup>th</sup> – 27<sup>th</sup> February 2016;
- at my own responsibility under both criminal and civil law, that:
- I was born in ..... on .....
- and am currently resident in [COUNTRY] ..... in [TOWN] .....  
at [street and number].....
- have telephone numbers: [MOBILE] ..... [OFFICE] .....
- have ..... citizenship;
- and have the following qualifications:  
.....
- I am registered as a dentist on the dental council registry for .....  
(jpeg scan of registration certificate);
- I have made a professional general cover insurance policy in the country of my residence in and in PERU with extension to implantology and physiognomical damages (jpeg scan of the insurance policy),
- the following is my individual/tax identification number .....  
my VAT number is.....
- I have no criminal record or civil or administrative judgements against me in my country of residence;
- as far as I am aware I am not the subject of any criminal proceedings in my country of residence.
- I am aware that the course organizer will do his best to guarantee the highest amount of treatments and indications. However I do acknowledge that the actual amount of practical work is depending on the patients'situation (i.e. the number of available patients, their health conditions, ....  
.....) and the level of my own skills.
- I am aware that in case of misconduct, my treatments may be discontinued and handed over to supervising professionals.

The person making the declaration

date

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# REGISTRATION |

Sales Representative.....

Fax/E-mail.....

To be completed by authorized purchasing agent (dentist).

**DAINC022 - Hands-on surgery implant course**

Name .....

Address .....

City..... State..... Zip.....

Phone (office).....

Phone (mobile).....

E-mail .....

**Sweden & Martina Inc.**

One Embarcadero Center  
Suite#504  
San Francisco, CA94111  
USA  
Toll free (844)8MARTINA/844.862.7846  
info.us@sweden-martina.com

