



COURSE

Bones, Bisphosphonates and Jaws Necrosis

WHERE/WHEN

Monday 18th October 2010, 19.00 – 21.00 (Registration 19.00 – 19.30)
William Harvey Lecture Theatre, Addenbrooke's Hospital

Meeting for General Dental Practitioners in conjunction with Cambridge and District Section, British Dental Association

DENTAL MEETING

Speaker : Prof Malcolm Harris. DSc, MD, FDSRCS, FRCS(Edin)
Emeritus Professor of Maxillofacial Surgery, University College London.

Prof Malcolm Harris will discuss the cell biology of bone healing and will explain the topical problem of the effects of bisphosphonate medications on bone responses. Guidance will be given on clinical cautions, effects and treatments of osteochemonecrosis.

Wine will be available in the Postgraduate Centre Lounge from **7.00pm** and the lecture will begin promptly at **7.30pm** in the William Harvey Lecture Theatre. It will be followed by a buffet supper at **8.30pm** for which there will be a charge of **£15.00**

Non-BDA members and ancillary staff are welcome. There will be no charge for attending the lecture.

Please complete and return your registration slip **no later than 11th October 2010**
For more information please contact the section secretary, Maria Ross-Russell, on 01223 723100

Section 63 Approval has been given for 2 hours.

TO ATTEND PLEASE REGISTER AND BOOK AT
https://secure.intrepidonline.co.uk/CourseManager/EOE/sys_Pages/Common/Login.aspx

For maps and directions, please see our website: www.addenbrookes-pgmc.org.uk

REGISTRATION

Please fill in the form, use the back of the slip if more space is needed.

Please return to:

Mrs Deborah Leith
Postgraduate Medical Centre
Box 111
Clinical School
Addenbrooke's Hospital
Hills Road
Cambridge CB2 0SP
Tel: 01223 217105
dl342@medschl.cam.ac.uk

Contact Information

I would like to attend the **BDA Meeting** on **Monday, 18th October 2010** and will require _____ buffet supper(s) (£15.00 per person).

I enclose a cheque for £_____ made payable to: "**Addenbrooke's NHS Trust**"

Name (please print):

Position:.....

Practice Address:

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.....
.....

Telephone:

Email:

GDC Number:

Intrepid Booking Ref:.....