



NEW ZEALAND ACADEMY OF COSMETIC DENTISTRY
 PO Box 159 Helensville, Auckland 0840, New Zealand
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 admin@nzacd.co.nz

Invites all Auckland Dentists & Technicians to the
AUCKLAND STUDY GROUP MEETING
Tuesday 30th April 2024 at 7.00pm



PRESENTER:
DR MARWAN WADEA

TOPIC:
 Managing Tooth-Wear

Synopsis:
 Full mouth rehabilitation case presentation involved raising the vertical dimension to restore what has been lost over many years of tooth wear due to bruxism.

- Learning Outcomes:**
- Understanding the steps involved in complex restorative cases.
 - The importance of smile design in tooth-wear cases.
 - Understanding the integration between function and aesthetics.



Dr Marwan Wadea is a smile designer and cosmetic dentist practicing in New Zealand.

He holds a Master's Degree in Aesthetic Dentistry from the University of Otago since 2017.

Dr Wadea is practicing in Auckland as an aesthetic dentist, focusing on smile makeovers and full-mouth rehabilitation.

His passion is dental photography and smile design.

All attendees must rsvp (for catering purposes) by Tuesday 23rd April 2024 to admin@nzacd.co.nz. No refund will be made for cancellations received less than 7 working days or "no-shows".

2 HOURS VERIFIABLE CPD CREDITS
 NZDA verifies, that based on the information provided to NZDA, this activity meets the Dental Council policy requirements for CPD.

NZACD Members complimentary
Non-Members - \$75 including gst discounted to **\$55** if payment received prior to lecture date.

The Auckland address to attend the Study Group is

Ivoclar
 12 Omega Street, Rosedale
 Auckland
 Registrations & Refreshments from 6.30pm
 Lecture 7.00pm

Non-Members Fee Payment: \$75 (including GST) – discounted to \$55 if paid prior to lecture date.

Send to: Administrator - NZACD - PO Box 159, Helensville, Auckland 0840 or email: admin@nzacd.co.nz

Bank Account - Westpac 031509 0102872 00

I would like to attend the Auckland Study Group Meeting on Tuesday 30th April 2024 at Ivoclar

**PLEASE NOTE
 LECTURE VENUE
 Limited to 25 Seats**

Dentist Name:

Payment method (circle one) Online Banking Visa Mastercard

Card Number: Expiry Date: CSC: 3 digit no on reverse

Email:

Practice Name: Contact No:

TIER SPONSORSHIPS

PLATINUM: Ivoclar **GOLD:** Dentsply Sirona **BRONZE:** Henry Schein **BRONZE:** NSK Oceania Pty Ltd