



# Pharmacology Update for Dental Professionals: Drugs, Herbals and Nutraceuticals

**Friday, November 5, 2010**

**NRS 547 A**

**8:30—4:00 pm (Registration Check-in: 8:00 am)**

**The Merle S. Elliott Continuing Education and Conference Center  
Hagerstown Community College**

## **Richard L. Wynn, PhD**

Dr. Wynn is a professor of pharmacology at the University of Maryland School of Dentistry in Baltimore. He holds a degree in pharmacy and is a registered pharmacist in Maryland. Dr. Wynn teaches pharmacology and biochemistry to dental, dental hygiene and post-graduate students. He is a featured columnist for the Academy of General Dentistry and his drug review articles are featured in each issue of the journal *General Dentistry*. He is the lead author of the best selling chair-side drug reference book entitled *Drug Information Handbook for Dentistry*. He is a co-author of *Dental Office Medical Emergencies and Oral Soft Tissues Diseases*, published by Lexi-Comp, Inc. He has authored and published over 280 peer reviewed scientific articles and has given over 500 continuing education refresher courses to dental professionals in the US, North America and Europe. His research laboratories have contributed to the development of new pain control agents and new delivery systems for those agents.

This full-day course will provide up-to-date information about conventional drugs, herbal supplements and nutraceutical and their impact on dental practice.

Conventional drug discussion will include newly approved medical and dental drugs with an update on the local anesthetic reversal agent phentolamine (OraVerse) and more.

Herbal supplements discussion will include free radicals, reactive oxygen species, antioxidants, chocolate, red wine/resveratrol, pomegranate, selenium, Co-Q-10, alpha-lipoic acid and more including important dental herbal products and herbals.

Nutraceuticals discussion will include the latest reports on benefits of omega-3's (fish oils, flax-seed oil), vitamin D, and green tea. The latest information on heart attack risks, c-reactive protein (CRP) levels and periodontal disease.

### ***Discussion will include:***

- Effectiveness of new medical and dental drugs;
- Anesthesia reversal agent OraVerse;
- Beneficial effects of common herbal supplements and antioxidants;
- Nutraceutical remedies may be beneficial for dental health;
- Bisphosphonates and necrotic jaw;
- Periodontal disease, CRP and risk of heart attacks;
- Benefits of alcohol;
- Effects of aspirin and Plavix on bleeding;
- New reports on aspirin that affect dental practice.

## **Continuing Education Credits**

**6 CEUs will be available by the  
Maryland Board of Dental Examiners &  
the West Virginia Board of Dental Examiners,**

**Seminar Fee: \$ 149.00 pp  
\$ 135.00 pp when registering 3  
or more from the same dental office**

**Fee includes continental breakfast, continuing  
education credits, certification of attendance,  
conference manual.**

**Phone Reservations: 301-790-2800, ext 236**

## ***Program Agenda***

8:00 am - 8:30 am	Registration/Continental Breakfast
8:30 am - 10:00 pm	Lecture
10:00 am - 10:15 am	Coffee Break
10:15 am - 11:45 am	Lecture
11:45 am - 12:45 pm	Lunch—On Your Own *
12:45 pm - 2:15 pm	Lecture
2:15 pm - 2:30 pm	Afternoon Refreshments
2:30 pm - 4:00 pm	Lecture
4:00 pm	Evaluations & Certificates

# Center for Continuing Education

Hagerstown Community College  
11400 Robinwood Drive  
Hagerstown, Maryland 21742-6514

Phone: 301-790-2800, Ext. 236  
Fax: 301-582-4001  
E-mail: learn@hagerstowncc.edu

## Fax Transmittal Form

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Organization Name/Dept.: \_\_\_\_\_ Organization Name/Dept.: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_ Time Sent: \_\_\_\_\_ Number of pages (including cover page): \_\_\_\_\_

### FOUR EASY WAYS TO REGISTER!

**FAX** your registration form with credit card info to: 301-582-4001

**-OR-**

**MAIL** your registration form and payment to: Center for Continuing Education, Hagerstown Community College, 11400 Robinwood Drive, Hagerstown MD 21742-6514

**-OR-**

**PHONE** 301-790-2800, ext. 236; please have credit card information available. You will be mailed a pre-paid postcard to sign and return to the college

**-OR-**

**IN PERSON** visit HCC's Valley Mall Training Center located across from the Valley Mall Management Office near the rear entrance of JC Penney or visit HCC's Main Campus, Administration Building

Walk-in registrations will be processed before mail-in, faxed, and phone-in registrations.

 TS:RS:cm 2/26/10



11400 Robinwood Drive • Hagerstown, Maryland 21742-6514  
301-790-2800, extension 236 • Fax: 301-582-4001 • learn@hagerstowncc.edu

Center for Continuing Education

## Registration Form

Each student must use a separate registration form. Please send completed registration form and payment to the College. (Payment, invoice, or purchase order must accompany this registration.) **This form may be duplicated.**

To avoid delay, please complete all information requested.

Mr.  Ms.  Mrs.  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Maiden/Former \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Birthdate (mo/day/yr) \_\_\_\_\_

Senior Citizen (60 and over)  Yes  No

Employer's Name \_\_\_\_\_

**Ethnicity:** Are you of Hispanic or Latino origin?

Yes  No

**Race:** You may check more than one race.

White

Black or African American

Asian

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Information not used for admission. Federal regulations require colleges to report enrollment data by ethnic, racial, and gender categories.

Course #	Course Title	Begin Date	Tuition	Materials Fee	Total
<b>Total Fee</b>					

#### For Credit Card Use Only:

Card Holder's Name \_\_\_\_\_

Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

The Refund Policy is published in the current issue of the HCC Continuing Education Non-Credit Schedule.

I certify that the information on this form is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

