



# Michigan Animal DENTAL SPECIALISTS

## Earn 16 hours of CE while enhancing your dentistry skills

Dr. Molly Angel established her dental specialty practice in 2019 with the goal of providing RACE approved lecture and hands-on laboratories for area veterinarians. Join us for two days of intensive learning in a state-of-the-art facility.

### Seminar Information

**Session 1:** Friday, March 27, 2026 CANINE  
**Session 2:** Saturday, March 28, 2026 FELINE  
**Time:** 8:00am until 5:00pm  
**Where:** Michigan Animal Dental Specialists  
4379 Orion Road, Rochester, MI 48036  
**Fee:** \$1850 per session - **Extraction kit included**  
\* 8 hours of CE credit per day

### Schedule

7:30am – 8:00am Registration  
8:00am – 12:00pm Lecture  
12:00pm -1:00pm Lunch & Presentation  
1:00pm – 5:00pm Wet Lab  
\*\*\* Please dress prepared for lab work as cadavers will be utilized for this hands-on learning experience. Goggles and masks will be provided.

### Instructors

**Molly Angel, DVM, DAVDC, FAVD**  
Owner, Michigan Animal Dental Specialists

**Katherine Venet, DVM, DAVDC**  
Michigan Animal Dental Specialists

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*This hands-on learning experience for veterinarians  
will provide the following instruction:*

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**Lecture:**

- Review of normal anatomy and radiographic positioning of the canine/feline patients
- Principles and positioning of standard radiographs and cone beam CT
- Anesthetic considerations for the dental patient, including local anesthetic considerations and techniques
- Standard oral surgical flap and extraction techniques
- Patient aftercare and follow up recommendations
- Basic equipment requirements and maintenance as well as logistic and regulatory requirements in regard to radiation safety

**Lab:**

- Practical application of local nerve blocks
- General oral flap design and creation as well as closure of tissues
- High-speed and hand instrumentation to complete general therapeutics and extractions on canine/feline cadavers

**\* Species specific extraction instruments are included in the session fee \***

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Please select one or both:    Session 1:       Session 2:

Hospital Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ License #: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_ Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

**Please send your registration to:  
Deborah Gmeiner  
Territory Manager, Patterson  
deborah.gmeiner@pattersonvet.com 313.220.7458**

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**Deborah will confirm your registration  
via email and provide payment instructions.**

