SOUTHERN MARYLAND DENTAL SOCIETY

PRESENTS

**“PROPER PRESCRIBING & ELECTRONIC HEALTH RECORD DAY”**

**FRIDAY, MARCH 29, 2019 - 6Hours C.E. Credits**

8:00 am – 9:50 pm “Proper Prescription Writing & Disposal of Prescription Medications”

An approved & required (MSBDE) course for dental license renewal.

Presenter: Charles Doring D.D.S., M.A.G.D.

10:00 am – Noon “Maryland Prescription Drug Monitoring Program (PDMP)”

Presenter: Colleen George, Med Chi, MD State Medical Society.

Information to support healthcare providers & patients in the safe and

effective use of prescription drugs.

Noon, Lunch provided & information on MD Healthy Smiles Program &

Adult Dental Medicaid.

12:45 pm – 1:45 pm “Maryland Electronic Health Record”

Presenter: Alana Sutherland MPH, PHP, Program Manager,

Maryland Health Care Commission, Center for Health Information

Technology & Innovative Care Delivery

How electronic health record (EHR) & health information exchange

(HIE) Is transforming health care.

1:45 pm – 3:00 pm “CRISP, Chesapeake Regional Information System for our Patients”

Presenter: Craig Behm, Maryland Program Director for CRISP.

Improve the completeness of patient records and facilitate information

Sharing a vision for the future of HIE for dentists in Maryland.

The cost is $150.00 for SMDS members & staff OR $200.00 for non-members

Please mail applications and checks to: Southern Maryland Dental Society, 4920 Niagara Rd.,

Suite 306, College Park, Maryland 20740. No refunds will be given 10 days prior to the course.

Note: We do not accept credit or debit cards. For additional questions call 301-345-4196 or

Email Janice@smdsdentists.org

-------------------------------------------------------------------------------------------------------------------------------

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**