

Implants II



Risk Management

In order for you to receive continuing education credits, your patient to be approved and be assigned a clinic time:

Please send the items below to LVI Global at fax number
(702)341-0983.

*Your travel plans should not be made until your patient has been approved
by Dr. Kit Weathers.**

- Student Information Form
- Agreement For The Dentist Participant
- Release of Liability Agreement
- Patient Informed Consent Form
- Implant Patient Information and Consent Form
- Information Verification
- Documentation of Work Done at Home Office
- Lab Form
- Medical History Form
- Periodontal Evaluation (please state health of tissue)
- Photos (digital format), X-Ray
- Have an original certificate of licensure sent from your state board to:
LVI Global Attn: Jennifer Figueroa
1401 Hillwood Dr. Ste 200, Las Vegas, NV 89134
- Copy of your current liability insurance-if either expires before course
start date please send updated copy upon receipt. License and
insurance must be current through entire course.
- *Photos, X-Ray, Medical History, Periodontal Evaluation and a
copy of the Treatment Plan must be sent to:**

LVI Global

Attention: Dr. Kit Weathers

1401 Hillwood Dr. Ste 200

Las Vegas, Nevada 89143

kweathers@lviglobal.com

(Please note: RX for scanning appliance included in your registration packet)



Please read this prior to reviewing the Risk Management Documents with your patient.

It is imperative that your patient is thoroughly informed of the procedures to be performed on them here at LVI Global. It is also imperative that your patient realizes that although you are a licensed dentist that you will be in a training situation and applying newly learned techniques. It is also imperative that your patient understands that they have options to the proposed treatment for this program including no treatment at all. It should be explained to your patient that they have the right to change their mind and refuse treatment prior to the treatment plan being started.

Do not leave any portion of the Risk Management forms blank. Please make certain the patient consent form is completed and explained before being signed by your patient.

As a doctor it is important that you and your patient understand that there is always some potential harm in having any procedure performed. The more forthright you are in relaying and explaining the possibility of adverse effects to your patient the better protected you both will be; no matter how obscure you may perceive these effects to be.

Please note that we do require that your information is current each time you participate in a live patient program. **As of January 2008, we are now required to obtain a certification of licensure, sometimes referred to as verification of license. This must be requested from your state board and mailed directly to LVI Global.** This is not to be confused with your certified license as those are only sent to you and should stay at your practice. We will keep your license on file and update it online for you for future live patient courses you attend~provided your state has this feature available.

Please do not hesitate to contact us with any questions or concerns you may have. 888.584.3237 x 268 or jfigueroa@lviglobal.com



Student Information Form

Please complete this form and mail or fax to:

LVI • 1401 Hillwood Dr. Ste 200 • Las Vegas, NV 89134 • (888)584-3237 • Fax (702)341-0983

Personal Information

First Name Preference: _____ Last: _____ MI _____

Office Address: _____

Circle one: Designation **DDS** **DMD** **Other** _____

Office Phone #: _____ Office Fax: _____

Home Phone #: _____ Home Fax: _____

Mobile Phone # _____

E-Mail Address: _____

AGD #: _____

License #: _____

Educational Background

Dental School: _____ Degree: _____ Year: _____

Graduate Residency: _____

Do you teach? _____ If so, where? _____

How many years have you practiced dentistry? _____

Do You Consider Yourself

- Beginning esthetic dentist Experienced esthetic dentist
 Intermediate esthetic dentist Highly experienced esthetic dentist

Do You Operate

- Right Handed
 Left Handed

What procedures do you prefer doing the least and why?

What is the main reason you are attending this program?

What do you hope to get out of the program?

What are your main concerns about cosmetic dentistry?

How many of the following procedures do you do a month?

Porcelain Veneers _____ Direct Resin Restorations _____ PFM's _____
All Porcelain Crowns _____ Indirect Resin Restorations _____ Amalgam Fillings _____
Gold Inlays/Onlays _____ Non-Metallic Bridge _____ Direct Resin Veneers _____



Please complete this form and mail or fax to:

LVI • 1401 Hillwood Dr. Ste 200 • Las Vegas, NV 89134 • (888)584-3237 • Fax (702)341-0983

Agreement For The Dentist Participant

I, _____, am a participant in a continuing dental education program, Implants II, at the Las Vegas Institute for Advanced Dental Studies on _____, 20____.

Pursuant to class curriculum, I willingly agree to participate in a clinical situation at or sponsored by the Las Vegas Institute for Advanced Dental Studies. I understand and agree that I will be required to conform to school policies and procedures during the time I spend in the clinic. I understand and agree to take direction from the clinic faculty and his/her designees.

I also agree that I am responsible for all the follow-up remedial care on my patient for this course.

My current liability insurance coverage is with:

Name of Insurance Company _____

Please Print Dr.'s Name _____

Doctor's Signature _____

Date _____



RELEASE OF LIABILITY FORM

Please complete this form and mail or fax to:

LVI • 1401 Hillwood Dr. Ste 200 • Las Vegas, NV 89134 • (888)584-3237 • Fax (702)341-0983

Release of Liability Agreement

I am participating in the LVI Course, Implants II, on _____, 20___. In consideration of the opportunity to participate in this program, I hereby release the Las Vegas Institute for Advanced Dental Studies, their officers, directors, employees, and agents from any claim, damage of liability for or arising out of an injury or death which could result from my own actions or omissions or the actions or omissions of any employee or agent of the Curators of the Las Vegas Institute for Advanced Dental Studies.

Print Name of Dentist Participant

Signature of Dentist Participant

Date



Information Verification

Please complete this form and mail or fax to:

LVI • 1401 Hillwood Dr. Ste 200 • Las Vegas, NV 89134 • (888)584-3237 • Fax (702)341-0983

THIS INFORMATION IS VERY IMPORTANT

Attendee's Full Name:

(for plaques, certificates and continuing education credits)

Nick Name:

(If applicable, for name tags)

Degree or Title: _____

(for plaques and certificates)

Dental License #: _____

(for continuing education credits)

Attendee Signature: _____



Patient Informed Consent Form

Please complete this form and mail to:

LVI • 1401 Hillwood Dr. Ste 200. • Las Vegas, NV 89134 • (888)584-3237 • Fax (702)341-0983

Patient Name _____

Course Title and Training Situation _____

Nature of Treatment to be Rendered _____

Benefits of Treatment _____

Potential Harm Relating to Treatment _____

Alternative Procedures _____

I hereby verify and confirm that I am a patient of record of Dr. _____ ("my Doctor"). I agree and hereby consent to my Doctor performing dental work for and upon me as part of a "live patient" continuing dental education training course my Doctor will be attending at Las Vegas Institute for Advanced Dental Studies ("LVI") in Las Vegas, Nevada. I understand the primary purpose of this continuing dental education course is to educate and train my Doctor, in a "live patient" training situation, on techniques and procedures to be performed upon me in my Doctor's office and in the clinic at LVI. I further state that the nature and extent of the techniques, procedures, and treatment I will be receiving (my "Treatment Plan") have been explained to me by my Doctor. My Doctor has informed me about the potential risks of using the techniques which will be applied by my Doctor as part of my Treatment Plan, and I understand my Doctor may have limited experience with such techniques he/she will be learning at LVI. I further understand that my Doctor, who will be performing such dental services for and upon me during or as part of his/her participation in a "live patient" course at LVI, will be doing so as an independent professional, and my Doctor will not be performing such services in any way as an agent or employee of LVI or any benefit of LVI or any of its employees.

My Doctor also has informed me of alternative procedures that are available to me and my options with respect to each such available alternative procedure. I am aware that one such option that is available to me is that I receive no treatment at all. Having considered the options and alternative procedures available to me, I have agreed to the specific Treatment Plan to be completed by my Doctor. I am aware that I have the absolute right to change my mind and refuse to have any such Treatment Plan performed upon me, provided I do so before my Treatment Plan is started. I have been advised by my Doctor of the post-operative care that is necessary for me to receive after the procedure is performed at LVI, and I am aware that such post-operative care will occur at my Doctor's office. It is my understanding that all follow-up/ remedial care will be rendered by my Doctor. I further understand that in the event the treatment rendered by my doctor, while at LVI, is below the standard of care, LVI will assume responsibility for offering appropriate post care either through the participating doctor or through some alternative method.

PATIENT:

WITNESS:

Signature *Date*

Witness *Date*

Printed Name

Printed Name

APPROVED AND ACCEPTED BY:

Signature *Printed Name*



IMPLANT PATIENT INFORMATION AND CONSENT FORM

Dr.: _____

1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant under the gum or in the bone.
2. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained. I have tried or considered these methods, but I desire an implant to help secure the replaced missing teeth.
3. I have further been informed of the possible risks and complications involved with surgery, drugs, and anesthesia. Such complications include pain, swelling, infection and discoloration. Numbness of the lip, tongue, chin, cheek or teeth may occur. The exact duration may not be determinable and may be irreversible. Also possible are Inflammation of a vein, injury to teeth present, bone fractures, sinus penetration, delayed healing, allergic reactions to drugs or medications used, etc.
4. I understand that if nothing is done, any of the following could occur: bone disease, loss of bone, gum tissue inflammation, infection, sensitivity, looseness of teeth, followed by necessity of extraction. Also possible are temporomandibular joint (jaw) problems, headaches, referred pains to the back of the neck and facial muscles and tired muscles when chewing.
5. My doctor has explained that there is no method to accurately predict the gum and the bone healing capacities in each patient following the placement of the implant.
6. It has been explained that in some instances implants fail and must be removed, I have been informed and understand that the practice of dentistry is not an exact science; no guarantees or assurance as to the outcome of results of treatment or surgery can be made.

7. I understand that excessive smoking, alcohol, or sugar may effect gum healing and may limit the success of the implant. I agree to follow my doctors home care instructions. I agree to report to my doctor for regular examinations as instructed.
8. I agree to the type of anesthesia, depending on the choice of the doctor. I agree not to operate a motor vehicle or hazardous device for at least 24 hours or more until fully recovered from the effects of the anesthesia or drugs given for my care.
9. To my knowledge I have given an accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.
10. I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of implant dentistry, provided my identity is not revealed.
11. I request and authorize medical/dental services for me, including implants and other surgery. I fully understand that during, and following the contemplated procedure, surgery, or treatment, conditions may become apparent which warrant, in the judgment of the doctor, additional or alternative treatment pertinent to the success of comprehensive treatment. I also approve any modification in design, materials, or care, if it is felt this is for my best interest.

Signature of Patient

Witness

If the patient is unable to sign or is a minor
(signature of parent or legal guardian)

Relationship to Patient



DOCUMENTATION OF WORK DONE AT
HOME OFFICE IN PREPARATION OF YOUR
PATIENT FOR THIS COURSE

1. Please indicate which radiographs you have taken of your patient in preparation for this course. (please include dates)

2. Please indicate your treatment plan as presented to your patient by you. Also indicate what other options were given to your patient and why this one was recommended. Also include the age and sex of the patient. (Do not skip any portion of this question!)

Participating Doctor's Signature _____

Printed Name _____



Lab Information

- I understand that when I have case approval, I must send a set of models to Aurum Ceramics for stent fabrication as soon as possible.

Send To: Aurum Ceramics
1401 Hillshire
Suite 120
Las Vegas, NV 89134
Attn: Implants

- I understand that I must also send a set of models to Dr. Weathers for the case approval.
Dr. Kit Weathers will contact me to discuss my case.

Send to: Dr. Kit Weathers
1401 Hillwood Dr. Ste 200
Las Vegas, NV 89134
kweathers@lviglobal.com

Signature _____



MEDICAL HISTORY

Patient Name: _____ DOB: _____

Sex: _____ Height: _____ Weight: _____

Y	N		Y	N		Y	N	
___	___	Abnormal Bleeding	___	___	Glaucoma	___	___	Stroke
___	___	Alcohol Abuse	___	___	Hay Fever	___	___	Thyroid Problems
___	___	Allergies	___	___	Heart Attack	___	___	Tuberculosis
___	___	Anemia	___	___	Heart Surgery	___	___	Ulcers
___	___	Angina Pectoris	___	___	Hemophilia	___	___	Venereal Disease
___	___	Arthritis	___	___	Hepatitis A	___	___	Yellow Jaundice
___	___	Artificial Bones	___	___	Hepatitis B	___	___	Do you smoke/use tobacco?
___	___	Artificial Heart Valves	___	___	High Blood Pressure	If you are female:		
___	___	Asthma	___	___	HIV & AIDS	___	___	Are you taking birth control?
___	___	Blood Transfusion	___	___	Kidney Problems	___	___	Are you pregnant?
___	___	Cancer Chemotherapy	___	___	Liver Disease	___	___	Are you nursing?
___	___	Colitis	___	___	Low Blood Pressure	___	___	If yes # of weeks: _____
___	___	Congenital Heart Defect	___	___	Mitral Valve Prolapse	Allergies:		
___	___	Cosmetic Surgery	___	___	Pace Maker	___	___	Aspirin
___	___	Diabetes	___	___	Pneumocystitis	___	___	Codeine
___	___	Difficulty Breathing	___	___	Psychiatric Problems	___	___	Dental Anesthetics
___	___	Drug Abuse	___	___	Radiation Therapy	___	___	Erythromycin
___	___	Emphysema	___	___	Rheumatic Fever	___	___	Jewelry
___	___	Epilepsy	___	___	Seizures	___	___	Latex
___	___	Fainting Spells	___	___	Shingles	___	___	Metals
___	___	Fever Blisters	___	___	Sickle Cell Disease	___	___	Penicillin
___	___	Frequent Headaches	___	___	Sinus Problems	___	___	Tetracycline

Other:

Are you currently taking any medications (including aspirin)? If yes, please list:

Is there any disease, condition or problem that you think this office should know about that is not covered above? If yes please explain:

Signature: _____ Date: _____
 (Parent or Guardian if under 18)



Implants II

A Live Patient Implant Course Dictated by the Occlusion

Course Preparation Materials

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Live Patient Treatment

Congratulations on your desire to advance your education and become the best dentist you can be. The 3-day *Implants II* program is an intense, hands-on, live-patient treatment program that concentrates on developing a critical eye for aesthetic excellence. This course includes comprehensive clinical training, practical occlusion concepts, creating a positive philosophical attitude and effective case acceptance principles. You will benefit from one-on-one instruction while working on your own patient, as well as view and help diagnose the other course participant's cases. You will gain knowledge of comprehensive aesthetic, occlusion, case presentation and marketing skills during this course. You will practice an implant placement system that is predictable and has long-term clinical success. These skills will give you an increased feeling of confidence and pride.

The prerequisite course *Implants I* must be completed before taking *Implants II*.

As of January 2008, we are now required to obtain a certification of licensure, sometimes referred to as verification of license. This must be requested from your state board, contain the state seal and mailed directly to LVI Global. This is not to be confused with your certified license as those are only sent to you and should stay at your practice. We will keep your license on file and update it online for you for future live patient courses you attend~provided your state has this feature available.

Criteria for Patient Selection

All of us at LVI want your time here to be the best learning experience possible. It is most important that your patient selection is to your advantage. In view of that, we must require that your case selection comply with our guidelines. In our optimal scenario cases should exhibit the following characteristics:

- No more than one or two basic implant sites.
- No patients with more than two implant sites that are adjacent.
- We do not want bone grafting patients.
- Implant sites should not have tipped teeth next to the implant sites.
- A medical history that is not compromised (cancer, diabetes, heavy smoker, etc.)
- Patients must show good oral hygiene
- Implant sites can be part of a reconstruction only if the implant is the last step.

These are general guidelines you are asked to follow. They are guidelines put in place to enable us to follow all legal standards for this course. Any patient could have sub-clinical problems that are not intended to be diagnosed at this time. As providers of dental care, we all must realize that possible TMD problems are not always predictable, and changing the occlusion may cause a hidden problem to arise. **These possibilities should be addressed on the patient informed consent form.**

Case Selection & Patient Requirements

This course features live-patient treatment. You must bring a patient from your practice. All cases must be pre-approved by Dr. Kit Weathers.

- Send enclosed IMPORTANT forms 6 weeks prior to the course date to LVI. These vital documents are the first step in getting your patient's case approved. You may fax them to (702) 341-0983
 - ____ Student Information Form
 - ____ Liability Form
 - ____ Patient Informed Consent
 - ____ Information Verification
 - ____ Implant Consent
 - ____ Documentation of work done in Home Office
 - ____ Medical History form
 - ____ Periodontal Evaluation Form
 - ____ Copy of your current license to practice dentistry with expiration date
 - ____ Have an original certificate of licensure sent from your state board to:
LVI Global Attention: Jennifer Figueroa
1401 Hillwood Dr. Ste 200, Las Vegas, NV 89134
 - ____ Copy of your current liability insurance-**License and insurance must be current through entire course.**

- Collect your patient's case submission materials including:
 - ◆ Photos of the proposed implant site
 - ◆ A panorex, periapical, Tomograph or CT of the proposed patient (whichever you have)
 - ◆ A study model of the proposed patient
 - ◆ One copy of the patient's medical history report that contains any information that may affect an implant placement
 - ◆ A proposed treatment plan for this patient

- Mail your patient's case submission materials for approval to:

LVI Global
Attn: Dr. Kit Weathers
1401 Hillwood Dr. Ste 200, Las Vegas, NV 89143

Dr. Weathers will review each submission for acceptance the day the materials are received. Once your case is approved you must send a set of models to Aurum Ceramics for fabrication of your patients scanning appliance.

Send To: Aurum Ceramics
Attention: Implants
1401 Hillshire, Suite 120
Las Vegas, NV 89134



IMPLANT PRESCRIPTION

DR. _____

PATIENT'S NAME: _____

SEX: M / F **AGE:** _____

TOOTH #'S TO BE RESTORED: _____

- FABRICATE SCANNING APPLIANCE**

- FABRICATE SURGICAL STENT AFTER CT SCAN IS COMPLETED**
(This will be done during the implant II course. Return appliance and disc)

INSTRUCTIONS:

Please include a full arch polyvinyl impression of both upper and lower, as well as bite registration

SIGNATURE: _____

LICENSE NO: _____

SEND TO:

AURUM CERAMICS
Attention: Implants
1401 Hillshire, Suite 120
Las Vegas, NV 89134

Dr. Malin will be creating a power point presentation for each participating Dr. This presentation will include the submitted items listed above along with additional items generated during the class. Each doctor will then be given an opportunity to present their individual case. Not all Dr.'s will be required to present their case.

Each doctor should bring a second set of study models incase breakage occurs.

Unacceptable Cases:

Full mouth reconstruction cases, cases needing bone grafts or sinus lifts or those with debilitated posterior occlusion are not acceptable.

Also, patients that have not had a comprehensive exam or cleaning in one year or more **will not be an acceptable** candidate as well as patients with poor gingival health. Absolutely no patients with TMJ pathology or dysfunction will be treated. Periodontal charts and medical history forms are required on all patients.

Your Patient's Clinic Times

You will receive an email with your assigned clinic time your patient only needs to be present during this time. All Patients will be required to be present Day 1 for treatment planning, stent preparation and the taking of Tomographs. Day 2 all day clinic for the surgical procedures. You will receive an email with your assigned clinic time.

Proposed Course Outline

Implants II

DAY ONE

The class is broken up into four/five equal groups.

The general schedule is the first group will need to have patients available at 3:00 the first day. We need to take the stents prepared from 1:00-3:00 in the lab and take tomographs of the stents in the patient's mouth for adjustment purposes. When the angulation is correct, the drill guides need to be locked and a final tomograph taken to insure correct angles.

The second day starts with group one surgeries from 8:00-10:00. Group two will need patients available at 8:00 to take tomographs from 8:00 to 10:00. At 10:00 group two will perform the surgeries and group three will take the tomographs on their patients. At 1:00 group three will perform the surgeries and group four will take the tomo's. At 3:00 group four will perform the surgeries. After each group finishes their surgeries, they will also need to take a final tomo to evaluate the placement of the implant. We will also have each group use the equipment of sawdust mandibles prior to surgery. After surgery we will have each group go through a restoration section where they will take impressions for the restoration.

Group one patients need to be at LVI at 3:00 the first day and 8:00 to 10:00 the second.

Group two patients need to be at LVI the second day from 10:00 until 12:00.

Group three patients need to be at LVI the second day from 1:00 to 3:00.

Group four patients need to be at LVI the second day from 3:00 to 5:00.

If we need a group five they will be needed on Friday.

Day One 8:00

Review the Treatment planning protocol

Review the Surgical protocol

Review the restoration protocol

Day One 10:00

Each dentist will get up in front of the class and show the PowerPoint presentation that Michael Strasser has put together from the materials supplied by the doctors prior to the class. If materials haven't been provided prior to Wednesday class, please call Michael at 608-386-0795 as soon as possible to arrange a time to meet with Mike either on Tuesday before the class at LVI or first thing Wednesday morning. This will include pictures of the study models, intra-oral pictures, any radiographic pictures, portraits of the patient (in order that all doctors can recognize the case later), a proposed treatment plan, medical history with any possible compromises and a surgical release form signed by the patient (this will be provided if you do not have one.) All Dentists use their study models and prepare stents in the lab without locking the drill guide. For those dentists who have multiple adjacent implant sites, we need to have either Micro Dental Labs or Aurum Dental Lab prepare a solid orthosis to hold the drill guides.

Lunch

Day One 1:00 to 3:00

All Dentists use their study models and prepare stents in the lab without locking the drill guide. For those dentists who have multiple adjacent implant sites, we need to have either Micro Dental Labs or Aurum Dental Lab prepare a solid orthosis to hold the drill guides.

Day One 3:00 to 5:00 The first group patients are completely treatment planned and the required radiographs are prepared. The first group patient's stents are then adjusted to the radiographs taken and locked in place. Post locked stent tomographs are taken to verify accurate placement of the drill guides.

DAY TWO

Day Two 8:00 to 10:00 Review the treatment plan, pre and post tomographs and review the surgical steps of the NIS system for the first group's patients.

Perform the first surgeries just treatment planned. At this same time, group two will have their patients available to perform I-Cat scans.

Day Two 10:00 to 12:00 The second group performs their surgeries. This rotation would continue all day the second day. Pictures and copies of all Tomo's and CT's would be accumulated for each doctor and organized into a power point presentation which would include all pre-class materials sent to Dr. Malin.

DAY THREE

Day Three Morning (depending on the number of doctors in the class)

Finish off the last cases.

Advance case presentation covering the aspects of placing implants.

Bite transfer issues relative to changes in vertical dimension.

Full mouth reconstructions and implants.

1:00 Dr.'s would then show their power point presentation of their case and discuss issues relative to their patient for the entire class

3:00 Doctor Malin will discuss bone grafting and more advanced procedures relative to implant placement and how to treatment plan these cases.

****Please Note: This schedule is tentative. Lectures and times are subject to change.***

Travel Information

For all of your travel arrangements, please call Jeri our in-house travel manager, LVI Travel at (877) 805-3388. LVI Travel will introduce you to the most attractive hotel, airfare and car rentals available in Las Vegas. **Ask about our special rates in Summerlin The Red Rock Resort and Spa, JW Marriott Resort and Spa, and The Suncoast Hotel and Casino and the non-gaming Trump Towers on the strip**

Travel expenses are not included in your tuition.

Course Change & Cancellation Policy

Registration fees are non-refundable and must be exercised within two years. LVI Global, LLC (“LVI”) reserves the right to cancel courses 60 days prior to the scheduled date of a course or activity. Should LVI cancel a course or activity, LVI will apply the full value of any deposits and fees related to said course or activity to future LVI course or activities. Should LVI cancel a course or activity, you may also have the option of having the deposits returned to you. Fees remain non-refundable but, may be reapplied to another course or activity. LVI will not be responsible for any other fees, costs or consequential damages associated with canceling this LVI course or activity with the exception of non-refundable transportation or accommodation fees booked through LVI Travel. For courses requiring a live-patient, the treating Doctor must bring a patient of record. During courses conducted at LVI, I understand that photographs or video may be taken of me for educational and marketing purposes. I hold harmless LVI for any liability resulting from this production. I waive any right to inspect the finished production as well as advertising materials in conjunction with these photographs. I understand that I may receive marketing materials as a result of my attendance. In addition, by my signature on this form, I authorize LVI or its partners to contact me via mail, facsimile or email.

Change/Cancellation/Postponement Policy:

- A change, cancellation or postponement of course date is not complete without your required signature and date.

(The following do not apply if moving from TBD status to date selection)

- If change, cancellation, or postponement is received 60-90 days prior to registered course, 25% of the course fee will be forfeited.

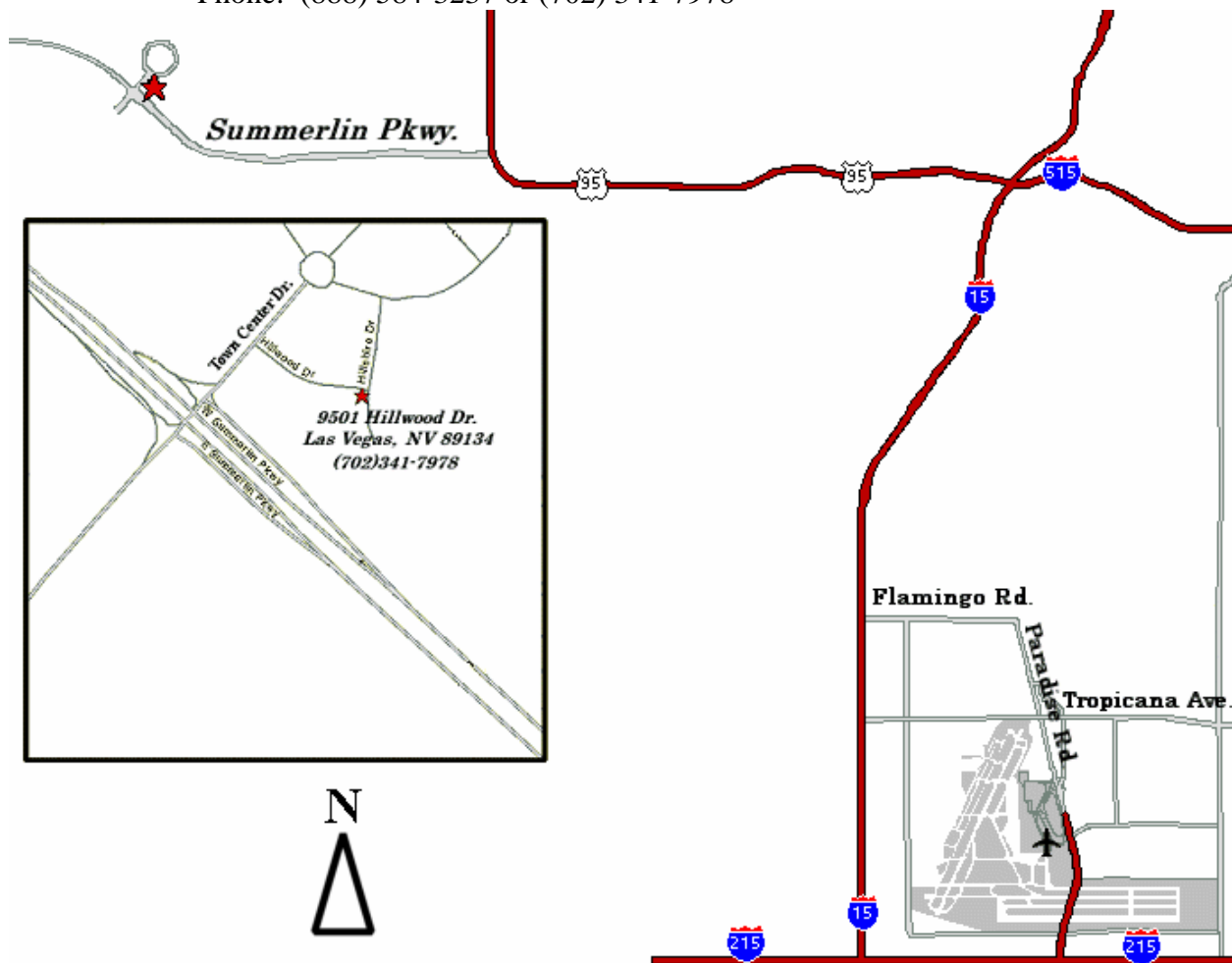
- If change, cancellation, or postponement is received within 60 days, 50% of the course fee will be forfeited.

- If change, cancellation, or postponement is received less than 30 days prior to your registered class, 100% of the course fee will be forfeited.

Directions to LVI

Directions: McCarran Airport/Strip to LVI (Las Vegas Institute)

- Take the airport connector to **Paradise Road** head north to **Tropicana Ave**
- Make left turn on Tropicana to **I-15 North** (right turn)
- Continue North to **I-95 North** exit (head West toward Reno/Tonopah)
- Take the **Summerlin Parkway** exit
- Continue West and exit at **Town Center Drive**
- Turn right at the stop light onto **Town Center Drive**
- Take an **immediate** right at the first street (**Hillwood**)
- The institute is located on the right hand corner of **Hillwood** and **Hillshire**
- Address: **9501 Hillwood, Las Vegas, NV 89134**
Phone: (888) 584-3237 or (702) 341-7978



Frequently Asked Questions

Q: What is the weather like in Las Vegas?

A: In the winter months (December through mid-March) temperatures range from lows around 15 degrees with highs up to 60 degrees. In spring (mid-March through May) the weather is nice with highs between 70-80 degrees. Summer months (June through mid-September) are hot, highs up to 110 degrees, with nice warm summer nights. In the fall (mid-September to November) it cools down with temperatures back around 70-80 degrees.

Q: What should I wear when I come to LVI?

A: Business casual. We tend to keep the building cold so you might want to bring a light sweater.

Q: Is food served at LVI?

A: A continental breakfast is served at 7:30 each morning and lunch is provided each afternoon. Snacks are also available throughout the day.

Q: How far is the Las Vegas Strip from LVI?

A: Approximately 12 miles. It could take up to 30 minutes with traffic.

Q: Do you provide transportation to LVI?

A: LVI provides transportation *only* from the J.W. Marriott, The Red Rock and the Suncoast Hotel. Check with the Bell Stand for pick up times on course days.

Q: If I take a cab, what do I tell the driver?

A: Take I-15 north to I-95 North to Summerlin Parkway. Exit right on Town Center Blvd and take the first right on Hillwood Dr. (see "Directions to LVI" in this booklet for more detailed directions).

Q: Where do I check-in when I first arrive at LVI?

A: For every course you attend at LVI, you must check-in on the first day and each subsequent day in the Hillwood Building (the main building). However breakfast will be served in the dining hall located in the Hillshire Building (the new building).

CE Information

Important Information Regarding Your Continuing Education Credits

How Many CE Hours Can I Expect to Receive From This Course?

After completing this program, you will receive a verification letter of the appropriate AGD approved continuing education hours. These credits represent the lecture and participation portion of the course. **Your AGD number must be on file at LVI in order for us to file your education credit hours with the AGD.** You are required to complete information regarding AGD number and membership on the sign in sheet for each course. If that information is not completed, your education hours will not be sent to the AGD. You **MUST** complete the RISK MANAGEMENT documents on your patient. These documents are required by law and will also be used to award you protocol credit hours for the time spent in preparation and management of your patient for this course. Please return the completed forms **before** coming LVI. *All of the risk management forms are legally required to be completed and on file at LVI before you can treat your patient in our clinics.*

When Will I Receive My CE Credits?

You and your team should receive the CE forms along with your plaques and certificates.

Does LVI Submit My CE For Me?

No, LVI does not submit your CE units. It is your responsibility to submit your CE hours to the appropriate organization (i.e.: your state/territory, the AGD, etc.).

Educational Objectives:

Upon the completion of this conference, through lecture and discussion, participants should be able to:

1. Identify and deliver a complete implant placement treatment planning protocol
2. Review and identify the concerns and defects of the patient's medical and periodontal history.
3. Understand surgical stent preparation
4. Discuss sinus grafts and bone grafts
5. Discuss CT scans and their use in treatment planning and surgical stent preparation
6. Discuss ridge augmentation and preservation
7. Understand advance case presentation covering the aspects of placing implants
8. Define bite transfer issues relative to changes in vertical dimension
9. Discuss issues regarding full mouth reconstructions and implants