COURSE PREPARATION MATERIALS

Core V Live

Beginning of Physiologic Rehabilitation Case

Important Risk Management Packet Included
Congratulations on your desire to advance your education and become the best dentist you can be. The 6-day Core V Live program features live-patient treatment with hands-on learning. 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.

This course emphasizes function as well as aesthetics. You will learn how to handle more complex cases (bruxers, restoring vertical dimension, restoring severely dark teeth without subgingival margins, creating biologic pontics that appear to be growing out of tissue, etc.). You will also learn subtle porcelain contouring and chairside customization both before and after final placement that will take a case from good to outstanding. Your LVI experience will not only enhance your professional growth but your patient will be the direct recipient of some of the best dentistry available.
Case Selection and Patient Requirements

This course features live-patient treatment. You must bring a patient of record.

Recommended Cases:

- Bite Change case is the objective of the course.
- Full arch reconstruction cases with vertical dimension. Lower splint construction will also be necessary as part of the treatment.
  - Complex veneer and anterior crown cases, including gap closures, discolorations, instant orthodontics, anterior bridge(s), tooth lengthening or a combination of any of these are acceptable.
  - Complex combination cases where crowns and veneers are needed are also acceptable.
  - If pre-approved by the Clinical Director, all ceramic bridge cases and the use of fiber-posts for endodontically treated teeth or implant cases are acceptable.

Unacceptable Cases:

- Patients who have not had a comprehensive exam or cleaning in one year or more will not be approved.
- Likewise, patients with poor gingival health are not recommended and may not be approved.
- Absolutely no patients with active TMJ pathology or dysfunction.
- Reconstruction on the mandible is not acceptable

Patient/Clinic Times

Your patient must be present during your assigned clinic time. Your Clinic time WILL NOT be assigned until after CASE APPROVAL by Live Core V Director, Dr. Heidi Dickerson, as well as all RISK MANAGEMENT material is completed. We also advise that you not make any travel plans until Dr. Heidi Dickerson officially approves your case as well. Availability is on a first come, first serve basis

You will receive an email with your instructors contact information as well as your Clinic Time once your case has been approved.

LVI is not able to write prescriptions for your patient, so if you anticipate a need for any prescription medication while at LVI, please make arrangements for your patient in advance.
What to Bring With You

The LVI Global Aesthetic Kit by Komet USA will be provided to you in the clinic during the prep session. Don’t hesitate to bring anything else such as your own favorite instruments, favorite burs, loupes, light source, etc. If your patient has implants you must bring all the necessary supplies to treat the implant. *(Please be sure to bring the Bur Kit back with you for seat)*

**Special Note to Auditors:** Auditors do not need to bring a patient as they do not participate in the hands-on portion.
Please send the following items to LVI for approval immediately.

To maximize your considerable investment in this course we ask that you prepare by using this checklist. It is designed to prepare you for this course, thus eliminating as many problems as possible during the program.

Models & Physiologic Bite Transfer

For case approval you will need a set of upper and lower models with hamular notches mounted to your physiologic bite (poured from polyvinyl siloxane (PVS) impressions) and a physiologic bite transfer. Send one set of model Mounted to the Bite to LVI and send the other set of models and physiologic bite transfer to an LVI trained lab. (Please confirm with LVI which lab you will use on the Lab Information form). Please do not send impressions to LVI, only the models. Label each model with your name only. Package models and physiologic bite transfer in standard packing materials.

Photos

Please refer to the Core V Live Required Photographs sheet within this packet for specific required photos and information on uploading them to LVI’s website. Please send your photos in digital format only (JPG’s). **DO NOT SEND PRINTS.** Digital photos will also be accepted on CD or flash drive.
Radiographs/CBCT

Send LVI your duplicates; please do not send the originals. Digital radiographs are also acceptable on CD or flashdrive. Label with your name. Refer to the ‘Core V Live Required Photographs’ sheet within this packet for instructions on how to upload them to LVI’s website. Please also bring a copy of your CBCT either via or Flashdrive to LVI on the First day of the course.

Vertical Measurements in Natural CO and Orthotic

Anterior/Posterior (Left & Right): This will be used for bite management in the event of changing the vertical. Please write down these measurements on the Case Approval Worksheet.
Send enclosed Risk Management forms a minimum of 6 weeks prior to the course date. These vital documents are the first step in getting your patient’s case approved. Please fax to 702.492.1947 or email to riskmanagement@lviglobal.com Please fill out all documents completely, do not assume any portion is non-applicable!

These documents are legally required and used to award you CE’s based on the time spent preparing your patient for this course.

- Student Information
- Release of Liability
- Information Verification
- Patient Informed Consent
- Patient Education Regarding Interim Treatment
- Records Release & Consent
- Documentation of work done in Home Office
- Medical History
- Periodontal Evaluation
- LVI S.M.I.L.E.S. Evaluation (optional)
- Case Approval Worksheet
- Musculoskeletal – Occlusal Signs Exam (optional)
- Tomograms in natural CO & Orthotic (See Specific Requirements)
- Have an original certification of licensure sent from your state board to: LVI Global Attention: Core V Live C/O Risk Management, 1401 Hillshire Dr. Suite 200, Las Vegas, NV 89134
- Current copy of your malpractice/liability insurance with policy expiration date valid through seat date of this course.
- You will be given a burr kit during the prep session. It is very important for you to bring it back for the seat session
Case Approval Checklist

For case approval you must send the following a minimum of 60 days prior to the course:

- Take Picture of your mounted models of current bite on Stratos
- Radiographs, photos and CBCT scan in digital format uploaded to: https://www.hightail.com/u/LVIRiskManagement
- BioPak Scan Rest and CO Rest (natural clinch vs. cotton roll clinch)
- Case Approval Worksheet
- Models and case approval worksheet mailed or emailed to:
  - Mail to: LVI Global Attn: Core V Live C/O Risk Management 1401 Hillshire Drive Suite 200 Las Vegas, NV 89134
  - Email: riskmanagement@lviglobal.com

In the absence of the above requirements, LVI cannot undertake the approval of a case.

Submit all pertinent information and materials directly to your lab, LVI DOES NOT forward models or other materials received for case approval.

If you have any questions about your Case, please email: riskmanagement@lviglobal.com.
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 very important that your patient realizes that although you are a licensed dentist that you will be in a training situation and applying newly learned techniques. Your patient should always understand that they have options to the proposed treatment for this program including no treatment at all. It must 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.

We are 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 riskmanagement@lviglobal.com
Please complete this form and mail or email: riskmanagement@lviglobal.com
LVI Global • 1401 Hillshire Dr. Ste 200 • Las Vegas, NV 89134 • Phone (888)584-3237

Personal Information

First Name Preference: ______________________ Last: _____________________________ MI ______
Office Address: _____________________________________ City________ State ___ Zip____
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 _________
I, ______________________________, am a participant in a continuing dental education program, Core V Live, 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 the institute 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 hereby verify and confirm that _______________________________________ is my patient of record. 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 ________________________________________________________________

Participating Doctor’s Signature ___________________________________________________________

Printed Name ________________________________________________________________

Date ________________________________________________________________

(_______) I have requested a certification of licensure from my state board on ________________.

Initial __________________________ Date __________________________

__________________________
Release of Liability Agreement

I am participating in the LVI Course, Core V Live 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
Please complete the first line exactly as you would like it to appear on your participation award and on the second line exactly as you would like it to appear on the name tag you will wear while on campus.

**Attendee’s Full Name:** ______________________________________________________
(for awards, certificates and continuing education credits)

**Nick Name:** ________________________________________________________________
(if applicable, for name tags)

**Degree or Title:** _____________________________________________________________
(for awards and certificates)

**Dental License #:** ____________________________________________________________
(for continuing education credits)

**Attendee Signature:** _________________________________________________________
Patient Education Form Regarding Interim Treatment

As a patient of Dr. ____________________________, I __________________________ understand the following information regarding my treatment in the Core V Live Course at LVI on ______________, 20______.

I understand that my treatment is based on Physiologic science and that this science utilizes an orthotic on the lower teeth as a functional temporary mandibular repositioning appliance until my treatment is finalized by completion of permanent restorations on my lower teeth.

I further understand that to properly complete the occlusal changes my doctor will begin, in this course, Physiologic science must be considered in order to protect the restorations that will be placed by my doctor.

I also understand that a fixed orthotic will be placed on my lower teeth at the final appointment for this course. I also understand that treatment with a fixed orthotic requires me to have further permanent restorative treatment on my lower arch and I am committed to that further treatment as has been explained by my doctor.

The upper restorations and lower orthotic will be completed and placed on ______________, 20__ at Las Vegas Institute for Advanced Dental Studies, LVI Global.

Patient Signature: _____________________________________________

Treating Doctor’s Signature: ____________________________________

It is recommended that you review this with the patient. Keep the original in your patient record, provide a copy to your patient, you must submit a copy with the risk documentation prior to the course.
DOCUMENTATION OF WORK DONE AT HOME OFFICE IN PREPARATION OF THE PATIENT AND TREATMENT PLAN

Please complete this form in its entirety. **Do not leave any portion of question #3 unanswered.** This should be completed from both a liability and dental standpoint. **Note:** Do not make travel plans prior to receiving approval of your case. The earlier that you get the case information in, the easier it is for you to plan.

1. Please indicate any radiographs and/or tomograms you have taken of your patient in preparation for this course and the date taken.

|______________________________________________________________________________|

2. Please indicate if a Smile Analysis was completed, and the date the diagnosis was determined.

|______________________________________________________________________________|

3. Please indicate the Treatment Plan including:
A) **treatment options** that have been presented to your patient,
B) **option** you and your patient **chose,**
C) **age and sex** of your patient
D) **exact treatment plan** to be performed (including detail).

|______________________________________________________________________________|
|______________________________________________________________________________|
|______________________________________________________________________________|
|______________________________________________________________________________|
|______________________________________________________________________________|

I hereby verify and confirm that ____________________________ is my patient of record. Patient’s Name

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

**Participating Doctor’s Signature** ________________________________

**Printed Name** ________________________________________________
I am currently a client of:

- □ Aurum Ceramic 800-611-1169
- □ MicoDental 800-229-0936
- □ Williams Dental Lab 800-713-5390
- □ I have sent a set of models to the lab I have designated above and informed them which course I will be attending.

OR

I received a scholarship from:

- □ Aurum Ceramic 800-611-1169
- □ MicroDental - Please circle location 800-229-0936
- □ Williams Lab 800-713-5390
- □ I have sent a set of models to the lab I have designated above and informed them which course I will be attending.

OR

- □ Please assign me to an LVI Trained Lab for this course.
- □ I understand that when I am assigned a lab, I must send a set of impressions to that lab soon as possible.

**LVI USE ONLY:**
Lab Assigned: ____________________________

**YOU WILL BE ASSIGNED TO AN LVI TRAINED LAB IF THIS FORM IS NOT RETURNED THIRTY (30) DAYS PRIOR TO THE START OF THE COURSE!!**

To have the necessary workup for the class done in a timely manner, send your case to the lab as soon as possible. I understand that I must send a set of models to LVI Global for case approval. LVI’s Clinical Director may contact me either via email or phone to discuss my case, and if approved, I will be assigned a clinical instructor and clinic time for this course.

Participant Signature ____________________________ Date __________________

Printed Name ________________________________
**MEDICAL HISTORY**

Patient Name: ________________________________ DOB: ____________________

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Height:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

- Abnormal Bleeding
- Alcohol Abuse
- Allergies
- Anemia
- Angina Pectoris
- Arthritis
- Artificial Bones
- Artificial Heart Valves
- Asthma
- Blood Transfusion
- Cancer
- Chemotherapy Colitis
- Congenital Heart Defect
- Cosmetic Surgery
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Fainting Spells
- Fever Blister
- Frequent Headaches
- Glaucoma
- Hay Fever
- Heart Attack
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B
- High Blood Pressure
- HIV & AIDS
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Mitral Valve Prolapse
- Pain Medication
- Pneumocystis
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Shingles
- Sickle Cell Disease
- Sinus Problems
- Stroke
- Thyroid Problems
- Tuberculosis Ulcers
- Venereal Disease
- Yellow Jaundice
- Do you smoke/use tobacco?
  - If you are female:
    - Are you taking birth control?
    - Are you pregnant?
    - Are you nursing?
  - If yes # of weeks:

**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)
PERIODONTAL EVALUATION FORM

Please indicate on the charts below and in writing any concerns regarding the periodontal health of the patient and treatment required before and/or during the case treatment plan for this patient. Please document if the patient’s periodontal health requires no special attention.

PERIODONTAL CHARTING RECORD

<table>
<thead>
<tr>
<th>Name:</th>
<th>Medical Alert:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Mobility</th>
<th>Probe 3</th>
<th>Probe 2</th>
<th>Probe 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LEGENDS:
- Implanted tooth
- Bleeding
- Exudate
- Furcations:
  - Class I
  - Class II
  - Class III
- Overhang
- Marginal ridge discrepancy
- Open contact
- Rotation
- Drifting or tilting
- Extrusion

<table>
<thead>
<tr>
<th>Date:</th>
<th>Probe 1</th>
<th>Probe 2</th>
<th>Probe 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Mobility</th>
<th>Probe 1</th>
<th>Probe 2</th>
<th>Probe 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LVI PATIENT INFORMED CONSENT

As a patient at LVI Global, I __________________________________________________________ understand that I will be participating in hands-on training in the use of certain diagnostic techniques and procedures used in Physiologic dentistry.

If you have any of the following conditions you are advised **NOT** to TENs:

- Pregnant
- Pacemaker
- Temporal Arthritis
- Active Cancer
  - Yes  No
  - 5 Years Cancer Free  Yes  No
  - What type Cancer? ________________________________
  - How was it treated? ________________________________

If you have any other medical conditions please consult with the Clinical Director prior to participating.

By signing below, you understand the contraindications and have no medical restrictions. Participation is optional at all times.

Printed Name: ________________________________

Signature: ________________________________________

Date: ______________________

Doctor’s Name: ________________________________________
During certain educational courses at LVI, your photographs may be used for educational purposes. Use of the photos may include but not be limited to presentation in a course teaching manual and/or presented in a power point lecture. As a patient, we request that you sign the attached release form, prior to the use of your photographs.

I, ________________________________, consent and authorize an instructor and LVI to use my name or a photograph, photographs, video, slides, BioPak scans or any other image as may be necessary of me, with or without my name, or with a fictitious name for advertising, trade, or any other lawful purpose and I release and forever discharge either or both of them from any claim, demands, or liability on account of such use or for the quality of the reproduction of the photograph or photo copy provided.

Patient Signature: ________________________________ Date: __________________________

Patient Printed Name: __________________________________________________________________

Treating Doctor Signature: ____________________________ Date: __________________________

Treating Doctor Printed Name: __________________________________________________________________

Witness Signature: ____________________________ Date: __________________________

Witness Printed Name: __________________________________________________________________
Core V Live Case Approval Worksheet

**Important Note: You must return this worksheet with your models and NM bite for case approval.**

*Please do not leave any part of this form blank.*

1. Do you own (please circle one):     K7     BioPak     Neither
2. Do you plan to restore the lower arch in Core VI Live?      Y          N
3. Do you plan to restore any implants?           Y           N
   If yes, please give tooth numbers & treatment plan for each below:
   __________________________________________________________________________________________
4. Please provide any other information pertaining to the case or the patient’s symptoms (patient headaches relieved after wearing orthotic, etc.):
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>LVI Vertical Index:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Width</td>
</tr>
<tr>
<td>7 mm</td>
</tr>
<tr>
<td>7.5 mm</td>
</tr>
<tr>
<td>8 mm</td>
</tr>
<tr>
<td>8.5 mm</td>
</tr>
<tr>
<td>9 mm</td>
</tr>
<tr>
<td>9.5 mm</td>
</tr>
<tr>
<td>10 mm</td>
</tr>
<tr>
<td>10.5 mm</td>
</tr>
</tbody>
</table>

V2/2014
<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>SIGNS (intra-oral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Headaches</td>
<td>1   Crowded Lower Anteriors</td>
</tr>
<tr>
<td>2   TMJ Pain</td>
<td>2   Wear of Lower Anterior Teeth</td>
</tr>
<tr>
<td>3   TMJ Noise</td>
<td>3   Lingual Inclination of Lower Anterior Teeth</td>
</tr>
<tr>
<td>4   Limited Opening</td>
<td>4   Lingual Inclination of Upper Anteriors (Div. II Occlusion)</td>
</tr>
<tr>
<td>5   Ear Congestion</td>
<td>5   Bicuspid Drop Off</td>
</tr>
<tr>
<td>6   Vertigo (Dizziness)</td>
<td>6   Depressed Curve of Spec</td>
</tr>
<tr>
<td>7   Tinnitus (Ringing in Ears)</td>
<td>7   Lingually Tipped Lower Posteriors</td>
</tr>
<tr>
<td>8   Dysphagia (Difficulty Swallowing)</td>
<td>8   Narrow Mandibular Arch</td>
</tr>
<tr>
<td>9   Loose Teeth</td>
<td>9   Narrow Maxillary Arch (High Palatal Vault)</td>
</tr>
<tr>
<td>10  Clenching/Bruxing</td>
<td>10  Midline Discrepancy</td>
</tr>
<tr>
<td>11  Facial Pain (Nonspecific)</td>
<td>11  Malrelated Dental Arches</td>
</tr>
<tr>
<td>12  Tender, Sensitive Teeth (Percussion)</td>
<td>12  Tooth Mobility</td>
</tr>
<tr>
<td>13  Difficulty Chewing</td>
<td>13  Flared Upper Anterior Teeth</td>
</tr>
<tr>
<td>14  Cervical Pain</td>
<td>14  Facets</td>
</tr>
<tr>
<td>15  Postural Problems</td>
<td>15  Cervical Erosion (Notching of Gingival)</td>
</tr>
<tr>
<td>16  Paresthesia of Fingertips (Tingling)</td>
<td>16  Locked Upper Buccal Cusps</td>
</tr>
<tr>
<td>17  Thermal Sensitivity (Hot &amp; Cold)</td>
<td>17  Fractured Cusps (Particularly Cl. I &amp; II Non-Functional Cusps)</td>
</tr>
<tr>
<td>18  Trigeminal Neuralgia</td>
<td>18  Chipped Anterior Teeth</td>
</tr>
<tr>
<td>19  Bells Palsy</td>
<td>19  Loss of Molars</td>
</tr>
<tr>
<td>20  Nervousness/Insomnia</td>
<td>20  Open Interproximal Contacts</td>
</tr>
<tr>
<td>21  Unexplained Gingival Inflammation and Hypertrophy</td>
<td>21  Unexplained Gingival Inflammation and Hypertrophy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNS (extra-oral)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Facial Asymmetry Bilateralnych</td>
<td>23  Anterior Open Bite</td>
</tr>
<tr>
<td>2   Short Lower Third of Face</td>
<td>24  Anterior Tongue Thrust</td>
</tr>
<tr>
<td>3   Chilitis</td>
<td>25  Lateral Tongue Thrust</td>
</tr>
<tr>
<td>4   Abnormal Lip Posture</td>
<td>26  Scalloping of Lateral Border of Tongue</td>
</tr>
<tr>
<td>5   Deep Mentalis Crease</td>
<td></td>
</tr>
<tr>
<td>6   Dished-Out or Flat Labial Profile</td>
<td></td>
</tr>
<tr>
<td>7   Facial Edema</td>
<td></td>
</tr>
<tr>
<td>8   Mandibular Torticollis</td>
<td></td>
</tr>
<tr>
<td>9   Cervical Torticollis</td>
<td></td>
</tr>
<tr>
<td>10  Forward Head Posture (Lordosis)</td>
<td></td>
</tr>
<tr>
<td>11  Elongated Lower Face(Steep Mandibular Angle)</td>
<td>11  Elongated Lower Face(Steep Mandibular Angle)</td>
</tr>
<tr>
<td>12  Speech Abnormalities</td>
<td></td>
</tr>
</tbody>
</table>
CORE V Live REQUIRED PHOTOGRAPHS

You must submit the following photographs of your patient in digital format:

- **Full Face Smile**
- **Up-close Smile — Right lateral view, Anterior, Left lateral view**
- **Retracted Slightly Open — Right, Anterior, Left**
- **Retracted Habitual Occlusion — Right, Anterior, Left**
- **Retracte Occlusion in Fixed Orthotic — Right, Anterior, Left**

*Please DO NOT send prints or original photographs to LVI.*
*All materials sent in for submission must be duplicates.*
*If you will require radiographs during the course please bring extra copies with you.*

Upload all required photos & x-rays:
- Before beginning, RENAME each individual picture you are uploading BEFORE UPLOAD so that the name of the doctor attending and the course name is included in the filename. For example, each picture should be “John Smith Core II 01.jpg”, “John Smith Core II 02.jpg”, etc.
- Using your Web browser, go to https://www.hightail.com/u/LVIRiskManagement
- Type in your email
- In the subject field type the course name and date and your name For example, Core II March/April 2011 John Smith
- Upload only your PROPERLY NAMED photos
- If you have any issues call Programs at 702-341-7978.
LVI S.M.I.L.E.S. Evaluation Form

Patients Name _________________________________ Date _____

S. - Size and golden proportion.
   Width of centrals____ Length of Centrals____ W/L Ratio ____ (75%-80%)
   Golden Proportion ______/_____/_______ (1.6/1/.6 )
   Centrals Latrals Cuspids
   Correct to proper dimensions if possible
   ☐ Yes ☐ No

M. - Midline and Canting
   Is the midline correct?
   ☐ Yes ☐ No
   ☐ Yes Canted
   ☐ No how far off ____R/L ☐ No

I. - Axial Inclination
   ☐ The teeth are properly mesially inclined
   ☐ Mesial / distal incline which needs correction
   ☐ Leave teeth as is, even though not properly inclined

L. - Lip Line vs. Incisal Edge of Teeth
   ☐ Incisal edges properly follows lip line
   ☐ Reverse smile line
   ☐ Deficiency (describe)

E. - Extra hard tissue guidelines
   ☐ Contact points proper (gingival migration posteriorly)
   ☐ Gradation of teeth proper
   ☐ Arch form proper
   Corrections necessary

S. - Soft Tissue Conditions
   ☐ Good Gingival Symmetry / Correction__________________________
   ☐ Good Height and Contour / Correction__________________________
   ☐ Gingival Zenith Correct / Correction__________________________
1) Prior to bite transfer appointment, take impression of fixed in patient’s mouth, pour up model, and make a new Sil-tech stent to fabricate a new fixed orthotic.

2) At appointment, TENS patient for an hour to ensure they are on their neuromuscular trajectory.

3) Verify 3 verticals (Right/Anterior/Left) in the patient’s mouth.

4) Place bite reg over the fixed orthotic in the patient’s mouth. Have patient close into bite reg. This is the physiologic CO bite. Re-peat to have a 2nd CO bite. Verify 3 verticals.

5) Using a model of their natural dentition as guide, section fixed orthotic from mesial of central incisor to mesial of 2nd molar (or whatever tooth is your “distal stop”).


7) Section fixed on the other side until the mesial of 2nd molar (or whatever tooth is your “distal stop”). Remove orthotic.


9) Remove last posterior stops of the fixed orthotic. Reline physiologic CO bite reg (avoid overlapping) and have patient close. This is the completely relined fixed orthotic Bite Transfer. Should have 2 (1 for Dr and 1 for the Lab).

10) Verify 3 verticals—R/Ant/L. Verticals should be the same as when fixed orthotic was in.

11) Take Upper (include HIP)/Lower PVS impressions & symmetry bite.

12) Using the new stent, fabricate a new fixed orthotic. Verify 3 verticals.

13) Send to LVI trained lab:
    - 1 completely relined Bite transfer
    - Upper (include HIP)/Lower PVS impressions
    - Symmetry bite
    - Full face photo of symmetry bite on patient
    - Bite Management sheet
    - Smile Design evaluation
Removable Orthotic Bite Transfer

1) Take upper & lower PVS impressions of the natural dentition and pour up models
2) Mount upper to HIP on Stratos prior to Bite transfer appointment
3) At appointment, TENS patient for an hour so they are on their physiologic trajectory
4) Verify 3 verticals in removable orthotic—Right/Anterior/Left
5) Place bite registration over removable orthotic and have patient slowly close into bite registration. Orthotic should feel stable in the bite. Verify that verticals are the same.
6) Remove the orthotic/bite reg from the patient’s mouth. Place it on the mandibular model. Before mounting to upper, hand articulate the lower to the upper to verify that the 3 verticals are the same as in the patient’s mouth. Mount lower to upper HIP model using the orthotic/bite reg.
7) Once mounting is set, remove the orthotic/bite reg, and verify 3 verticals—R/Ant/L.
8) Using the mounted models, place bite reg on lower model and close the Stratos into the bite reg. Verify 3 verticals. This is the removable orthotic Bite Transfer. (Make 2 bite transfers—1 for Dr and 1 for lab)
9) Verify Bite Transfer(s) in the patient’s mouth—R/Ant/L. All measurements should be the same as when you first started.
10) Return removable orthotic to patient
11) Send the following to an LVI trained lab:
   ◊ Mounted models
   ◊ 1 Bite transfer
   ◊ Upper (include HIP)/Lower PVS impressions
   ◊ Symmetry bite
   ◊ Full face photo of symmetry bite on patient
   ◊ Bite Management sheet
   ◊ Smile Design evaluation
Registration fees are non-refundable and must be exercised within two years. LVI Global, LLC (“LVI”) reserves the right to cancel courses 30 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. 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.

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.
Please note travel expenses are not included in your tuition. Visit the LVI Global website for the most up to date travel information.

IT IS HIGHLY RECOMMENDED THAT YOU BOOK YOU HOTEL AS SOON AS POSSIBLE.

30 DAYS OUT LVI’S ROOM BLOCK WILL BE RELEASED SO ROOMS MAY NOT BE AVAILABLE
It is mandatory that participants bring an assistant to the program unless auditing. You can register your assistant as a “clinic only” team member; however, it is highly recommended that you register them for the Dynamic Team Concepts course. As a full participating registrant your assistant will have access to lectures, meals and other activities that the Clinic Only assistants are prohibited from attending. Dynamic Team attendees are introduced to clinical and practice procedures that will enable them to not only appreciate their role much but share in the a learning experience that is custom designed to parallel the program in which you are attending. Previous Dynamic Team program attendees report that participating in the Dynamic Team program enhances their comprehension the skills and techniques learned by the doctor offering a quicker transition of the skills learned when returning home. This is also true for the rest of your team. Historically, Doctors who are accompanied by their entire office Team start faster and find that it is easier on their return to the practice. Your team will return inspired, committed to this high value dentistry and are able to communicate its value to your patients.
Maps and Directions

Click on the links below to view and print maps and directions to the specified locations.

- McCarran Airport to LVI
- McCarran Airport to JW Marriott Resort and Spa
- McCarran Airport to Suncoast Hotel and Casino
- McCarran Airport to Red Rock Casino, Resort and Spa
- JW Marriott Resort and Spa to LVI
- Suncoast Hotel and Casino to LVI
- Red Rock Casino, Resort and Spa to LVI
Frequently Asked Questions

What is the weather like in Las Vegas?

In the winter months temperatures range from 15-60°F. In spring the weather is nice with highs between 70-80°F. Summer months are hot, highs up to 110°F, with nice warm summer nights. In the fall it cools down with temperatures back around 70-80 degrees.

What should I wear when I come to LVI?

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

What should I wear if I am treating a patient in the clinic?

Just as you would in your office, appropriate Clinical Attire is expected at LVI. Attire should conform to OSHA/CDC guidelines and regulations, and should include protection like closed toed shoes for all of the team in the clinical setting.

Is food served at LVI?

A continental breakfast is served at 7:00 each morning and lunch is provided each afternoon. Snacks are also available throughout the day.

How far is the Las Vegas Strip from LVI?

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

Do you provide transportation to LVI?

LVI provides transportation only from The Red Rock Hotel and JW Marriot Hotel. Check with the Bell Stand for pick up times on course days.

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

For every course you attend at LVI, you must check-in on the first day in the Hillwood Building (Building with the purple rotunda). You will be directed to breakfast at registration.
Important CE Notice

We give 1 credit per 1 hour of lecture/participation. If you leave the course early or arrive late those hours will be deducted from your credits. You will receive your credits via email 6 – 8 weeks of the course completing.
How many CE hours can I expect to receive from this course?

After completing this program, you will receive a CE form of the appropriate AGD approved continuing education credit hours. These credits represent the lecture and participation portion of the course.

When will I receive my CE credits?

Your CE form will be presented along with your attendance medallion and/or letter. Please keep a copy of this form in your office records.

Does LVI submit my CE credits for me?

We will submit your CE credits to the AGD if you provide us with your AGD number. It is your responsibility to keep the CE form indicating your credits on file in your office and, if necessary submit your CE hours to the appropriate organization(s) (i.e.: your state/territory, etc.).

What happens if I lose my CE letter?

Once you receive your CE form, hold on to your originals and send copies when submitting your organizations. If your original letters are misplaced, LVI must charge a $30.00, per course, processing fee for necessary research. Replacement CE letters can take up to 3 weeks to receive.

Educational Objectives:

The educational objectives for this course are for the participants to be able to:

- Manage difficult cases such as bruxers, restoration of vertical dimension, and restoring severely dark teeth.
- Understand and address problems associated with a need for occlusal stabilization.
- Define and utilize techniques for subtle porcelain contouring and chairside customization before and after final placement.
- Understand management principles, case presentation skills in addition to good diagnosis and treatment planning.
- Identify appropriate marketing case presentation skills in addition to good diagnosis and treatment planning.
- Educate our staff and patients about the power of Physiologic dentistry.