

COURSE PREPARATION MATERIALS



**Hygiene: Advanced
Technologies**

LVI Global
1401 Hillshire Drive, Ste 200
Las Vegas, NV 89134
www.lviglobal.com
888.584.3237



Travel Information

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 YOUR HOTEL AS SOON AS POSSIBLE.

30 DAYS OUT LVI'S ROOM BLOCK WILL BE RELEASED SO ROOMS MAY NOT BE AVAILABLE



What to Bring

This course has 3 clinic times where you will be chairside and working clinically. If you work with loupes, bringing them will facilitate your overall experience and success in clinic



Required Consent Forms

Fill out and return the following before coming to the course. Forms are located at the end of this packet

- Laser Therapy Liability Waiver
- NuCalm Informed Consent

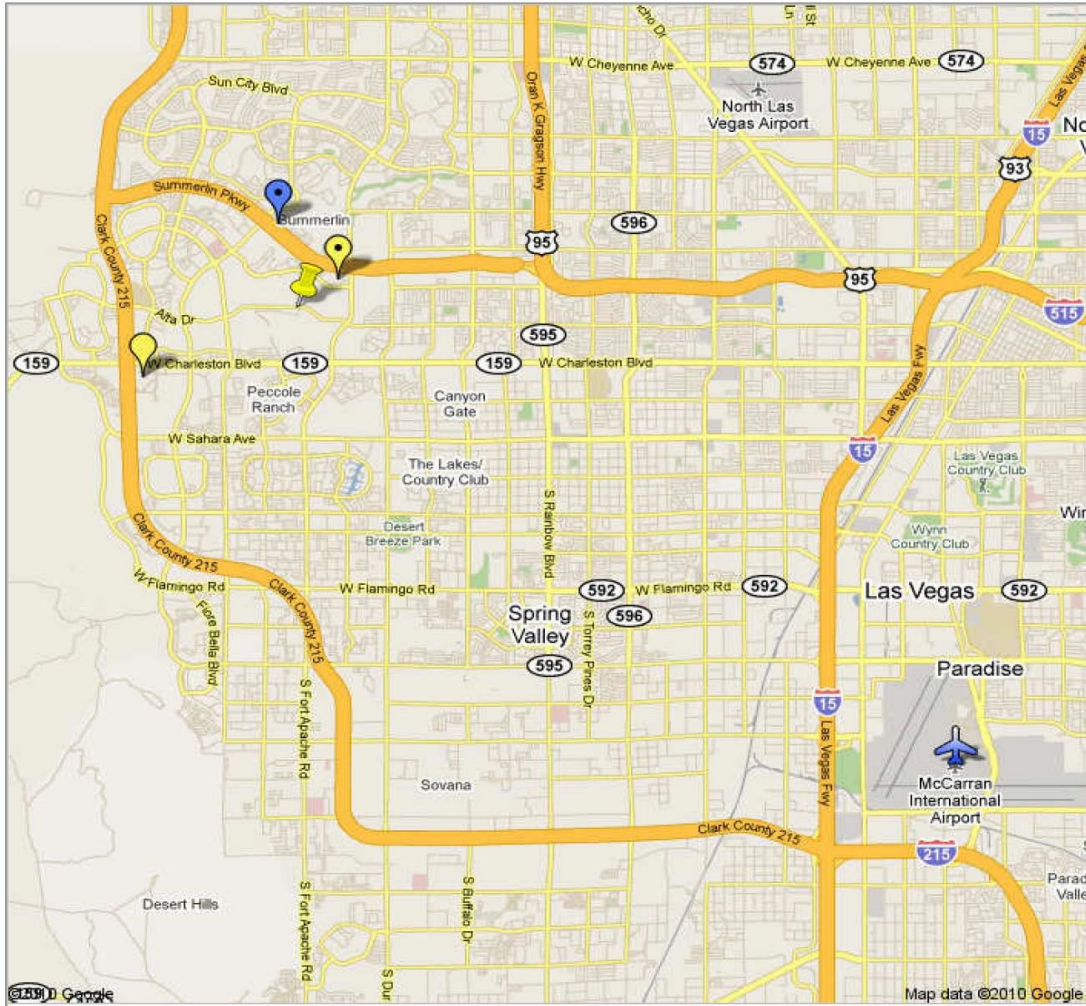
You may fax them to 702.492.1947, email them to ahaggard@lviglobal.com or mail to

LVI Global Attention: Programs

1401 Hillshire Drive Suite 200 Las Vegas, NV 89128



Maps and Directions



LVI



Red Rock Casino, Resort and Spa



Suncoast Hotel and Casino



McCarran Airport



JW Marriott Las Vegas Resort Spa

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°. In spring the weather is nice with highs between 70-80°. Summer months are hot, highs up to 110°, 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. 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.



Course Change and Cancellation Policy

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.



CE Information

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:

- Discuss the latest technologies and proven scientific findings to treat periodontal disease.
- Discuss the connection between periodontal health and its systemic implications.
- Effectively risk-assess a patient's condition to determine optimal treatment planning.
- Deliver a treatment plan and comprehensive case presentation based on the five screenings.
- Demonstrate and bring consistency to risk assessment, oral cancer screening, restorative screening, occlusal screening and periodontal screening.
- Create better understanding of the patient's wants and needs using persuasive verbal skills.
- Discuss TMD Dentistry and the importance of healthy occlusion.
- Discuss the use of laser theory and application as well as clinical adaptation of microultronics.

- ▮ Identify the newest restorative materials and how to care for them.
- ▮ Create continuity within your hygiene department of the patient care system.



Laser Therapy Liability Waiver

To the best of my knowledge, I am in good health and physical condition and fully able to participate in this Hygiene: Advanced Technologies course. I am fully aware of the risks and hazards connected with my participation in this course and my allowing myself to be treated with the use of lasers by others during this course, including physical injury, permanent disability, paralysis, or even death. I hereby elect, nevertheless, to participate voluntarily in this course, knowing that the associated laser therapy may be hazardous to my physical well-being and may even result in my death. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF MY PARTICIPATION IN THIS COURSE, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURY AND EVEN DEATH, that may be sustained by me as a result of MY participation in this course. **(NOTE: If you have any form of active cancer or dental implants, you are advised to not participate in this portion of the course.)**

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE LVI Global, LLC (“LVI”) and its officers, managers, instructors, employees, and agents (hereinafter referred to, collectively, as the “Releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in this course upon the premises of LVI.

It is my expressed intent that this waiver and release (i) shall be fully binding upon the members of my family, including, without limitation, my spouse or former spouse, while I am living, and upon my heirs, legal representatives, successors and assigns following my death, and (ii) shall be deemed a RELEASE, WAIVER, and DISCHARGE of, and COVENANT NOT TO SUE, any one or more of the Releasees. I hereby further agree that this waiver and release shall be governed by, and interpreted and determined in accordance with, the laws of the State of Nevada, even though I may be a resident of another state or other jurisdiction.

In signing this waiver and release, I acknowledge, covenant, and represent that I have read this waiver and release in its entirety, that I understand it completely and sign it voluntarily as my free act and deed, that I am 18 years of age or older and of sound mind, that I have given up substantial rights by signing, that no written or oral representations, statements, or assurances of any nature have been made to induce my execution of this waiver and release, and I execute this waiver and release for full, adequate, and complete consideration, fully intending to be bound hereby.

Signature _____

Printed Name: _____

Guest of: _____

Date: _____

NuCalm™ Informed Consent Form

This information is provided to help you understand NuCalm™. Before we begin, let us be certain that you have enough information, so that you're well informed and confident that you wish to proceed. This form will provide some of the information. We can discuss any questions.

NuCalm is a four part system designed to induce relaxation and minimize anxiety. This anxiety management system is not intended to diagnose, treat, cure, or prevent any disease.

The NuCalm proprietary orthomolecular formula (all-natural dietary supplements) has been developed over several years to maximize the body's natural relaxation response with NuCalm. The proprietary formula is only available in the NuCalm system and includes structured nutrient-sourced building blocks that rapidly enter the body and convert to powerful chemical messengers that suppress anxiety and create relaxation. All components are essential ingredients and supplement the body's natural chemistry to interrupt an anxious response. The FDA has not evaluated this statement.

The Cranial Electrotherapy Stimulation (CES) is a Class IIIa Medical Device designed for the reduction of anxiety, depression and/or insomnia when administered by a licensed healthcare provider. The CES is an FDA-cleared device and is available in the NuCalm system by prescription only.

Light blocking eye mask or tinted glasses are used to block light to the optic nerve resulting in an immediate increase (up to 30%) in alpha waves in the visual cortex of the brain.

Proprietary neuroacoustic software is designed to entrain the brain wave function and lead the brain to a pre-sleep alpha state (4 Hz-12 Hz). The FDA has not evaluated this statement.

PLEASE BE SURE TO ASK ANY QUESTIONS YOU WISH. It's better to ask them now, than wonder about it after we start NuCalm.

Risks Of The Recommended Treatment: No dental treatment is completely risk free. I will take reasonable steps to limit any complications NuCalm. However, there are some contraindications that tend to occur with some regularity. Precautions include:

- No electrical medical device from chest up* - Use the system without CES
- No person under 12* - Do not use Nutritional Supplement
- No pregnant nursing females* - Do not use Nutritional Supplement

If you have any questions about these complications, or about any other complications you have heard or thought about, please ask. I believe that the treatment will be most successful when you understand as much as possible about it, because you will be able to provide more information to me and to ask better questions. No question is too simple to ask and I have as much time to answer them, as you need. When you feel you can make an educated decision about this recommendation, then we can get started with NuCalm.

Acknowledgment

I _____, have received information about NuCalm.

I wish to proceed with the recommend treatment

Patient (Self) Signature: _____ Date: _____

Doctor (Guest of): _____

Hygiene-Advanced Technologies Manual

Order Form

All course manuals will be in a digital format. You will need to bring a laptop or tablet in which you have Wi-Fi capability and access to your email. Each attendee (doctor and team) will need access to a laptop/tablet. We will provide note paper and pens onsite. Please be sure to bring your charger as well, as you will be utilizing the manual throughout the entire day.

If you prefer a printed version of your course manual we are happy to accommodate with the additional fee of \$150 + 8.375% NV Sales Tax (onsite pick up only) per manual.

Please send in the form two weeks prior to the course date you are attending, whether you plan to bring your laptop or want a printed manual. **Note: If you choose to have your manual printed, this form has to be turned in 2 weeks prior to the course or we cannot guarantee that you will have the manual printed when you arrive on campus.**

Course Date Attending: _____

Please indicate your selection below:

- I agree to bring a laptop or tablet and charger with email and Wi-Fi access for myself and each of my team members attending the course.

Signature: _____ Date: _____

- I would like to order a course manual for \$150 + 8.375% NV Sales Tax (onsite pick up only) per manual for myself and/or my team.

Number of manuals: _____ Total Price: _____

Signature: _____ Date: _____

Billing Address

Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email: _____

Please charge fee to the credit card below.

Please circle one: Visa Mastercard Discover AMEX

CC# _____ Exp: _____ 3 or 4 Digit Code: _____

Signature: _____ Date: _____

Please return to LVI: Email: programs@lviglobal.com