

# COURSE PREPARATION MATERIALS



**Core II**

**Aesthetic and Restorative Principles in The  
Physiologic Practice**

**Reston, VA.**

LVI Global  
9501 Hillwood Drive  
Las Vegas, NV 89134  
[www.lviglobal.com](http://www.lviglobal.com)  
888.584.3237



# Team Participation

It is highly recommended that doctors bring team members to the program unless auditing. As a full participating registrant your team members will have access to lectures, meals and other activities. Team attendees are introduced to clinical and practice procedures that will enable them to not only appreciate their role much but share in the learning experience that is custom designed to parallel the program in which you are attending. Previous Team program attendees report that participating in the Team program enhances their comprehension the skills and techniques learned by the doctor offering a quicker transition of the skills learned when returning home. Historically, Doctors who are accompanied by their entire office Team start faster and find it 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.



# Required Items

- ❑ Magnification/loupes
- ❑ An LVI Removable Orthotic fabricated by one of the three LVI certified Labs.
- ❑ The LVI Global Aesthetic Inlay/Onlay Kit - by Komet USA will be provided and is yours to keep.



# 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 letter at the conclusion of the program. 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 case treatment plans and options with their patient.
- Determine appropriate occlusal care for the patient.
- Develop a critical eye for aesthetic restorations and develop a good plan for the aesthetic based practice.
- Discuss the need for a patient centered practice.
- Discuss soft tissue recontouring planning principles.
- Define contemporary adhesives and biomechanics of adhesion.

- Define the selection process and correct use of adhesives based on the procedure being performed and the restorative material used.
- Identify the indications/contraindications for direct resin as well as aesthetic inlays/onlays.
- Utilize simplified and predictable placement techniques for these restorations.
- Discuss metal -free crown materials, what to use and how to use it, cement or bond.
- Define effective marketing and communication skills that are necessary to develop a successful aesthetic restorative practice.
- Direct team members to implement change in the evolving practice.
- Develop the patient's understanding of the importance and principles of Physiologic Based Dentistry<sup>SM</sup>.
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# Manuals

You will receive a printed manual for this course on day one when you check-in at registration. You will also have access to this manual for up to 3 months after the conclusion of the course with the availability to print out two additional copies. If you have any questions or issues with the digital manual, please contact Mary Williams at: [programs@lviglobal.com](mailto:programs@lviglobal.com)



# Travel Information

The Core I course in Reston, VA will be taking place at the Protech Dental Studio Facilities located at the address below.

**Protech Dental Studio**  
**1890 Preston White Dr., Ste 300**  
**Reston, VA. 20191**  
**703-390-9415**

Protech Dental Studio is approximately 35-40 minutes by car if you fly into Reagan National Airport. If you fly into Dulles National Airport, it is approximately 5-10 minutes by car. )



# Frequently Asked Questions

## **What is the weather like in Reston VA?**

Weather in November runs a bit cold for a winter month with the average temperature during the day from 40 degrees in the highs and around 27 degrees at night.

## **What should I wear when I come to the Protech Dental Studio?**

Business casual. We tend to keep the building cold so you might want to bring a light sweater. If you are going outside it would be best to dress warmly.

## **Is food served during the course?**

Breakfast is served at 7:00 each morning and lunch is provided each afternoon.

## **How far is the Protech Dental Studio from the Airport?**

Approximately 35-40 minutes by car if you fly into Reagan National Airport. If you fly into Dulles National Airport, it is approximately 5-10 minutes by car.

## **Do you provide transportation to the Protech Dental Studio?**

Protech Dental Lab does not provide transportation to the campus. We recommend using Uber or Lyft.

## **Where do I check-in when I first arrive at the Protech Dental Studio?**

You will check in at the LVI Registration desk immediately as you get off of the elevator.



# 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.



# Lab Information

Complete only one section (Please note use of an LVI trained lab is mandatory)

\*As part of this course you will be delivering & adjusting an LVI removable orthotic that has been fabricated to fit the doctor attending the course. Please send polyvinyl Impression or digital scan & a TAG bite to one of the labs below at least 30 days prior to the course. If you need help or have questions regarding this process, please contact Joseph Dewees at [jdewees@lviglobal.com](mailto:jdewees@lviglobal.com) or (702) 341-7978 \*

I am currently a client of or have a scholarship from:

- Williams Dental Lab
- Protech Dental Studio

OR

- Please assign me to an LVI Trained Lab for this course.

**LVI USE ONLY:**

Lab Assigned: \_\_\_\_\_

**Williams Dental Lab** - 7510 Arroyo Circle Gilroy, CA 95020 **Phone:** 1-800-713-5390 Bob Clark LVI Master

Technician Email: [bob@williamsdentallab.com](mailto:bob@williamsdentallab.com) For all info visit <https://www.williamsdentallab.com/>

**Protech Dental Studio** - 1890 Preston White Drive #300, Duckee Lee Owner LVI Master Technician

Kelly Kim Lab Coordinator P 703-390-9415 Email [Kelly@protechdentalstudio.com](mailto:Kelly@protechdentalstudio.com)

For all info visit <https://www.protechdentalstudio.com/>

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

If you have had any changes since your Core I impressions please send your case to the lab as soon as possible. Please note on Lab RX that this is for a Lower Removable Physiologic Anatomic Orthotic to be delivered at LVI during the Core II program.

I acknowledge that I will continue to use the lab selected above for cases in future Live Patient Courses at LVI.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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Please fax lab form to LVI Global: 702.583.6157 or email to [riskmanagement@lviglobal.com](mailto:riskmanagement@lviglobal.com)



## PARTICIPANT INFORMED CONSENT

As a participant in **Core II**, I understand that I will be participating in hands-on training in the use of certain diagnostic techniques and procedures used in neuromuscular dentistry.

During class demonstrations the following will occur on every participant: bite registration with tens and without tensing.

If you have any of the following conditions you are advised **not** to TENS:

- Pregnant
- Pacemaker
- Temporal Arteritis
- Active cancer

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

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

Date of course: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Doctors Name (if team)

\_\_\_\_\_  
Date Signed