

COURSE PREPARATION MATERIALS



Core IV

Beginning of Physiologic Rehabilitation Case

**Important Risk Management
Packet Included**

LVI Global
9501 Hillwood Drive
Las Vegas, NV 89134
www.lviglobal.com
888.584.3237



Congratulations on your desire to advance your education and become the best dentist you can be. This four-day program is designed to show you how life changing your dentistry can be. This course addresses the handling of 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.) treating function as well as aesthetics.

Perhaps the most important aspect of the program is; understanding why cases succeed, why they fail and how to prevent that failure before it happens. You are expected to leave with an understanding of why so many people need this type of treatment. Fine tune your skill and take your cases from good to outstanding.



Case Selection and Patient Requirements

This course highly recommends In-Office Live-patient treatment. You will be required to submit records of your In-Office patient prior to the start of the course. For any questions, please contact Joe Dewees at: jdewees@lviglobal.com

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

****Please note that as an attendee you are responsible for any lab fees associated with your case.****



Course Preparation Checklist

Please send the following items to LVI for approval immediately.

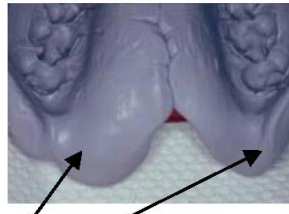
To maximize your considerable investment in this course we ask that you prepare by using this checklist. It is designed to prepare you for this course, thus eliminating as many problems as possible during the program.

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.



PVS Impressions
(DO NOT use Alginate)



Hamular Notches



Stone Model



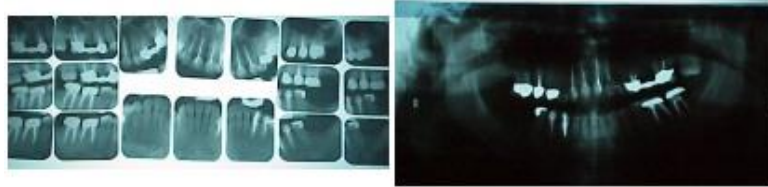
Physiologic Bite

Photos

Please refer to the Core IV Required Photographs sheet within this packet for specific required photos. Please send your photos in digital format only (JPG's). **DO NOT SEND PRINTS**. Digital photos will also be accepted on a 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 IV Required Photographs' sheet within this packet for instructions on how to upload them. Please bring a copy of your CBCT either via 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.



Right, Anterior, and Left Vertical Measurements in Natural CO



Right, Anterior, and Left Vertical Measurements in Orthotic (fixed or removable)



Important Information Checklist

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.

- 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)
- Complete and return manual order form to programs@lviglobal.com



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 IV C/O Risk Management 9501 Hillwood Drive 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: riskmangement@lviglobal.com .



Patient Discussion

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.

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



Release of Liability Form

Please complete this form and mail or email: riskmanagement@lviglobal.com

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Release of Liability Agreement

I am participating in the LVI Course, Core IV 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 email: riskmanagement@lviglobal.com

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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: _____



Documentation of Work Done at Home Office

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 _____



Lab Information

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

I am currently a client of:

- Williams Dental Lab 800-713-5390
- Protech Dental Studio 877-737-7883
- 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:

- 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 _____



Prep Date
 BP ____/____
 P____
 Seat Date
 BP ____/____
 P____

MEDICAL HISTORY

Patient Name: _____ DOB: _____

Sex: _____ Height: _____ Weight: _____

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

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)



Records Release & Consent Form

Please complete this form and mail or email: riskmanagement@lviglobal.com

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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 IV Live Case Approval Worksheet

*****Important Note : You must return this worksheet with the patient's original models mounted to your Physiologic Bite for case approval.**

Please do not leave any part of this form blank.

Dr.				Patient:	
Existing Verticals (list tooth #'s for Right, Anterior, and Left)	R #	A #	L #	<i>If the upper centrals have crowns, please use lower width guidelines</i>	
				Type of current orthotic: removable <input type="checkbox"/> fixed upper <input type="checkbox"/> fixed lower <input type="checkbox"/>	
Central Length of tooth #				Total time in current orthotic:	
Central Width of tooth #					
LVI Golden Vertical				Total time in Phase 1:	
Verticals in Orthotic (list tooth #'s for Right, Anterior, and Left)	R #	A #	L #		
				Bite Transfer (circle one): Y Date _____ N <i>If yes, please give details below in question 4.</i>	

1. Do you own (please circle one) : K7 BioPak M-Scan Neither
2. Do you plan to restore the lower arch in Core V? Y N
3. Do you plan to restore any implants? Y N * Please limit implants to only 2 per arch and implants must not be in a posterior stop position*

If yes, please give tooth numbers & treatment plan for each below:

4. Did you verify the HIP with an OPG Y N

5. Is the HIP correct Y N

6. Please provide any other information pertaining to the case or the patient's symptoms (patient headaches relieved after wearing orthotic, etc.):

LVI Vertical Index:

Central Width	Ideal Length	Golden Vertical
7 mm	9 mm	14.5 mm
7.5 mm	9.75 mm	15.75 mm
8 mm	10.5 mm	17 mm
8.5 mm	11 mm	17.75 mm
9 mm	11.5 mm	18.5 mm
9.5 mm	12.25 mm	20 mm
10 mm	13 mm	21 mm
10.5 mm	13.5 mm	22 mm



MUSCULOSKELETAL - OCCLUSAL SIGNS EXAM FORM

NAME _____

DATE _____

AGE _____

SYMPTOMS	SIGNS (intra-oral)
1 <input type="checkbox"/> Headaches	1 <input type="checkbox"/> Crowded Lower Anteriors
2 <input type="checkbox"/> TMJ Pain	2 <input type="checkbox"/> Wear of Lower Anterior Teeth
3 <input type="checkbox"/> TMJ Noise	3 <input type="checkbox"/> Lingual Inclination of Lower Anterior Teeth
4 <input type="checkbox"/> Limited Opening	4 <input type="checkbox"/> Lingual Inclination of Upper Anteriors (Div. II Occlusion)
5 <input type="checkbox"/> Ear Congestion	5 <input type="checkbox"/> Bicuspid Drop Off
6 <input type="checkbox"/> Vertigo (Dizziness)	6 <input type="checkbox"/> Depressed Curve of Spee
7 <input type="checkbox"/> Tinnitus (Ringing in Ears)	7 <input type="checkbox"/> Lingually Tipped Lower Posteriors
8 <input type="checkbox"/> Dysphagia (Difficulty Swallowing)	8 <input type="checkbox"/> Narrow Mandibular Arch
9 <input type="checkbox"/> Loose Teeth	9 <input type="checkbox"/> Narrow Maxillary Arch (High Palatal Vault)
10 <input type="checkbox"/> Clenching/Bruxing	10 <input type="checkbox"/> Midline Discrepancy
11 <input type="checkbox"/> Facial Pain (Nonspecific)	11 <input type="checkbox"/> Malrelated Dental Arches
12 <input type="checkbox"/> Tender, Sensitive Teeth (Percussion)	12 <input type="checkbox"/> Tooth Mobility
13 <input type="checkbox"/> Difficulty Chewing	13 <input type="checkbox"/> Flared Upper Anterior Teeth
14 <input type="checkbox"/> Cervical Pain	14 <input type="checkbox"/> Facets
15 <input type="checkbox"/> Postural Problems	15 <input type="checkbox"/> Cervical Erosion (Notching of Gingival)
16 <input type="checkbox"/> Paresthesia of Fingertips (Tingling)	16 <input type="checkbox"/> Locked Upper Buccal Cusps
17 <input type="checkbox"/> Thermal Sensitivity (Hot & Cold)	17 <input type="checkbox"/> Fractured Cusps (Particularly CI. 1 & II Non-Functional Cusps)
18 <input type="checkbox"/> Trigeminal Neuralgia	18 <input type="checkbox"/> Chipped Anterior Teeth
19 <input type="checkbox"/> Bells Palsy	19 <input type="checkbox"/> Loss of Molars
20 <input type="checkbox"/> Nervousness/Insomnia	20 <input type="checkbox"/> Open Interproximal Contacts
	21 <input type="checkbox"/> Unexplained Gingival Inflammation and Hypertrophy
SIGNS (extra-oral)	22 <input type="checkbox"/> Crossbite
1 <input type="checkbox"/> Facial Asymmetry Bilateral/V	23 <input type="checkbox"/> Anterior Open Bite
2 <input type="checkbox"/> Short Lower Third of Face	24 <input type="checkbox"/> Anterior Tongue Thrust
3 <input type="checkbox"/> Chilitis	25 <input type="checkbox"/> Lateral Tongue Thrust
4 <input type="checkbox"/> Abnormal Lip Posture	26 <input type="checkbox"/> Scalloping of Lateral Border of Tongue
5 <input type="checkbox"/> Deep Mentalis Crease	
6 <input type="checkbox"/> Dished-Out or Flat Labial Profile	
7 <input type="checkbox"/> Facial Edema	
8 <input type="checkbox"/> Mandibular Torticollis	
9 <input type="checkbox"/> Cervical Torticollis	
10 <input type="checkbox"/> Forward Head Posture (Lordosis)	
11 <input type="checkbox"/> Elongated Lower Face(Steep Mandibular Angle)	
12 <input type="checkbox"/> Speech Abnormalities	



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

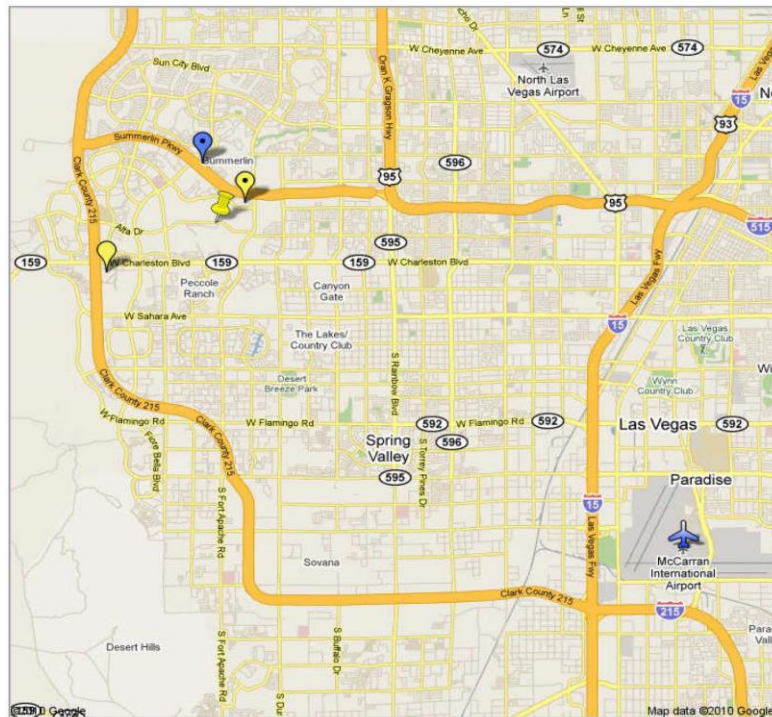
- If change, cancellation, or postponement is received 60-90 days prior to registered course, 25% of the course fee will be forfeited.
- If change, cancellation, or postponement is received within 60 days, 50% of the course fee will be forfeited.
- If change, cancellation, or postponement is received less than 30 days prior to your registered class, 100% of the course fee will be forfeited.



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.



LVI



Red Rock Casino, Resort and Spa



Suncoast Hotel and Casino



Harry Reid Airport



JW Marriott Las Vegas Resort Spa

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

[Harry Reid Airport to LVI](#) [Harry Reid Airport to JW Marriott Resort and Spa](#)

[Harry Reid Airport to Suncoast Hotel and Casino](#) [Harry Reid 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

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 DOES NOT provide transportation to and from the campus

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.

If you work on a patient at home you will receive up to 20 Protocol CE dependent upon documentation of hours worked and records submitted for your patient. Your course CE form will be sent to you once all documentation has been provided and confirmed by LVI.



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?

If you are not working on a patient your CE form will be presented along with your attendance letter at the end of the course. If you are working on a patient, then your CE form will be sent to you once we receive all necessary documentation. 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.