



The Aesthetic Eye recognizes exceptional dentistry done by IAPA members. These cases are featured at the IAPA Annual Conference. Applicants have the opportunity to have the submitted photos in each category reviewed by the Aesthetic Eye Panel, with deserving selections displayed in the conference exhibitor area. There is a submission fee of \$100 per case submitted. The Aesthetic Eye categories are as follows:

**I. Anterior Aesthetics**

**II. Full Mouth Aesthetics**

**III. Glamour Portrait**

**IV. LVI Core Case**

**V. Removable Rehabilitation**

**VI. Physiologic Orthodontic Aesthetics**

**VII. Implant Rehabilitation**

Only work done by the actual applicant may be submitted – this includes the dentistry and the photography. Cases must represent work prepared and finalized in the applicant's office with the exception of Category IV. Submissions become the property of the IAPA and are agreed by the applicant to be used in the promotion and/or education for the betterment of dentistry or the IAPA. Participants at the time of submission are required to be a member in good standing with the IAPA and in attendance at the conference for which they are submitting their cases. **Applicants must fill out and submit the application and payment before sending pictures. By submitting this application, the patient has authorized the release of their photos and likenesses for your unrestricted use that includes display at the IAPA Aesthetic Eye booth.**

**Category I - Anterior Aesthetics**

Required Before and After Views:

- Full Face/Frontal - 1:10 vertical only, face should be completely visible in front of a non-distracting background
- Full Smile/Frontal - 1:2 horizontal only, showing slight facial tissue around the lips
- Retracted Close-Up/Frontal - 1:2 horizontal only, retracted with teeth slightly apart so all incisal edges show

**Category II - Full Mouth Aesthetics**

**Fixed/Removable/Ortho combination cases are acceptable for submission**

Required Before and After Views:

- Full Face/Frontal - 1:10 vertical only, face should be completely visible in front of a non-distracting background
- Full Smile/Frontal - 1:2 horizontal only, showing slight facial tissue around the lips
- Retracted Close-up/Frontal - 1:2 horizontal only, retracted with teeth slightly apart so all incisal edges show
- Upper and Lower arch occlusal views with mirror showing only the viewed arch

**Category III - Glamour Portrait Shots**

**Denture Cases are acceptable for submission**

**Cases submitted in Categories I, II, and IV may also be submitted in III  
as long as the After views are on different backgrounds**

Requires Before and After Views: Full Face - 1:10 vertical only

**Category IV – LVI Core Case**

**This category is for cases done at LVI in Advanced Anterior Aesthetics, Cores V and VII**

Required Before and After Views:

- Full Face/Frontal - 1:10 vertical only, face should be completely visible in front of a non-distracting background
- Full Smile/Frontal - 1:2 horizontal only, showing slight facial tissue around the lips
- Retracted Close-Up/Frontal - 1:2 horizontal only, retracted with teeth slightly apart so all incisal edges show

### **Category V – Removable Rehabilitation**

Aesthetic Reconstruction utilizing a removable prosthesis in the maxillary anterior.

Required Before and After Views:

- Full Face/Frontal - 1:10 vertical only, face should be completely visible in front of a non-distracting background
- Full Smile/Frontal - 1:2 horizontal only, showing slight facial tissue around the lips
- Retracted Close-Up/Frontal - 1:2 horizontal only, retracted with teeth slightly apart so all incisal edges show

### **Category VI – Physiologic Orthodontic Aesthetics**

**Fixed/Removable/Ortho combination cases are acceptable for submission**

Some restorative is acceptable, however this is primarily an Orthodontic Case

Required Before and After Views:

- Full Face/Frontal - 1:10 vertical only, face should be completely visible in front of a non-distracting background
- Full Smile/Frontal - 1:2 horizontal only, showing slight facial tissue around the lips
- Retracted Close-up/Frontal - 1:2 horizontal only, retracted with teeth slightly apart so all incisal edges show
- Upper and Lower arch occlusal views with mirror showing only the viewed arch

### **Category VII – Implant Rehabilitation**

At least one implant supported restoration in function in a restored case.

Required Before and After Views:

- Full Face/Frontal - 1:10 vertical only, face should be completely visible in front of a non-distracting background
- Full Smile/Frontal - 1:2 horizontal only, showing slight facial tissue around the lips
- Retracted Close-Up/Frontal - 1:2 horizontal only, retracted with teeth slightly apart so all incisal edges show
- Digital X-ray image of integrated implant
- Retracted Close-Up – 1:1 image of restoration (only need a single implant in the case of multiple implant rehabilitation cases)

Each Aesthetic Eye participant will receive the following:

- Submitted cases(s) featured on display at the 2016 IAPA Annual Conference
- Certificate
- Recognition on [www.theiapa.com](http://www.theiapa.com)
- Recognition on [www.thelviglobal.com](http://www.thelviglobal.com)
- Recognition in Visions Magazine
- Photos displayed in Aesthetic Eye web gallery
- Opportunity to keep high quality mounted photos for framing

Winners for each Category will be chosen by the Aesthetic Eye review panel prior to the start of the 2016 IAPA conference. Winning cases will then be entered in the People's Choice Award category. The People's Choice Award Winner will receive a plaque and certificate. Fellow IAPA members attending the conference will be able to cast one vote for their favorite case among the four category winners. Voting for the People's Choice award will begin on the first day of the conference and close by 5 PM on Friday. The People's Choice Award along with all the Category winners will be announced on the last day of the conference.

### **Image Requirements**

- The submission form must be completed and payment received by **August 31, 2016**, with all images received no later than **September 16, 2016**. The application form must be completed prior to submission of the images.
- All images **MUST** be named in the following way:

Doctorfirstinitiallastname\_patientcasenumber\_categorynumber\_descriptionofshot\_imagesize.extension

Example: jsmith\_osborn\_II\_retractedafter\_7x5.jpg

- Full face shots must be sized to 8 X 10 VERTICAL, with mouth shots sized to 7 X 5 HORIZONTAL.
- Images must be HIGH resolution (minimum 300 dpi). All images must be submitted in the correct size and format!
- Images should be saved either to a CD or flash drive and mailed to the following address:

LVI Global  
Attn: IAPA Aesthetic Eye/Kat  
1401 Hillshire Drive Suite 200  
Las Vegas, NV 89134

- Files can also be sent via **HIGHTAIL**. **Please email Kat McArtor for hightail instructions.**
- Submissions received after the deadline, are incorrectly sized, or do not meet minimum resolution requirements will not be accepted.

For more information regarding case submission requirements, please contact Kat McArtor at [kmcartor@lviglobal.com](mailto:kmcartor@lviglobal.com) or call 702-341-7978.



### **2016 Submission Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Category selected for Submission:**

☐ Category I - Anterior Aesthetics                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

☐ Category II - Full Mouth Aesthetics                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

☐ Category III - Glamour Portrait Shots                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

☐ Category IV – LVI Core Case                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

☐ Category V – Removable Rehabilitation                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

☐ Category VI – Physiologic Orthodontic Aesthetics                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

☐ Category VII – Implant Rehabilitation                      Number of submissions: \_\_\_\_\_  
Patient Name(s): \_\_\_\_\_

#### **Payment:**

I am submitting a total of \_\_\_\_\_ cases at the rate of \$100.00 per case for a total of \$\_\_\_\_\_.

Credit Card Type:                      ☐ Visa                      ☐ MasterCard                      ☐ American Express

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CID: \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

Please fax the completed form to 702.233.9200. Upon receiving your submission form; payment, IAPA membership, and conference registration will be verified. A member of the Aesthetic Eye Review Committee will then contact you regarding image submission. Any questions regarding the Aesthetic Eye and the submission process should be emailed to Kat McArtor at [kmcartor@iviglobal.com](mailto:kmcartor@iviglobal.com).

**Aesthetic Eye 2016 participants may pick up their photos by 4 PM Saturday in the Aesthetic Eye area.**