

# AAOMS TODAY



January/February 2022  
VOLUME 20, ISSUE 1

A publication of the  
American Association of Oral and Maxillofacial Surgeons

COVER STORY | PAGE 8

## 'He's just got it all'

Dr. Rodriguez leans on diverse training for  
face transplants

### Data show volume and safety of OMS sedation practice

Dr. Johnson shares  
information on  
anesthesia cases

page 6

### Individuals united in service

Four AAOMS  
Committees  
are featured

page 20

### AAOMS Today Editor passes away

Dr. Laskin was the  
longest-serving dental  
association newsletter  
editor

page 38

PRRST STD  
US POSTAGE  
PAID  
CHICAGO IL  
PERMIT NO. 2237

Innovative Education in Oral Reconstruction

**2022 Courses: Minimally Invasive "Masters" Lecture Series with "Live" Surgical Demonstrations**

**May 19-21**

**Tunnel Grafting & Crestal Sinus Elevation**

**Speakers: Dr. Daniel Cullum & Dr. Michael Block**

Participants will gain understanding and proficiency with crestal sinus elevation and tunneling grafting techniques including instrumentation, specialized graft materials and the role of dynamic navigational surgery. We will also discuss advanced crestal techniques including immediate implants & contiguous sinus floor elevation (CSFE).

**June 23-25**

**Immediate Implants & Dynamic Navigation**

**Speakers: Dr. Daniel Cullum & Dr. Joseph Kan**

This course will teach current techniques for immediate management of single & multi-rooted teeth in both maxillary and mandibular extraction sites. Dynamic Navigational Surgery provides a paradigm shift in predictably pre-planning implant treatment for optimal outcomes.

**October 20-22**

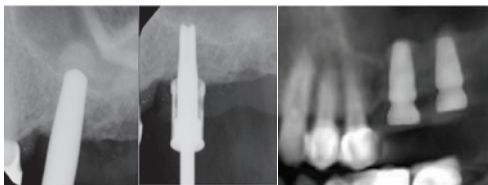
**Overcoming Challenges in Ridge Expansion and Horizontal Augmentation**

**Speakers: Dr. Daniel Cullum & Dr. Bach Le**

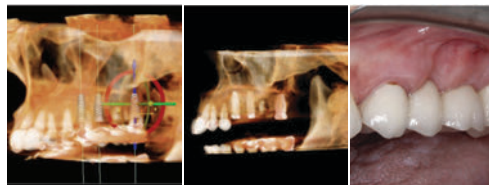
We will discuss CBCT diagnosis, treatment planning and technique selection from a patient centric approach. Technical advances and pearls in horizontal augmentation will be presented to enhance outcomes, prevent and manage complications.

Course Tuition: \$3,900 USD  
**Early Bird Special: \$3,400 USD**  
(When paid two months in advance of each course)

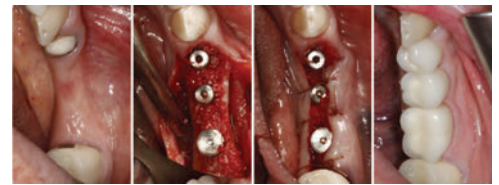
**Tunnel Grafting & Crestal Sinus Elevation**



**Immediate Implants & Dynamic Navigation**



**Overcoming Challenges in Ridge Expansion & Horizontal Augmentation**



Courses supported by  
**H & H Company**



**H & H Company**

**FINEST QUALITY INSTRUMENTS**

11888 N Tracey Rd • Hayden, ID 83835

800-491-9989 • [www.hhcompany.store](http://www.hhcompany.store)



Implants Northwest Live Learning Center  
Nationally Approved PACE Program Provider  
for FAGD/MAGD credit.  
Approval does not imply acceptance by  
any regulatory authority or AGD endorsement.  
10/1/2021 to 9/30/2023  
Provider ID# 320242

COURSE LEVEL: ADVANCED CE CODE: 690

p. 208.667.5565 f. 208-765-9633

email: [ce@implantsnw.com](mailto:ce@implantsnw.com)



# OMS WEBSITE DESIGN THAT DELIVERS



Our websites are **AMAZING** –  
just like our **CLIENTS**.

*“Partnering with PBHS was  
the right decision for my practice.”*

- DR. PAUL KELLY ★★★★★

94% of unattached patients make a decision about their  
treatment based upon a practice's website.

Unlock your website's full potential with PBHS.

Contact us today for a free competitive evaluation of your website.



WEB DESIGN + PRACTICE BRANDING



DIGITAL ADVERTISING



VIDEO PRODUCTION



SILENT PARTNER OMS TV



TRUFORM HIPAA PATIENT FORMS

## AAOMS TODAY

January / February 2022

Volume 20, Issue 1

AAOMS Today is published six times a year by the American Association of Oral and Maxillofacial Surgeons. Unless specifically stated otherwise, the opinions expressed and statements made in AAOMS Today do not imply endorsements by, nor official policy of, AAOMS.

**Daniel M. Laskin, DDS, MS**  
Editor (1965-2021)

**Karin Wittich, CAE**  
Executive Director

**Jolene Kremer**  
Associate Executive Director

**Sarah Trotto**  
Editorial Manager

**Julie Carr**  
Production Designer

## AAOMS

9700 W. Bryn Mawr Ave., Rosemont, IL 60018-5701  
847-678-6200 Fax 847-678-6286 [AAOMS.org](http://AAOMS.org)

## OFFICERS

**J. David Johnson Jr., DDS**  
President  
[jdj1@aol.com](mailto:jdj1@aol.com)

**Paul J. Schwartz, DMD**  
President-Elect  
[pschwartz@aaoms.org](mailto:pschwartz@aaoms.org)

**Mark A. Egbert, DDS, FACS**  
Vice President  
[megbert@aaoms.org](mailto:megbert@aaoms.org)

**Robert S. Clark, DMD**  
Treasurer  
[rsc4876@aol.com](mailto:rsc4876@aol.com)

**B.D. Tiner, DDS, MD, FACS**  
Immediate Past President  
[bdtiner@aaoms.org](mailto:bdtiner@aaoms.org)

**Karin Wittich, CAE**  
Executive Director  
[karinw@aaoms.org](mailto:karinw@aaoms.org)

**Steven R. Nelson, DDS, MS**  
Speaker, House of Delegates  
[snelson.omfs@gmail.com](mailto:snelson.omfs@gmail.com)

## TRUSTEES

**David M. Shafer, DMD**  
Trustee, District I (Northeastern)  
[dshafer@nso.uchc.edu](mailto:dshafer@nso.uchc.edu)

**Martin E. Eichner, DDS**  
Trustee, District II (Middle Atlantic)  
[martyeichner@gmail.com](mailto:martyeichner@gmail.com)

**Debra M. Sacco, DMD, MD**  
Trustee, District III (Southeastern)  
[dssacco@bellsouth.net](mailto:dssacco@bellsouth.net)

**J. David Morrison, DMD**  
Trustee, District IV (Great Lakes)  
[jdavemor@aol.com](mailto:jdavemor@aol.com)

**Charles A. Crago, DMD, MD, FACS**  
Trustee, District V (Midwestern)  
[cacrago@gmail.com](mailto:cacrago@gmail.com)

**W. Frederick Stephens, DDS**  
Trustee, District VI (Western)  
[dr.wfstephens@mac.com](mailto:dr.wfstephens@mac.com)

## AAOMS ASSOCIATE EXECUTIVE DIRECTORS

**Mark Adams, JD**  
General Counsel  
ext. 4350

**Mary Allaire-Schnitzer**  
Advanced Education  
and Professional Affairs  
ext. 4315

**Mary DiCarlo**  
OMS Foundation Development  
ext. 4325

**Beth Hayson, MBA, CAE, CMP**  
Continuing Education,  
Meetings and Exhibits  
ext. 4377

**Jolene Kremer**  
Communications  
and Publications  
ext. 4336

**Kimberly Molley, MBA, CPA**  
Business and Operations  
ext. 4341

**Victoria Rappatta**  
Governance  
and Membership  
ext. 4378

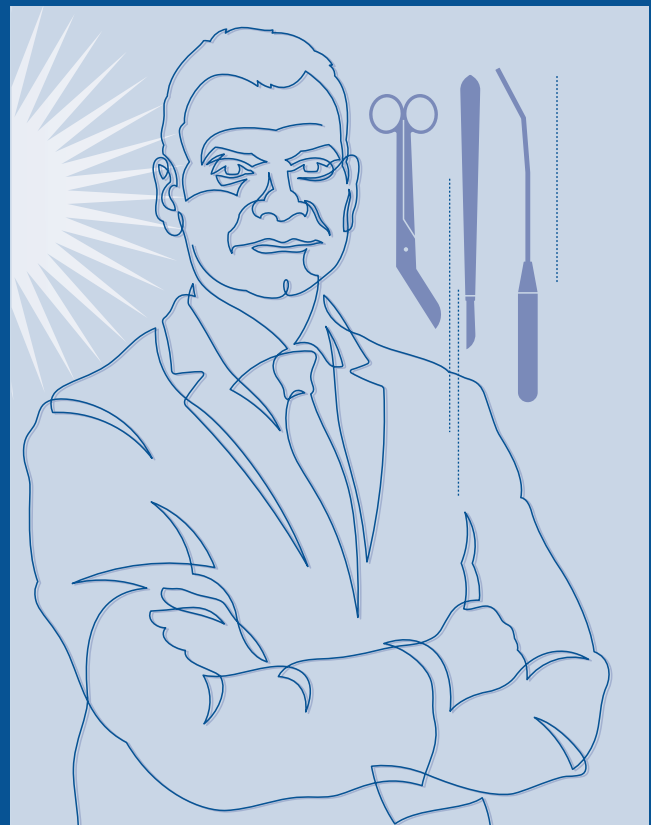
**Srini Varadarajan, JD**  
Practice Management, Health  
Policy and Government Affairs  
ext. 4303

## ADVERTISING

Advertising inquiries other than classifieds should be directed to Bob Heiman, RH Media, LLC, 11 Gainsboro Dr., West Berlin, NJ 08091; phone: 856-520-9632; email: [bob.rhmedia@comcast.net](mailto:bob.rhmedia@comcast.net). The publication of an advertisement is not to be construed as an endorsement or approval by the American Association of Oral and Maxillofacial Surgeons of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement such as approval or endorsement has been granted.

## COVER STORY

Page 8



## 'He's just got it all'

*Dr. Rodriguez leans on diverse training  
for face transplants*

*"I include a lot of the elements and techniques and instruction that were provided to me by my oral surgery mentor during my residency in my practice today."*

*– Dr. Eduardo Rodriguez*



**DENTAL IMPLANT CONFERENCE****26****Conference returns to in-person format with online access***Registrants received session access for 60 days.***PERSPECTIVES FROM ADA'S OMS PRESIDENTS 28****'Attend regularly, listen, learn and participate locally'***Dr. Whiston served as 1997-98 ADA President.***INFORMATIONAL CAMPAIGN****30****OMSs remain top preferred providers for wisdom teeth, implants***Nearly one-third of survey respondents deferred wisdom teeth extractions and dental implants due to the pandemic.***ADVANCED EDUCATION****37****Conference to address oncology***The biennial conference returns in March.***OMS FOUNDATION****41****Remembered with gratitude***Legacy gifts are a win for donors and the specialty.***ADVOCACY****44****COVID-19, anesthesia to dominate 2022 state agendas***Other issues include CRNAs, auxiliary personnel requirements and insurance.***PRACTICE MANAGEMENT MATTERS****49****Elaborating on hepatitis B vaccine requirements***Answers address the vaccine and record-keeping.***PRACTICE MANAGEMENT NOTES****51****'Some days you're the pigeon ...'***Words are powerful, and what matters is how they are used.***CODING CORNER****54****The lowdown on coding education***Staying abreast of best practices and government and commercial payer policy intricacies is the key.***HEALTH POLICY PERSPECTIVES****56****No more surprises for out-of-network bills***The No Surprises Act was signed into law Dec. 27, 2020.***ABOMS NEWS****59****Staying up-to-date with programs***Certification examinations, Certification Maintenance and OMSITE are included.***TREASURER'S ACCOUNT****60****Expected positive financial results for 2021 to exceed budget expectations***While in-person attendance was about one-third lower than normal, online attendees made up the differential.***AAOMS Today: Award-winning AAOMS member magazine**

**2021:** Awards of Excellence for Writing  
**2019:** Grand Award winner in Magazine category  
**2018:** Most Improved Magazine



**2020:** Silver Award for Association Magazine

**HealthcareADAWARDS**

**2021:** Gold Award  
**2020:** Merit Award  
**2019:** Gold Award  
**2018:** Bronze Award



**2021:** Gold Award for Article Writing  
**2020:** Platinum Award for Magazine  
**2019:** Platinum Awards for Magazine and Overall Writing



**2019:** Silver Scroll Division I winner  
**2018:** Newsletter Division I winner



**2021:** Platinum Awards for Feature Articles and Gold Awards for Association Magazine and Cover Design  
**2020:** Platinum Award for Feature Article and Gold Award for Association Magazine  
**2019:** Platinum Award for Association Magazine



---

J. David Johnson Jr., DDS  
AAOMS President

---

*“Your active and comprehensive engagement in the prospective research study is critical to generating data on office-based anesthesia to advocate for the safety of the OMS anesthesia team model.”*

---

## IN MY VIEW

# National dental claims data

As we all know, anesthesia is at the core of OMS training and practice. Our residency education standards require a dedicated 32-week resident rotation on the medical anesthesia service as well as ongoing outpatient experiences in all forms of anesthesia throughout four to six years of residency training.

Our training in medical assessment and emergency management is on par with our medical colleagues. Our training and ability to deliver treatment safely and affordably to patients via our team model of practice in our offices is unparalleled. No one else can do what we do.

As the specialty has faced challenges to our anesthesia delivery model, data have been critical to its defense. While many states collect adverse event data, much of this information is siloed in dental boards and inaccessible to the average citizen. Where such data are publicly available, one figure perpetually eluded researchers – the total number of anesthetics performed by dental practitioners.

## Finding an answer

To help glean information to calculate this figure, the AAOMS Board of Trustees authorized the license of aggregated, de-identified private dental claims data on moderate and deep sedation/general anesthesia (DS/GA) cases from FAIR Health, an independent nonprofit that collects data for and manages the nation's largest database of privately billed health insurance claims. For more than three years, AAOMS has licensed this information to use in its advocacy efforts – breaking down the information by provider type as well as patient age.

Of the total 6,240,366 moderate and DS/GA cases performed nationwide 2018 through 2020, 79 percent – or 4,911,840 – were delivered by OMSs.<sup>i</sup>

We can further break down these data by age and anesthesia level.

For moderate IV sedation cases:

- 1- to 7-year-old age group – OMSs provided 34 percent (1,439 of 4,244) of total cases.
- 8- to 12-year-old age group – OMSs provided 76 percent (10,378 of 13,698) of total cases.



# show volume and safety of OMS sedation practice

For DS/GA cases:

- 1- to 7-year-old age group – OMSs provided 44 percent (16,707 of 38,257) of total cases.
- 8- to 12-year-old age group – OMSs provided 81 percent (85,919 of 105,791) of total cases.

This information has been critical to ensuring OMS involvement in any anesthesia-related discussion because it is clear OMSs are the dental specialists providing the overwhelming majority of DS/GA and IV sedation services in the United States to patients who have private dental insurance.

The numbers also underscore the ability for patients to receive OMS-led anesthesia care is vital to overall access to care. Any limitations to our ability to offer anesthesia services will be detrimental to safe and effective patient treatment.

The data further demonstrate the low rate of adverse incidents in OMS offices compared to the total anesthetics performed. (As a reminder, please continue to report any adverse anesthesia incidents through the Dental Anesthesia Incident Reporting System [DAIRS], which collects anonymous reports of any unintended events related to anesthesia delivery.)

## New efforts to strengthen narrative

While AAOMS continues to use these data in our advocacy efforts – and will continue to license future claims data – more is being done to gather additional information to shore up our advocacy narrative. A new two-year prospective research study will use the OMS Quality Outcomes Registry (OMSQR®) data to measure the safety of the OMS team model for delivering anesthesia in an office-based setting. Thomas B. Dodson, DMD, MPH, FACS, leads the two-year study with support from research team members Drs. O. Ross Beirne and Sung-Kiang Chuang. The study is supported by AAOMS and OMS Foundation.

The study will document and measure the safety of delivering anesthesia services in the everyday practice of oral and



maxillofacial surgery. The specific aims of the research project are:

- To enroll a large sample of AAOMS members who will contribute their cases to the study registry.
- To estimate and compare the frequency of adverse outcomes in patients receiving sedation and those managed with local anesthesia.
- To document and estimate the frequency of EMS visits or hospitalizations associated with procedures done in the OMS office.

Your active and comprehensive engagement in the prospective research study is critical to generating data on office-based anesthesia to advocate for the safety of the OMS anesthesia team model. To sign up (or ask questions), email [omsqr@aaoms.org](mailto:omsqr@aaoms.org) or call 800-822-6637. ■

*<sup>1</sup>Research for this document is based on U.S. Census Bureau population estimates and statistical information based on dental claims data compiled and maintained by FAIR Health, Inc. AAOMS is solely responsible for the research and conclusions reflected in this document. FAIR Health is not responsible for the conduct of the research or any of the opinions expressed in this document.*



The background features a stylized, light blue line-art illustration of a man's face and upper torso, wearing a lab coat. To the right of the face are several medical instruments, including surgical scissors, a scalpel, and a probe, also rendered in line art. The overall color palette is a range of blues, from light to dark. A solid dark blue vertical bar is on the left side of the page.

# 'He's just got it all'

*Dr. Rodriguez leans on diverse training for face transplants*

# *Eduardo D. Rodriguez, DDS, MD, received his first exposure to face transplants when he was junior faculty at Johns Hopkins Hospital.*

He attended a presentation by visiting professor Maria Siemionow, who displayed a rat model. She would go on to lead a team of surgeons that performed the first near-total face transplant in the country at Cleveland Clinic.

Dr. Rodriguez's mentor, Paul Manson, MD, advised him transplants were "a very interesting field" for him to pursue. He felt Dr. Rodriguez possessed a unique skillset as a dentist, MD, OMS and plastic surgeon with general surgery, anesthesia, plastic surgery and specialized microsurgery training.

"I was completely amazed, and I almost felt it was surreal," Dr. Rodriguez said of the rat model presentation. "The thing we always think about from our standpoint is, 'Wow, OK, we can do something in a small animal model, but can that be translated to human clinical trials?' It did seem promising. It did seem a bit too, probably, ambitious. But the initial thought was if this could work, there are so many patients we could potentially help."

Roughly 17 years later, as head surgeon, Dr. Rodriguez led more than 140 healthcare professionals at New York University (NYU) Langone Health in conducting the world's first face-and-hands transplant. A 22-year-old New Jersey burn victim received a donor's hands and full face during the 23-hour surgery in August 2020.

In total, Dr. Rodriguez – Professor of Reconstructive Plastic Surgery, Chair of the Hansjörg Wyss Department of Plastic Surgery and Director of the Face Transplant Program at NYU Langone Health – has led four face transplants. His surgeries have become more efficient and shorter – and he foresees other providers tackling this arena.

"I never thought we would be at this point," he said. "There's so much we've learned, and there's so many things we can accomplish now, breaking down those barriers of what, at that time, may have been considered impossible."

*continued on next page*



## **Eduardo D. Rodriguez, DDS, MD**

AAOMS Fellow

Helen L. Kimmel Professor of Reconstructive Plastic Surgery, Hansjörg Wyss Department of Plastic Surgery at New York University Grossman School of Medicine

Chair, Hansjörg Wyss Department of Plastic Surgery

### **Education and training**

DDS from New York University, 1992

OMS residency, Albert Einstein College of Medicine of Yeshiva University, 1997

MD from Virginia Commonwealth University, 1999

Plastic surgery residency, Johns Hopkins Hospital, 2003



## Timeline of Dr. Rodriguez's face transplants

Dr. Eduardo Rodriguez has performed four face transplant procedures at two institutions since 2012:

**2012** – His first human transplant was on a patient who was in a shooting accident. The procedure was performed at the University of Maryland.

**2015** – He performed a face transplant at NYU Langone Health on a firefighter who suffered burns.

**2018** – He conducted a second face transplant at NYU Langone on a patient with a gunshot wound.

**2020** – He transplanted face and hands on a patient burned in a car crash.

### The latest surgery

Joe DiMeo suffered third-degree burns over 80 percent of his body in a 2018 car crash after he fell asleep on his way home from his night shift as a product tester. After about 20 reconstructive surgeries, the 22-year-old had severe facial scars, no lips or eyelids and amputated fingertips.

With the goal of transplanting the patient's face and hands, the surgery posed the most complex operation Dr. Rodriguez had performed. Two previous attempts by other surgeons to simultaneously transplant a face and both hands were unsuccessful. The patient of the first surgery – in 2009 in Paris, France – died about a month later of cardiac arrest while undergoing an operation for an infection. A 2011 transplant in Boston, Mass., treated a woman mauled by a chimpanzee, but her new hands were removed days later.

"We're very confident we're able to provide reliable results with a face transplant, but based on history and essentially no track record of performing this type of operation, it made it incredibly challenging," Dr. Rodriguez said. "With that in mind, the only way potentially to accomplish this was to put together a team of experts and begin to study the problem carefully, as we do with all major problems."

The team analyzed why the previous transplants failed and how it would potentially overcome all obstacles – including issues related to postoperative infections – and ensure success, he said.

Experts in infectious disease were invited to rule out underlying microorganisms that could compromise a transplant patient. The objective is to ensure the patient is placed on the appropriate antibiotic regimen to avoid

infectious complications. Dr. Rodriguez said that was lesson No. 1 gained from the patient in Paris. Lesson No. 2 – from the patient who underwent operations in Boston – was to evade vascular complications. The team looked to evaluate all the potential donors to ensure they had proper vascularity in their arms and face to avoid potential tissue compromise, which could lead to tissue necrosis and infectious complication.

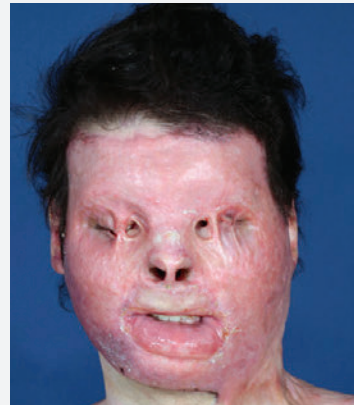
"He's a constant student himself, and he's always reading and learning," said G. Leslie Bernstein, MPA, NYU Langone Health Department of Plastic Surgery Administrator, who has been instrumental in Dr. Rodriguez's procedures. "This last patient, he really delved into the literature about prior hand transplants and why those patients were not successful. By educating himself first and then helping educate others, I think he strongly believed going into this last procedure there was no reason why this operation could not be successful."

The team rehearsed for the surgery in 2019 – until the COVID-19 pandemic hit. At NYU Langone Health, resources and attention turned toward caring for emergent patients. DiMeo's transplant was postponed.

The team continued to conduct monthly rehearsals to prepare for the big day. Overall, the team practiced the surgery nearly a dozen times in a year. The recipient was tested several times for COVID-19.

"Dr. Rodriguez is a very unique individual, where failure is not an option," Bernstein said. "As much as it is a great team effort, he bears the responsibility for this patient. There's nobody with greater concern to make this work than him. He repeats it all the time: Failure is not an option."





*Clockwise from top left: DiMeo before his injuries, before his face transplant and in the hospital; a simulated animation video shows the transplant.*



**Donor**

**Recipient**

Dr. Rodriguez was involved in the organization and creation of the operative timeline sequence for the hands and face, and he performed the procurement of the face donor tissue.

Six surgical teams – including one for each hand and another for the face – simultaneously operated in the donor and recipient rooms.

Dr. Rodriguez and his 16-member surgical team and the 80-member OR team transplanted the hands to the mid-

forearm and the full face (including the ears, nose, eyelids and underlying skull).

Dr. Rodriguez said the surgery went better than expected.

“It’s remarkably rewarding to have worked with the surgical experts who were part of the team, the nurses, the assistants, the scrub techs, anesthesiologists, everyone who was involved in this exercise,” Dr. Rodriguez said. “And it’s

*continued on next page*



*From top: Dr. Rodriguez discusses the case, the fourth face transplant he has performed. The patient experienced third-degree burns over 80 percent of his body in a car crash.*

not just a surgical exercise. It's the pre-operative workup. It's the postoperative care.

"And we must never forget it requires an altruistic family in the greatest time of need to not only donate solid organs, which keep many patients alive, but to donate the face and both hands.

"I'm incredibly proud of the donor family's decision to consent to donation and remarkably proud of our patient and their family because they go through a lot. When you have a loved one who may not survive an operation based on the track record of previous patients, it takes a tremendous amount of courage and faith to trust us to make this happen."

The surgery was deemed a success nearly six months after the operation. Dr. Rodriguez wanted to wait until the patient left the hospital setting for the declaration. By the announcement, the patient was back home and visiting the hospital for outpatient therapy – including therapy for facial musculature, speech and swallowing.

"I didn't want to be in a position that I rushed to the decision to say it's all a success because the first patient

who died in Paris died within a month in the hospital," Dr. Rodriguez said.

DiMeo took a glimpse of his new face after spending five weeks in intensive care.

"This is a once-in-a-lifetime gift, and I hope the family can take some comfort knowing that part of the donor lives on with me," he said. "My parents and I are very grateful that I've been given this second chance. We're also incredibly thankful to Dr. Rodriguez and the team of therapists, nurses and surgeons who helped me get to where I am today."

The team has performed revision operations to improve the esthetic of DiMeo's face and limbs after swelling subsided.

"He's doing remarkably well," Dr. Rodriguez said. "He's back at home doing a lot of things he enjoys. It's wonderful to hear how he's doing. He's exercising. He loves to be involved with weight training."

The patient jogs daily and is expected to be able to drive again, Dr. Rodriguez said.

*continued on page 14*





*Top: The surgery for the face and hand transplants lasted 23 hours.  
Left: The patient looks at his new face. Bottom: The patient before and after the transplant.*





*This is a once-in-a-lifetime gift, and I hope the family can take some comfort knowing that part of the donor lives on with me.*

*– Joe DiMeo, transplant patient*

“He’s remarkably independent at this point and doing a lot of the things he could not do with his previous condition,” Dr. Rodriguez added.

Dr. Rodriguez called the patient his most motivated. DiMeo would demand more from his physical and speech therapists and never complained or wanted a break, asking for more time in the gym and wanting to gain independence as soon as possible, Dr. Rodriguez said. Video footage shows DiMeo lifting weights, petting a dog and grasping objects, such as a ball, and moving them.

“As soon as we could get him off the pain medication, he wanted to be off it,” Dr. Rodriguez said. “He still has that same spirit. He’s a fighter. He’ll always tell you he doesn’t give up. It’s not a cliché – he’s got the right attitude. We’re very proud of him.”

## How it began

In his own spare time, Dr. Rodriguez enjoys exercising, including running, swimming and golfing.

“I was excited to see at the U.S. Open Phil Mickelson was victorious at the age of 50,” he said. “Not that I want to be a PGA pro, but it just gives a great deal of hope to us old guys out there. And we’re not so old.”

When he was in dental school at NYU, Dr. Rodriguez – born and raised in Miami, Fla., to Cuban immigrants – wanted to become an orthodontist because a friend’s father was one. The father directed him to surgery, and Dr. Rodriguez completed his OMS residency at Albert Einstein College of Medicine of Yeshiva University.

“I include a lot of the elements and techniques and instruction that were provided to me by my oral surgery mentor during my residency in my practice today,” Dr. Rodriguez said.



*Post-surgery, the patient has resumed activities, such as weight lifting, and is living with his significant other.*

The OMS mentor, Arthur Adamo, DDS, pushed him to go further. On he went to medical school at Virginia Commonwealth University and additional training in plastic surgery with a residency at Johns Hopkins Hospital and reconstructive microsurgery in Taiwan.

“I try to mentor numerous young people – who are in high school or college, dental school or medical school – that it’s important to have an open mind,” Dr. Rodriguez said. “All of us have questions. You have to have an open mind to be able to pursue the hopeful answer to some of those questions.”

His OMS program director called Dr. Manson – Professor of Plastic and Reconstructive Surgery at Johns Hopkins Medicine and Program Director of the Johns Hopkins/ University of Maryland Plastic Surgery Program from



*Dr. Rodriguez with the NYU Langone Plastic Surgery Team.*

1990-2005 – to request he look at Dr. Rodriguez, who wanted to train in plastic surgery, saying Dr. Rodriguez was the best resident he ever trained. Dr. Manson promised to interview and help him, but he didn't have an open position.

"Then one resident miraculously decided they didn't like plastic surgery and dropped out," Dr. Manson said. "I called Eddie and said, 'Do you believe in God? Because a position was just created for you here by somebody who dropped out if you want it.'"

After Dr. Rodriguez's graduation, Dr. Manson wanted him to take over for him as Director of the Plastic Surgery Service at the University of Maryland Institute of Emergency Medical Services Systems (Shock Trauma Unit) and encouraged him after graduation to go to Taipei, Taiwan, to work with Fu-Chan Wei, MD – a world-famous microsurgeon – at Chang Gung Memorial Hospital, which performs more free flaps per day than any U.S. hospital.

"If you're going to do something as well as anybody else can do it, you have to go to an expert place where they do a high volume so you have experience managing all the problems you get into with a complex operation," Dr. Manson said. "If you stay there for a year, you've pretty much seen everything and no longer fear anything."

When he returned, Dr. Rodriguez took Dr. Manson's old job as Chief of Plastic Surgery at the Shock Trauma Unit. He applied all his various skills to reconstruction of facial defects from cancer, gunshot wounds and other etiologies with combinations of vascularized bone grafts, microsurgical soft-tissue transfer and then local flap coverage of the surface.

"It then became obvious to Eddie that some parts of your face you can't replace with anything but something similar to the original," Dr. Manson said. "That led to his interest in transplantation. There were people at the University of Maryland who were very interested in transplantation of livers, kidneys, but they've never done faces. Essentially, he teamed up with them for the technology of how to get organs to survive following transplantation. Then he worked out the microsurgery for facial transplantation and then made his own research contributions to immunosuppression and long-term tolerance."

Dr. Rodriguez's degree of devotion to training pathways, commitment to precise planning, talent, attention to detail as well as exhaustive efforts using time and resources to find a solution set him apart from other surgeons, Dr. Manson said.

*continued on page 16*

"When you see him talk to a patient, he doesn't look at the computer. He looks at the patient, talks to them, takes the time to look in their eyes and listen to what they're saying and try to figure out what the best solution might be for them individually. He's just got it all," Dr. Manson said.

### History of transplants

Human face transplants posed a relatively new world – and new challenges – with fewer than 50 operations performed across the globe.

The world's first partial face transplant was conducted in 2005 by OMS Bernard Devauchelle, plastic surgeon Benoit Lengelé and transplant specialist Jean-Michel Dubernard in Amiens, France, to treat a woman mauled by her dog. Using a brain-dead donor, the surgical teams replaced the patient's chin, nose and lips. The patient died in 2016 at age 49 after experiencing infections and developing cancer.

A team at the Cleveland Clinic performed the first U.S. face transplant – and reportedly the fourth in the world – in 2008 on a woman shot by her husband in a botched murder-suicide. The 22-hour operation involved the nose, eyelids, skin, muscles, teeth and nerves and was, at the time, considered the world's most complex face transplant, according to the institute. The patient died in 2020 at age 57 due to an infection unrelated to her transplant.

In 2010, the first full-face transplant was completed in Barcelona, Spain. The 24-hour surgery was conducted on a 31-year-old man injured in a shooting accident.

The first full-face transplant in the United States – in 2011 at Brigham and Women's Hospital in Boston – treated a 25-year-old man whose face was severely injured when the cherry picker he was in touched electrical wires. A 30-member team conducted the 15-hour surgery that transplanted the skin, nose, lips as well as underlying muscles and nerves from an anonymous donor.

### His other surgeries

Dr. Rodriguez's personal experience with face transplants began in 2004, when he went to the University of Maryland. He was tasked with evaluating soldiers with devastating facial injuries returning from war in Iraq and Afghanistan and developed a relationship with Walter Reed Army Medical Center. The care of these patients led to the next step, a research program supported by the Office of Naval Research to perform clinical face transplants on civilians and soldiers.

Dr. Rodriguez performed his first human transplant in 2012 at the university – the most substantial full-face transplant at that time, according to the school. Dr. Rodriguez – who was then Associate Professor of Surgery at the university's School of Medicine and Chief of Plastic, Reconstructive and Maxillofacial Surgery at R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center – led the transplant team for the 36-hour surgery.

The recipient, 37-year-old Richard Lee Norris of Hillsville, Va., was injured in a gun accident, losing his lips, nose and much of his mouth movement. He began discussing reconstructive options with Dr. Rodriguez in 2005.

"These patients are all courageous, and Richard Lee Norris was highly motivated, incredibly courageous. He just wanted to have another opportunity at life," Dr. Rodriguez said.

A multidisciplinary team of faculty physicians from the school as well as more than 150 nurses and professional staff worked to replace the patient's jaws, teeth, tongue and other structures. The procedure marked the first time in the world a team of plastic and reconstructive surgeons with specialized training and expertise in craniofacial surgery and reconstructive microsurgery performed a full-face transplant, according to the school.

Dr. Rodriguez moved on to NYU Langone Health and, approximately three years later, performed the largest-scale face transplant at the time – and the first face transplant on a first responder, a volunteer firefighter.

Dr. Rodriguez led the 26-hour surgery involving more than 100 physicians, nurses and staff. The recipient, 41-year-old Patrick Hardison of Senatobia, Miss., was injured when a building roof collapsed during a rescue search. He suffered burns across his head, neck and upper torso and lost his eyelids, ears, lips, hair and most of his nose. Another firefighter wrote to Dr. Rodriguez about Hardison.

Dr. Rodriguez and his team transplanted the face, entire scalp, ears and ear canals as well as eyelids and muscles that control blinking – an achievement that had yet to be performed on a patient who could see, according to the school.

"He had no independence. He couldn't be at his children's events, and he was concerned about his oldest daughter eventually being married and him walking her down the aisle, looking the way he looked," Dr. Rodriguez said. "He had prosthetic ears, and he wore a baseball cap and sunglasses to conceal himself as much as possible.





*Dr. Rodriguez led more than 140 healthcare professionals in performing the world's first face-and-hands transplant.*

"He was incredibly courageous, and at that point he had five kids. It's difficult for children to understand what it would mean to undergo an operation like this where their Daddy wouldn't come back."

For Dr. Rodriguez's third transplant, in 2018, he led a 100-member surgical team from NYU Langone Health to replace much of the face and jaws of 26-year-old Cameron Underwood of Yuba City, Calif., during a 25-hour surgery. Underwood lost most of his lower jaw, all but one tooth and his nose and experienced damage to his maxillary region and palate due to a self-inflicted gunshot wound.

At the time, the surgery marked the shortest time from injury to face transplant in the United States (18 months) and the longest distance to travel for a face transplant (2,800 miles).

"He realized very soon this was not life," Dr. Rodriguez said. "His family realized that because he was completely dependent on a feeding tube. He had a tracheostomy, couldn't speak, was severely, severely deformed and functionally compromised. Accomplishing that type of surgery from such a far distance demands a lot on the patient's end. They were just so committed to doing this."

The surgery involved transplanting and reconstructing the maxillary and mandibular bones – including all 32 teeth and gums – palate and mouth floor, lower eyelids, cheeks as well as nose.

"When we read about what Dr. Rodriguez had done for his other patients, we knew he was the only person to whom we would trust Cameron's life," said the patient's mother,

Beverly Bailey-Potter, in a school news release. She first read about Dr. Rodriguez in a magazine article. "We were willing to travel the long distance."

Compared to Dr. Rodriguez's first face transplant, this procedure was shorter – the surgery by more than 11 hours, length of stay by about 25 days, stay in the intensive care unit by 28 days and rehabilitation by six days.

"Will (the donor) and his family made an incredible sacrifice to give back to me what had been lost," Underwood said in a news release. "I will never forget that. I'm also eternally grateful to Dr. Rodriguez and his face transplant team. My family and I could not have made this journey without them. We hope my experience inspires others who have severe facial injuries to have hope, as I was inspired by others who came before me. The journey hasn't been easy, but it's been well worth it."

### **'Living the way they are is not living at all'**

Patients submit requests for a transplant at NYU Langone. With careful evaluation by a clinical psychologist, psychiatrist and ethicist, a large team is involved in patient selection, and patients must understand the consent process.

"All these patients with these horrific deformities recognize living the way they are is not living at all," Dr. Rodriguez said. "Their lives are completely at pause. It seems like it's forever, and there's no movement forward. As a matter of fact, they're stagnating, and they're almost moving backwards."

*continued on page 18*

The operation offers the patients a new chance at living, he said. Dr. Rodriguez explained he is clear with them he is unsure how long they will live with the transplant due to potential complications and issues related to undergoing the operations – including infections and effects of long-term medications.

“It’s not a decision that’s made easily on everyone’s part, my part, the patient’s part,” Dr. Rodriguez said.

The patients also are told they will experience rejection of the transplanted body part, and they need to care for their new face, avoiding any injury, including sunburn.

“There’s a lot of psychosocial evaluation of these patients to ensure they completely understand the consent process, and we don’t feel that because of desperation they’re willing to do anything just to get a better life,” Dr. Rodriguez said.

## The future

Dr. Rodriguez said the technical exercise of transplant surgery has improved, and the operation has become more precise and faster due to advanced technology. The first face transplant he led lasted 36 hours, while the most recent was the fastest at 23 hours.

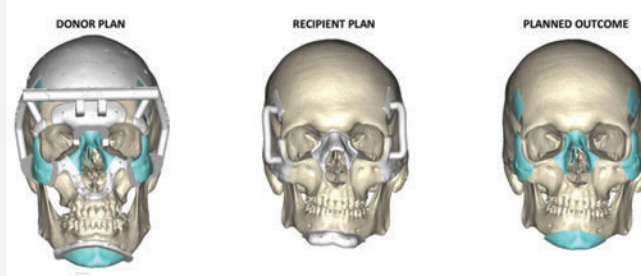
“There’s a lot on our minds. There’s a lot of moving parts. There’s a lot of milestones we have to accomplish during that surgical procedure,” he said. “So, the time goes pretty quickly.”

Dr. Rodriguez has said he does not become tired during the long surgeries – he’s running on adrenaline. He takes breaks to drink coffee and use the restroom.

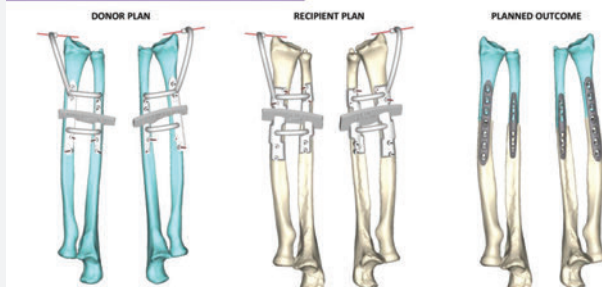
“The feeling is, it’s pretty similar to a parent taking care of their child when they’re ill,” he said. “When your child’s ill, when you love someone and care for them so much, your primary focus is to make sure they’re safe. When I’m involved in this operation, I’m there from beginning to end, and there’s a lot at stake. I need to make sure this patient is able to get out of the operating room safely.”

Technology is no longer a limiting factor, he said. For the latest face transplant, 3D computer surgical planning and 3D-printed, patient-specific cutting guides were used for optimal bone alignment as well as placement of implantable plates and screws to anchor the grafted face and hands. Immune system monitoring has helped match the donor and recipient and personalize the recipient’s immunosuppression

PREPARATION OF DONOR AND RECIPIENT FOR FACE TRANSPLANT



PREPARATION OF DONOR AND RECIPIENT FOR HAND TRANSPLANT



*3D cutting guides were used in preparation of the donor and recipient for transplant.*

therapy to avoid rejection. The university’s 3D media services center printed replacements of the donor’s face and hands.

As for the future, another opportunity are subunit transplants – transplanting portions of the face or the jaws, including skin or bony tissues.

“I think the major limiting factor is these patients have to be on lifelong medications that could potentially compromise their lives,” Dr. Rodriguez said.

The “next mountain” for him to “climb” is keeping the replaced tissue alive – solving the long-term issue of rejection, Dr. Manson said.

“He is continuing to improve each of his facial transplants, which are the best,” Dr. Manson said.

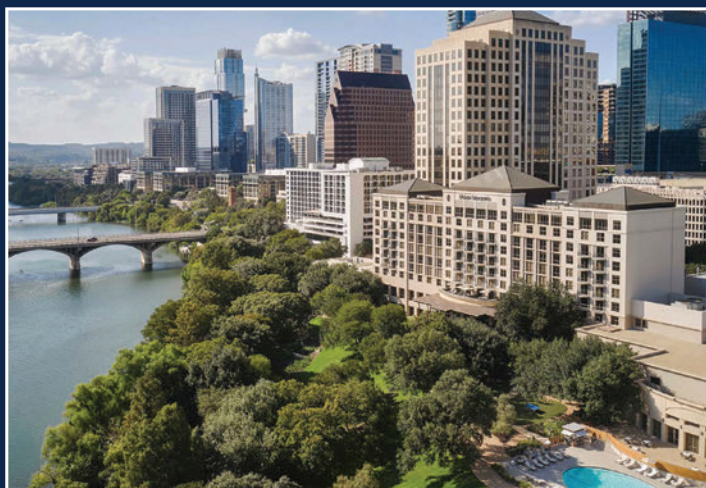
An OMS – Dr. Devauchelle – was one of the surgeons who performed the first face transplant, and Dr. Rodriguez sees his OMS colleagues conducting future procedures. For example, OMSs were involved in a surgery in Seville, Spain.

“There’s wonderful claims by our oral and maxillofacial surgery colleagues in this field,” Dr. Rodriguez said.

“I think there will likely be more individuals who can do this.” ■



# Join Us in Austin



## -OSTEO SCIENCE FOUNDATION MEETING- **REGENERATIVE SOLUTIONS TO COMMON PROBLEMS**

Four Seasons Hotel Austin • Austin, Texas  
February 18-19, 2022

### **KEYNOTE SPEAKERS**

Jasjit Dillon, MBBS, DDS, FDSRCS, FACS  
Bach Le, DDS, MD  
Robert A. Levine, DDS, FCPP, FISPPS  
Nicholas Makhoul, DMD, MD  
Robert E. Marx, DDS, FACS

Michael K. McGuire, DDS  
James C. Melville, DDS, FACS  
Craig M. Misch, DDS, MDS  
Robert Sader, MD, DDS, PhD  
Frank Schwarz, DMD  
Simon Young, DDS, MD, PhD, FACS

**REGISTER NOW** at [www.osteoscience.org](http://www.osteoscience.org)



Osteo Science  
Foundation

Research • Education • Improved Care  
Shaping the Future of Regeneration



## Once a Special Committee, CCCPOMS focuses on

*To recognize the 2022 AAOMS Annual Meeting theme of Volunteerism: Individuals United in Service, each issue of AAOMS Today during 2021-22 President Dr. J. David Johnson Jr.'s term will feature articles about several of the 20 AAOMS Committees available for member participation. The stories will highlight the Committees' crucial responsibilities, myriad accomplishments and participating members' valuable service.*

The Committee on Cleft, Craniofacial and Pediatric Oral and Maxillofacial Surgery (CCCPOMS) promotes the highest level of patient care, quality continuing education as well as awareness of national and international issues related to the care of patients with cleft and craniofacial anomalies.

CCCPOMS began as the Special Committee on Cleft and Craniofacial Surgery more than 25 years ago when the AAOMS Board of Trustees recognized the specialty's vital role in the interdisciplinary care of patients with facial differences

as well as the importance of advancing surgical care and supporting participation in interdisciplinary cleft and craniofacial teams. With the needs of the specialty and the patient population growing, CCCPOMS transitioned to a permanent standing Committee.

The Committee has worked to advance continuing education programs as well as increase formal subspecialty fellowship training and research opportunities and mentorship of young surgeons interested in pursuing pediatric surgery. CCCPOMS's activities have benefited the specialty's participation in local and regional interdisciplinary

teams and its relationship with the American Cleft Palate-Craniofacial Association (ACPA), said Ramon L. Ruiz, DMD, MD, FACS, a former Committee consultant and member who

has been involved with CCCPOMS on and off for the last 20 years.

"Our AAOMS membership understands the future of our specialty depends on a well-rounded, robust scope of practice that is based on the highest level of surgical training and evidence-based practice," Dr. Ruiz said. "The management of cleft lip and palate and complex craniofacial malformations has always been a critical part of oral and maxillofacial surgery.

"In addition, the Committee's work has been central to preserving our specialty's place on a national level within the treatment guidelines and provider-related legislative and regulatory activities. Without this Committee's vigilance and work, our specialty would face a number of discriminatory challenges from competing specialties who have attempted, unsuccessfully, to limit our scope of practice."

The Committee's duties and responsibilities also include:

- Organizational alliance with ACPA, the American Academy of Pediatric Dentistry and American Association of Orthodontists.
- Encouragement of OMSs to submit cleft/craniofacial posters and oral abstracts to AAOMS and ACPA for inclusion in Annual Meeting educational programs.
- Development of content about cleft and craniofacial anomalies for Surgical Council on Resident Education (SCORE).
- Development of cleft, craniofacial and pediatric programs for Annual Meeting.
- Updates to OMS cleft/craniofacial fellowship directors and past/present fellows, AAOMS members who are interested in cleft/craniofacial surgery as well as OMS residents on AAOMS, Committee and organization activities related to cleft and craniofacial surgery.



Dr. Ruiz



Dr. Tiwana



# cleft, craniofacial and pediatric patient care

- Input for the OMS portion of ACPA Team Standards, Core Curriculum and position paper on international treatment programs.
- Submission of an abstract for ACPA consideration for its Annual Meeting.
- Input to the AAOMS Committee on Education and Training on accreditation and fellowship standards on cleft lip and palate, craniofacial anomalies and pediatric oral and maxillofacial surgery.
- Membership in and collaboration with the AAOMS Clinical Interest Group on Pediatric Oral and Craniofacial/Maxillofacial Surgery.

CCCPOMS has represented the specialty at the multidisciplinary ACPA at the highest level with a Committee member who was 2019 President of that organization – Dr. Bernard J. Costello. The Committee also has focused on development of the subspecialty with currently nine pediatric OMS-based cleft and craniofacial fellowships available, demonstrating increased interest in this area, said Paul S. Tiwana, DDS, MD, MS, Committee Consultant and former member.

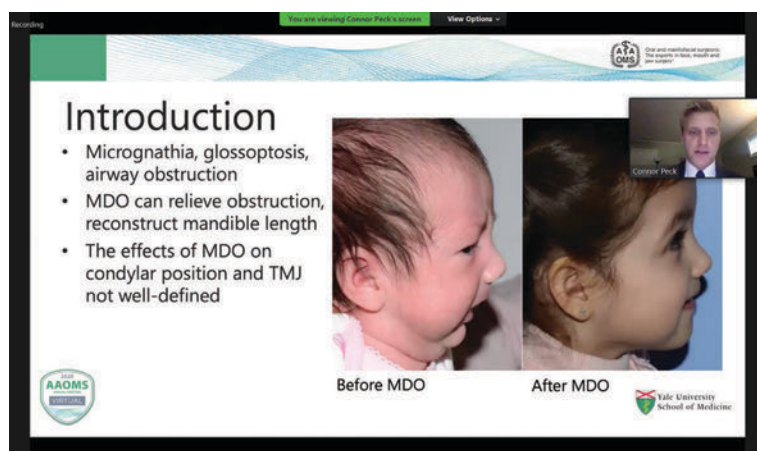
In addition, the Committee is dedicated to pediatric care, including pediatric anesthesia, examining issues and providing feedback to AAOMS leaders and other Committees, Dr. Tiwana said.

“This Committee is a critical reservoir of expertise for our specialty in all things pediatric in nature,” he said.

Dr. Tiwana joined the Committee after completing his fellowship in pediatric cleft and craniofacial surgery.

“I think many members take for granted just how much AAOMS and its Committees work very hard for the membership at-large,” he said. “For me, beyond the opportunity to give back to a specialty that I love and that has given me so much, it’s an opportunity to make an impact in a particular area and develop long-term professional networking relationships with your peers.”

Dr. Ruiz was invited to join the Committee nearly 20 years ago after he completed his fellowship training and joined a university-based interdisciplinary cleft palate and craniofacial disorders team.



*The Committee's duties include encouraging OMSs to submit cleft/craniofacial posters and abstracts to Annual Meetings.*

*Without this Committee's vigilance and work, our specialty would face a number of discriminatory challenges from competing specialties who have attempted, unsuccessfully, to limit our scope of practice.*

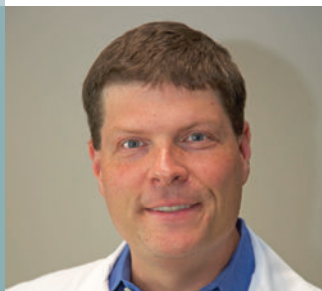
*– Dr. Ramon Ruiz, former Committee member*

“It was an excellent opportunity to advance cleft and craniofacial care for patients, advocate for expanded educational opportunities within our specialty and defend truly interdisciplinary care that was patient-focused instead of specialty-focused,” he said.

“My reasons for rejoining the Committee during this most recent appointment are a little different. Now my priority is to mentor and support the younger surgeons serving on the Committee so they are fully aware of our history, the nuanced challenges and opportunities that lie ahead, and they are prepared to continue this important work as part of our specialty.” ■

## ASI Projects Committee reviews Partners

**B**randed as AAOMS Advantage, AAOMS Services, Inc. – the for-profit subsidiary of AAOMS – remains dedicated to developing relationships with companies that can provide high-quality, affordable products and services that benefit Association members.



*Dr. Haggerty*

The AAOMS Advantage Projects Committee reviews proposals from companies that wish to become an AAOMS Advantage Partner to examine if their product or service fits the needs of AAOMS members. The potential Partner undergoes a process that includes background and financial reviews. The Committee and AAOMS Board of Trustees then review the potential Partner and, if both approve, the company becomes an Advantage Partner.

The Partners provide financial services, practice efficiency, supplies and repairs as well as specialty services. More information about the current

19 Advantage Partners is available at [AAOMSAdvantage.org](http://AAOMSAdvantage.org).

"We select well-run companies with outstanding products and pass our research on to our members, thus allowing their practices to run more efficiently and to decrease their bottom line," said Christopher Haggerty, DDS, MD, a Committee member.

The Committee, he noted, has impacted the specialty in two ways: The selection of high-quality companies allows OMSs to choose with confidence those for increasing practice growth while minimizing overhead, and the selected companies donate funding to AAOMS to lower annual membership costs and assist with running the Association. All Advantage Partners must offer a special discount to AAOMS members and a quarterly royalty to AAOMS based on member usage. The source of income from the Partners funds AAOMS advocacy efforts and other important programs throughout the year.

"Companies that are approved for acceptance go through a rigorous evaluation process to ensure the company's values, quality and customer service are deserving of a recommendation from AAOMS," Dr. Haggerty said. "Essentially, we handpick the best companies and negotiate economical prices for our AAOMS members."

The Committee is comprised of AAOMS members and some members of the AAOMS Board of Trustees. AAOMS Treasurer Robert S. Clark, DMD, is the Committee Chair.

Dr. Haggerty said he joined the Committee to help members receive information about companies that indicate they promote the specialty. He was able to "perform a deep dive into various corporations" that his practice has used to increase productivity, lower stress and enhance efficiency, he said.

"It has been a wonderful and rewarding experience," Dr. Haggerty said of his Committee involvement.

"Joining an AAOMS Committee is a fantastic opportunity to grow within our specialty from both a personal level and a professional level," he added. "I have had the opportunity to sit on several AAOMS Committees over the years. Personally, I have established friendships, contacts and mentorships that will last my lifetime. Professionally, I have been witness to the pitfalls that our organization faces and will continue to triumph through."

"Our specialty is fortunate to have members who rise to the occasion to protect our specialty and our members from challenges with anesthesia, reimbursement and, recently, the COVID-19 pandemic." ■



*Dr. Clark*



*AAOMS Advantage Partners' booths display their products and services at Annual Meeting.*





## CPC interprets, enforces code of conduct

The Commission on Professional Conduct (CPC) is responsible for interpreting and enforcing the AAOMS Code of Professional Conduct, a compilation of ethical obligations the specialty – through the AAOMS House of Delegates – has identified and recognized.

AAOMS fellows and members agree to abide by the Code as a condition of their Association membership. The CPC reviews possible violations of the Code during its quarterly meetings. It also is responsible for keeping the Code up-to-date and proposing revisions when deemed necessary.

“The ultimate goal is to be sure the AAOMS membership provides the highest quality of care for the patients we serve,” said CPC Immediate Past Chair Michael Kleiman, DMD.

The Commission can insert advisory opinions pertaining to matters that may be unclear or unaddressed in the Code.

“Hence, the Code is somewhat of an evolving document, which is important for the specialty, as members must adhere to the Code as a condition of membership in our organization,” said CPC Chair Jeffrey Schultz, DDS, MMS. “This interaction between members, the Commission and society allows our specialty to maintain the highest degree of public trust, which it continues to enjoy today.”

The Commission provides a “fair mechanism” to monitor AAOMS membership and helps ensure compliance with

the Code “in a non-punitive way, whenever possible,” Dr. Kleiman said.

“We have had many surgeons simply asked to monitor and modify their behavior. That is the best outcome!” he said. “We also have had those who have been dealt with in more significant ways. Those cases help protect the patients who we serve as a profession.”

The AAOMS legal team closely monitors state dental and medical board rulings and filings, which the Commission confidentially reviews during its deliberations, and decisions are recommended that may range from an introductory letter of potential violation to the reportable violations of censure, suspension and expulsion, Dr. Schultz said.

“These recommendations and decisions are never easy,” he added.

Dr. Schultz, an AAOMS Delegate, accepted an invitation from then-AAOMS President-Elect Dr. Brett Ferguson to join the Commission.

“This committee’s charge embodied much of what I considered to be essential and invaluable in not only my private practice, but also during my time as a part-time faculty member and mentor to residents at Emory University,” Dr. Schultz said. “The ethical and professional treatment of our patients, colleagues and staff should be a hallmark of our profession, one that this committee strives to advocate for and protect.”

Dr. Kleiman, an AAOMS Delegate since 1993, said he felt honored to be asked to serve on the Commission.

“I always viewed this committee as one that should be populated by experienced and wise individuals and hoped that I would have the opportunity to serve on it at the appropriate time,” he said. “I hope I have fulfilled that expectation.” ■



Dr. Kleiman



Dr. Schultz

*I always viewed this committee as one that should be populated by experienced and wise individuals and hoped that I would have the opportunity to serve on it at the appropriate time.*

– CPC Immediate Past Chair  
Dr. Michael Kleiman



## CPMPSD develops practice management tools

The Committee on Practice Management and Professional Staff Development (CPMPSD) provides OMS teams with educational content and resources – including courses, webinars and manuals – to support the delivery of efficient and effective patient care. The resources cover such critical topics as patient safety, legal issues, human resources, information technology and team building.

“I believe this Committee has made and will continue to make significant impact both for the individual and the specialty as a whole,” said David E. Seago, DMD, CPMPSD Chair. “The resources provided by this Committee for AAOMS members and their teams have an enormous impact on the day-to-day operations in all aspects of the successful functioning of our offices and clinics.”

CPMPSD develops and enhances continuing education programs in-person and online to meet membership needs. These programs have included practice management courses at the AAOMS Annual Meeting, the Practice Management Stand-Alone Meeting and Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME) – which are part of the annual Educational Weekend – as well as the Anesthesia Assistants Review Course and Anesthesia Assistants Skills Lab (which have since moved under the Committee on Anesthesia).

“A high-quality and trained OMS team is paramount to practice success,” said David A. Fenton, DDS, MD, FACS, CPMPSD Immediate Past Chair. “The efforts of this Committee have helped many members achieve and maintain their team’s excellence.”

The Committee’s goals also include developing the OMS as a practice leader with guidance on management, informing members of relevant federal regulatory agencies’ policies and implementation as well as using educational technology to facilitate ease and timeliness for receiving and disseminating information.



*The Committee develops content that includes online courses.*

“Whenever a need for resources is identified, a Committee task group will address it,” Dr. Seago said. “In spite of the pandemic, CPMPSD has doubled its webinar efforts in the past year, offering twice as many events as it did in years past.”

The Committee has been productive during the COVID-19 pandemic, creating the first version of the reopening protocols for practices returning to work. CPMPSD also has revised AAOMS practice management publications and discussed strategy regarding OMS office accreditation, human resources issues and dental service organizations while growing professional staff membership and ensuring the Association offers appropriate and comprehensive practice management resources on topics of interest to OMSs and their teams.

The 2021 Annual Meeting hosted a record 41 practice management sessions, including live and on-demand presentations. The Committee also will soon release an updated edition of the *AAOMS Practice Management Manual: A Guide to Managing the OMS Office* with information for novice and veteran OMS practice owners and their staff.

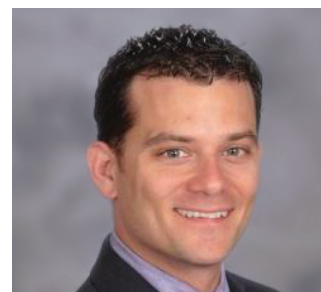
“I like to be involved in organized dentistry, and I like to be part of the solution where problems exist,” Dr. Fenton said. “Being part of an AAOMS Committee also helps me stay aware of the contemporaneous issues affecting our specialty and allows me to constantly engage with the most professional and hardworking people there are. The AAOMS leadership and staff team make it easy and exciting to stay involved.”

Dr. Seago said serving on this Committee has been one of his professional career’s highlights.

“Join a Committee because we have all been blessed with passions, abilities and gifts that can be used to help our oral and maxillofacial surgery community as a whole,” he said. “When you are presented with the opportunity, say ‘Yes.’” ■



*Dr. Seago*



*Dr. Fenton*

# ULTIMATE FULLY- GUIDED ALL-ON-X

Safer. Faster. Smaller. Stronger.

**CHROME GuidedSMILE** is the premier all-on-x surgical guide, bringing the inherent surgical, restorative, and patient advantages that only metal can provide.

Now featuring **C2F Small-Hole  
Prosthetic Technology:**

- 50% smaller prosthetic holes
- Slimmer, stronger provisionals
- Preserved occlusion
- Extra-oral conversion



Find your national CHROME GuidedSMILE lab:

[www.chromeguidedsmile.com/now](http://www.chromeguidedsmile.com/now)



**CHROME™**  
GuidedSMILE



# Conference returns to in-person format with

In December, Dental Implant Conference attendees embraced the opportunity to return to the traditional in-person gathering after the conference content was integrated into the 2020 Virtual AAOMS Annual Meeting due to the COVID-19 pandemic.

While offering both in-person and online opportunities for greater convenience, the 2021 Dental Implant Conference in Chicago, Ill., focused on presenting evidence that drives clinical decisions for restoration to approximately 1,100 attendees. Some speakers participated via Zoom, and attendees were able to pose questions virtually. For online participants, sessions were live-streamed.

Yet, some participants prefer the in-person experience.

"There's so many interactions that occur in an in-person environment that you can't simulate or replicate in an online environment," said attendee Jason Schrottenboer, DDS, MD, of Chicago. "The impromptu debates and the hands-on model and equipment experience are unattainable in an online setting. I also appreciate the diversity of education with the vendor support in a somewhat more concise setting."

At the premier educational event for the entire implant team, AAOMS members could provide invited dental professionals with a promotional code for reduced registration.

Dr. Schrottenboer said he tries to bring one of his referring doctors to the meeting every year.

"I like the multispecialty approach of this meeting, and it really can solidify the implant process from referring doctor for multiple offices," he said.

Dentist Kevin Ng, DDS, from Chicago accompanied Dr. Schrottenboer to the meeting.

"I do like the approach from the oral surgeon's perspective," Dr. Ng said. "I like to see what you guys have to deal with."

Led by internationally renowned leaders in the specialty, the conference featured two full days of general sessions on Current Approaches for Treating Common Clinical Situations, The Use of Technology is Here and it's Being Used Daily as well as Consensus/Endpoint Findings: Statements on Clinical Topics Presented in Previous Sessions.

Speakers discussed case scenarios with evidence for their treatment methods for the atrophic mandible and maxilla, atrophic posterior mandible and narrow anterior maxilla.

"If I run across something I want to learn more about, I have the opportunity to speak to the presenters or pose questions," said Lane Knight, DDS, of Dunkirk, Md., about attending in Chicago. "Being in-person, it's just more – I don't know if you call it an intimate environment – but it's just more conducive to receiving the information versus sitting there at a computer."

The Keynote Lecture described conditions that raise implant failure risk, sharing methods to reconstruct patients with ablative defects.

"The take-home is smoking, bruxism, periodontal disease, radiation therapy and certain medications can definitely

*Clockwise from top left: The conference returned with the Exhibit Hall, an international faculty of experts, the Anesthesia Assistants Review Course and general sessions.*





## access to live-streamed, on-demand sessions

increase implant failure,” said keynote speaker Daniel J. Meara, DMD, MD, MS, MHCDS, FACS. “Frailty, not numerical age, is key with aging patients. Patient optimization is a way to still provide a service and quality of life for these patients. Informed consent and shared decision-making is really important. ...Critical assessment of literature is essential to guide evidence-based treatment into the future.”

The use of technology and its impact on implantology kicked off the conference’s final day. Topics ranged from digital/virtual planning to robotics and dynamic navigation. Afternoon sessions covered evidence-based treatment methods in specific clinical situations, including smoking, diabetes, osteoporosis and aging.

OMSs and spouses Kurt Jones, DDS, and Jennifer Griffin, DDS, of Annapolis, Md., have attended the conference about five times.

“I always find little nuances about practice or how other people practice that I end up employing in what I do every day, so that’s why I keep attending,” Dr. Jones said. “There’s always a little tidbit takeaway.”

He said he prefers attending in-person.

“I tend to have it in the background playing and not necessarily pay attention,” he said.

Gregory Thomas, DDS, MS, of suburban Detroit, Mich., brought his son, who is a fifth-year resident.

“He’s going to join our practice, so he needs to learn these topics he doesn’t have time to in residency,” Dr. Thomas said. “They learn big procedures and don’t have time for the little things, but the little things are more of their bread and butter and common practices. He needs to be trained in this, and so I’m hammering him from a different, honest aspect.”

Dr. Thomas, who has five offices in Michigan, also has brought referring doctors to the conference.

“It’s something applicable that’s a learning curve,” he said. “If I can learn something after 30 years, I’m a happy person. I just need to learn one thing to have a positive, and I’ve already achieved that on the first day.”

Beyond OMSs from both private and academic practice, speakers included dentists, periodontists, prosthodontists and an international field, including experts from France and Italy.

“The implant stuff is always interesting, especially when you see them present internationally because I’m thinking, ‘Oh, they do that there?’” Dr. Griffin said. “It’s a new perspective, same principle sometimes. So, I like some of the international presenters because it’s always a little different.”

Preconference sessions included the popular Approaches to Augment the Posterior Narrow Ridge and new sessions: Predicting, Preserving, Restoring Facial Soft Tissue around Dental Implants as well as Avoiding Common Complications in Bone

Grafting and Dental Implant Treatment Planning. Also new this year, participants could purchase multiple preconference sessions – each was available as an archived recording.

Two on-demand practice management sessions were included in the general registration fee to help enhance the OMS office.

In the Exhibit Hall, more than 100 exhibitors displayed the latest dental implant products and services. In the Virtual Exhibit Hall, exhibitors could be searched by category and company name, and booths featured brochures, images and social-enabled profiles.

Registrants received access to all general sessions, the two on-demand sessions and – for those who registered separately – the preconference program as archived recordings for 60 days. ■



### Conference platform access ends Feb. 6

Conference registrants have access to the online conference platform at [AAOMS.org/DICprogram](https://AAOMS.org/DICprogram) until 11:59 p.m. CST Feb. 6. Participants can log in to the platform with their email address and eight-digit registration/member ID number.

Those seeking access to sessions beyond Feb. 6 can purchase the full set of recordings, available in an MP4 digital format, at [AAOMS.org/Recordings](https://AAOMS.org/Recordings). Discounted pricing is available exclusively for conference registrants.

### CE credit can be claimed by March 7

Conference attendees can obtain continuing education credit and evaluate sessions at [AAOMS.org/MyCE](https://AAOMS.org/MyCE) or via the online platform by clicking Claim CE and Print Transcript. They must enter their email address and eight-digit registration/member ID number to log in to the system. The last day to receive continuing education credit is March 7.

Questions can be directed to [conteducate@aaoms.org](mailto:conteducate@aaoms.org) or 847-678-6200.

# 'Attend regularly, listen, learn and participate

AAOMS Today is publishing a series of interviews with AAOMS members who have served as President of the American Dental Association. They share their perspective, thoughts on collaboration and leadership as well as their journey to this prestigious position. This is the third article.



David Whiston, DDS

**D**avid Whiston, DDS, served as ADA President in 1997-98, Trustee from 1992-96 and President of the ADA Foundation's Board of Directors from 2010-14.

Named in his honor, the Dr. David Whiston Leadership Award covers the cost of attending the ADA Institute for Diversity in Leadership. Applicants must be dental or graduate students or residents enrolled in an accredited dental school education program or early-career dentists younger than 40 or in their first five years of their career after residency. Recipients display leadership through community involvement, service and/or "scientific advancement of oral public health."

Dr. Whiston also served on The Joint Commission as the ADA representative in 2000-11 and as its Chair in 2009-10 as well as two terms as Chair of the ADA Council on Access, Prevention and Interprofessional Relations.

Dr. Whiston's other leadership roles have included President of the Virginia, Greater Washington and Middle Atlantic Societies of Oral and Maxillofacial Surgeons, Northern Virginia Dental Society as well as Virginia Dental Association.

In addition, he has served as Ambassador for OMS Foundation from 2005-10, Secretary/Treasurer of Children's National Hospital and Board member of the National Foundation of Dentistry for the Handicapped.

Dr. Whiston received his DDS from West Virginia University and completed an internship and OMS residency at the University of Texas Medical Branch and an OMS residency at the University of Pennsylvania.

## **Q Why is it important to get involved with the ADA?**

**A** It's important for any specialty to have a presence with the umbrella organization that often speaks for the entire profession. We see that play out in many ways, for example, in the legislative arena, the healthcare sector and in the media.

## **Q How can involvement in the ADA support positions important to OMSs?**

**A** Following up on this recognition that the ADA is the umbrella organization: In the legislative arena, it's often a numbers game with greater chances for success when linked with the advocacy of that much larger umbrella organization. It's certainly more productive than trying to go alone to a state legislature or Congress.

Similarly, we recognize the benefit of a coordinated effort when addressing issues in hospitals or other healthcare facilities. When oral and maxillofacial surgeons have faced problems or concerns in these arenas, it's been helpful to have ADA support

often facilitated by crossover leadership. For example, at The Joint Commission, the ADA's corporate member status offers great support as AAOMS pushes forward on various issues of specific importance to its members.

## **Q What did you learn or gain from your time as ADA President?**

**A** Being part of the ADA's leadership is really a great opportunity to visualize the importance of oral healthcare across its entire spectrum. The common threads linking

*Attend regularly, listen, learn and participate locally. See where you fit and then see where that leads.*



# locally' – guidance from an ADA President

research, education, practice, the dental industry, patient care and public health become more obvious. The detailed and subject-specific information then lends itself to the ability to better advocate on behalf of the profession on many fronts. It affords a great overview – how it all fits, how it's all important.

## **Q How did you work with AAOMS during your time as ADA President?**

**A** Although there were significant AAOMS/ADA tensions at that time, for example via the ADA's CODA taskforce, it was much less difficult than it might have been due to the excellent collaborative efforts among AAOMS/ADA colleagues. These collaborations set a perfect tone for improved relations between the two organizations during that time and helped us work together on many issues of mutual concern.

## **Q What would you say were your major accomplishments – and the ADA's major accomplishments – during your Presidency?**

**A** An important personal interest was a focus on the diversity and inclusivity pieces of governance. Obviously, a lot more attention has been directed toward these concerns recently. But given the appropriateness of the effort, I think we can see that while good things have been accomplished, there's much more to be done.

Beyond the personal interests, anyone involved with ADA leadership has to deal with many daily challenges. These challenges demand that we work with every segment of the profession so we can deliver, from our small profession, a "one voice" unified message that protects and positions all of us to successfully deliver the best oral healthcare for everyone.

## **Q How did you get involved with leadership roles and, ultimately, this Presidency?**

**A** I think, initially, many of us get involved with organized professional activities for less than altruistic reasons (i.e., to enhance referral patterns or pursue various social opportunities). Then, as we begin to understand the true nature of association efforts, we start to realize how fortunate we are to be part of a great profession and to understand and appreciate our individual role in supporting that profession.

*Leadership is certainly important, but participation comes first, and we each have unique contributions to make to any group.*

## **Q Why is it important to get involved in leadership positions? What would you say to encourage others to get involved in a leadership role?**

**A** Leadership is certainly important, but participation comes first, and we each have unique contributions to make to any group. So, I think it just starts with "showing up."

Attend regularly, listen, learn and participate locally. See where you fit and then see where that leads. Most likely, you'll receive much more than you give, and you'll absolutely enjoy the journey! ■

## **Other AAOMS members who have served as ADA President are:**

1936-37 Dr. Leroy M.S. Miner

1946-47 Dr. Sterling V. Mead

1953-54 Dr. Leslie M. FitzGerald

1954-55 Dr. Daniel F. Lynch

1955-56 Dr. Bernerd C. Kingsbury

1975-76 Dr. Robert B. Shira

1978-79 Dr. Joseph P. Cappuccio

1979-80 Dr. I. Lawrence Kerr

2005-06 Dr. Robert M. Brandjord

2009-10 Dr. Ronald L. Tankersley

2020-21 Dr. Daniel J. Klemmedson

## Despite pandemic slowdown, OMSs remain top

While nearly one-third of respondents deferred wisdom teeth extractions and dental implants due to the COVID-19 pandemic, the preferred provider for both treatments is still an OMS, according to the 2021 national AAOMS Informational Campaign survey.

“Despite the pandemic temporarily closing practices around the United States, the national survey shows that two-thirds continued to pursue treatment for their needs – and the majority indicated their desire to have an OMS care for their needs,” AAOMS President J. David Johnson Jr. said.

When survey respondents were asked which dental professional they would most likely choose for a particular procedure, OMSs remained in the majority:

- Young adults regarding third molars – 77%
- Mothers of teens regarding third molars – 67%
- Baby boomers regarding dental implants – 56%

The 2021 survey was the eighth executed to measure the reach (awareness), frequency (recall) and overall effectiveness of the Informational Campaign. Due to the pandemic, no survey was conducted in 2020, and additional questions about COVID-19 were included in the 2021 survey.

The Informational Campaign focuses on a combination of digital marketing (including a WebMD microsite), TV and radio public service announcements, videos, social media and search engine optimization to explain the experience, training and expertise of OMSs to the public. All drive traffic to MyOMS.org, where prospective patients are encouraged to find a surgeon in their area.

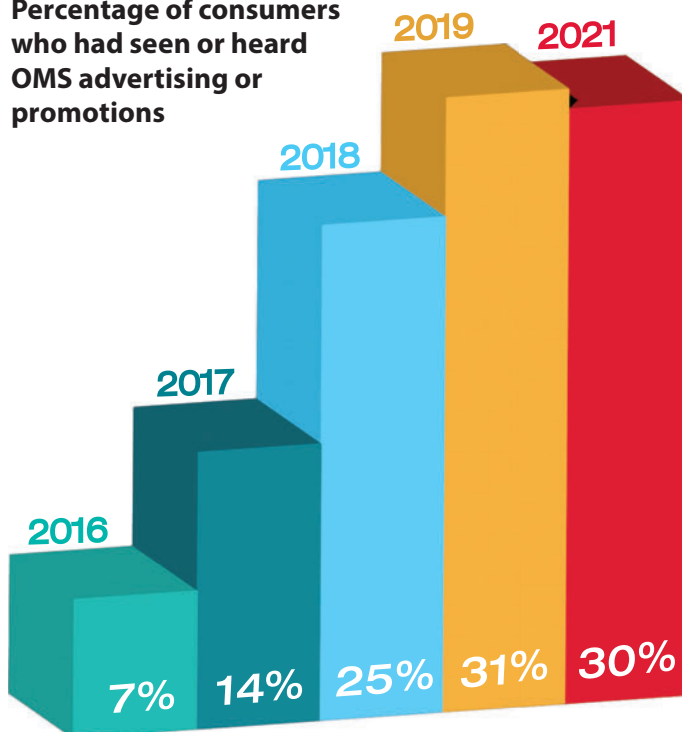
The survey results revealed **30% of consumers had seen or heard OMS advertising or promotions – consistent with 31% in 2019 and up from 25% in 2018, 14% in 2017 and 7% in 2016.**

Among key results:

- After seeing these advertisements or promotions, 69% of consumers said they are more likely to choose an OMS and 38% visited MyOMS.org.
- Of MyOMS.org visitors, 83% used the Find a Surgeon service that connects prospective patients with AAOMS members. This is up from 70% in 2019.
- About 81% of consumers rated the ads and promotions as extremely or very believable – up from 70% in 2019.

Consumers indicated they had seen or heard the advertising or promotions on TV, radio, online (e.g., social media, MyOMS.org, WebMD, YouTube, search results) and in print.

**Percentage of consumers who had seen or heard OMS advertising or promotions**



“I am pleased that approximately one in three consumers are viewing these promotions and that they continue to visit MyOMS.org and use the Find a Surgeon function,” Dr. Johnson said. “This is a strong reminder to all members that their profile should be up-to-date and complete so patients can more easily find them.”

Consumer survey questions focusing on preferred professionals, importance of AAOMS membership and decision-making factors (both to pursue or delay treatment) were asked of the three audiences for a fourth year: baby boomers for dental implants; mothers of teens for third molars; and young adults for third molars.



# preferred providers for wisdom teeth, implants



## Baby boomers regarding dental implants

One in three baby boomers deferred pursuing dental implants due the pandemic, with 43% extremely or very likely to pursue treatment in the next six months (consistent with 2019 figures). Unchanged since 2017, more than half of baby boomers are most likely to select an OMS for their dental implants. Follow-up questions included:

**Q** *If you were making the decision today, **which dental professional would you be most likely to choose** for a dental implant procedure?*

- **OMS: 56%**
- Your general dentist: 18%
- Periodontist: 13%
- Endodontist: 6%
- Another dental specialist: 7%

**Q** *What are the three most important factors influencing your **choice of which professional** would perform the procedure? (Twelve choices were provided; respondents were asked to rank their top three.)*

- The professional has the education and training to perform the procedure: 53%
- The professional was referred to you by another medical or dental professional: 51%
- You have a pre-existing relationship with the professional performing the procedure: 43%

**Q** *How important would it be for you to know the surgeon you choose is an **AAOMS member**?*

- Extremely or very important: 77% (84% in 2019)

**Q** *What are the three most important factors influencing your **decision to likely pursue dental implants** in the next six months? (Thirteen choices were provided; respondents were asked to rank their top three.)*

- You want to get this treatment instead of a bridge or dentures: 25%
- You received a diagnosis or recommendation from a medical or dental professional: 22%
- They are medically necessary: 20%

**Q** *What are the three most important factors influencing your **hesitation to pursue dental implants** in the next six months? (Twelve choices were provided; respondents were asked to rank their top three.)*

- The total out-of-pocket costs of the procedure are too expensive at this time: 40%
- The procedure is not covered by your insurance: 30%
- They are not medically necessary: 24%



## Mothers of teens regarding third molars

The 2021 results showed that two in five mothers deferred wisdom teeth removal in their children because of the pandemic. However, the number who indicated they would be extremely or very likely to pursue the procedure for their child(ren) in the next six months did not show a significant change (49% in 2021 vs. 47% in 2019).

There continues to be a steady decline in dental professionals selected to perform wisdom teeth extractions since 2018 (67% in 2021 vs. 89% in 2018), with general dentist and pediatric dentist rising as the preferred professionals.

*continued on next page*



Follow-up questions included:

**Q** *If you were making the decision today, **which dental professional would you be most likely to choose** for your child(ren)'s wisdom tooth removal?*

- **OMS: 67%** (down from 73% in 2019, 89% in 2018)
- Your general dentist: 9% (up from 7% in 2019, 5% in 2018)
- Your child's general or pediatric dentist: 13% (up from 10% in 2019, 3% in 2018)
- Periodontist: 3%
- Endodontist: 1%
- Another dental specialist: 3% (up from 2% in 2019)

**Q** *What are the three most important factors influencing your **choice of which professional** would perform the procedure? (Fourteen choices were provided; respondents were asked to rank their top three.)*

- The professional is referred to you by your/your child(ren)'s general or pediatric dentist: 67%
- The professional is in-network on your insurance coverage: 53%
- The professional is referred to you by your child(ren)'s orthodontist: 44%
- You have a pre-existing relationship with the professional performing the procedure: 43%

**Q** *How important would it be for you to know the surgeon you choose is an **AAOMS member**?*

- Extremely or very important: 74% (80% in 2019 and 2018; 71% in 2017)

**Q** *What are the three most important factors influencing your **decision to likely pursue the procedure** for your child(ren) in the next six months? (Eleven choices were provided; respondents were asked to rank their top three.)*

- The procedure is medically necessary (wisdom teeth are painful/problematic): 34%
- You received a diagnosis or recommendation from your child(ren)'s general or pediatric dentist: 32%
- You were told by your child(ren)'s orthodontist they should be removed to aid in the teeth-straightening process: 23%

**Q** *What are the three most important factors influencing your **hesitation to pursue treatment** for your child(ren) in the next six months? (Eleven choices were provided; respondents were asked to rank their top three.)*

- The procedure is not medically necessary (wisdom teeth are not painful/problematic): 35%
- You have not received a diagnosis or recommendation from your/your child's general/pediatric dentist: 29%
- The timing is not convenient with your family/child's schedule: 18%



### Young adults regarding third molars

Nearly one-third of young adults deferred wisdom teeth removal due to the pandemic. In addition, there was a significant decrease in 2021 in the percentage of young adults who said they were:

- Extremely familiar with the procedure for wisdom tooth removal (31% in 2021, 44% in 2019 vs. 36% in 2018).
- Extremely or very likely to pursue the procedure in the next six months (28% in 2021, 36% in 2019 vs. 25% in 2018).

Follow-up questions included:

**Q** *If you were making the decision today, **which dental professional would you be most likely to choose** for your wisdom tooth removal?*

- **OMS: 77%** (up slightly from 76% in 2019)
- Your general or pediatric dentist: 13%
- Endodontist: 4%
- Periodontist: 2%
- Another dental specialist: 5%



**Q** What are the three most important factors influencing your **choice of which professional** would perform the procedure? (Fifteen choices were provided; respondents were asked to rank their top three.)

- The professional is referred to you by your general or pediatric dentist: 54%
- The professional is in-network on your/your family's insurance coverage: 43%
- You have a pre-existing relationship with the professional performing the procedure: 35%

**Q** How important would it be for you to know the surgeon you choose is an **AAOMS member**?

- Extremely or very important: 56% (59% in 2019, 56% in 2018 and 2017)

**Q** What are the three most important factors influencing your **decision to likely pursue the procedure** in the next six months? (Eleven choices were provided; respondents were asked to rank their top three.)

- The procedure is medically necessary (wisdom teeth are painful/problematic): 22%
- You received a diagnosis or recommendation from your general or pediatric dentist: 14%
- You want to get them taken out now to prevent problems later: 12%

*This is a strong reminder to all members that their profile should be up-to-date and complete so patients can more easily find them.*

*– AAOMS President  
Dr. J. David Johnson Jr.*

**Q** What are the three most important factors influencing your **hesitation to pursue treatment** in the next six months? (Eleven choices were provided; respondents were asked to rank their top three.)

- The procedure is not medically necessary (wisdom teeth are not painful/problematic): 46% (36% in 2019)
- The total out-of-pocket cost of the procedure is too expensive at this time: 30%
- You have not received a diagnosis or recommendation from your general or pediatric dentist: 29%

"There are some trends identified in this national survey, including the decreasing percentage of young adults aware of our specialty," Dr. Johnson said. "Yet, we know that once they see our campaign messages, all three respondent groups

of prospective patients again say they would be most likely to choose an oral and maxillofacial surgeon for their third molar removal and dental implants."

These survey results continue to guide Informational Campaign decisions in 2022 in terms of targeted audiences and messages as well as ad/web copy development. ■

Help prospective patients find you in the MyOMS.org directory

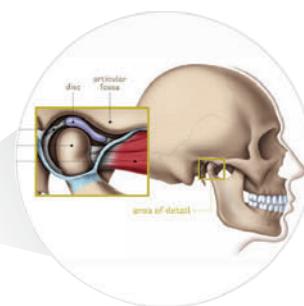
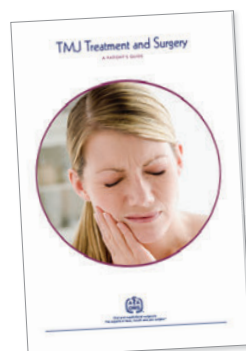
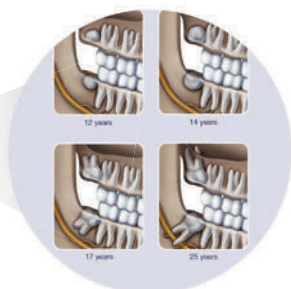
**Update your  
Find a Surgeon  
profile today!**



Visit **AAOMS.org/InfoCampaign** for a step-by-step guide on updating your profile



Oral and maxillofacial surgeons:  
The experts in face, mouth and  
jaw surgery



Patient pamphlets and guides help educate patients.

## Patient pamphlets, guides reinforce campaign message

AAOMS patient pamphlets and guides are designed to help educate patients, showcase the breadth of the OMS specialty and reinforce the message that OMSs are the experts in face, mouth and jaw surgery. These educational brochures offer patient-friendly descriptions and high-impact images.

**Patient Information Pamphlets** are ideal for waiting rooms, referrals and community presentations and present the following topics:

- Anesthesia\*
- Corrective Jaw Surgery
- Dental Implant Surgery\*
- Facial Cosmetic Surgery
- MRONJ
- Nutrition
- Obstructive Sleep Apnea
- The Oral and Maxillofacial Surgeon
- Oral, Head and Neck Cancer\*

- TMJ Treatment and Surgery
- Treatment of Facial Injury\*
- Wisdom Teeth Management\*

\*Also available in Spanish

**Patient Education Guides** offer expanded content and illustrations – fitting for consultations – and cover:

- Corrective Jaw Surgery
- Dental Implant Surgery
- Facial Cosmetic Surgery
- TMJ Treatment and Surgery
- Wisdom Teeth Management

All brochures provide space for imprinting, making these an ideal marketing piece for the OMS practice. Offered at \$50 per pack for pamphlets (100 in a pack) or guides (25 in a pack), high-quality patient education materials at competitive pricing are available to members.

These products and more can be found at [AAOMSstore.com](http://AAOMSstore.com).

## Awareness of oral cancer/HPV link remains steady

About one in three adults were aware of the link between HPV and oral cancer in the 2021 AAOMS consumer survey – a percentage consistent with the last three recent surveys.

Regarding oral cancer self-exams, about one in three again said they know how to conduct an oral self-examination. The percentage of mothers of teens who know how to conduct an oral cancer self-exam has increased over the past years (35% in 2021 compared to 29% in 2019).

When asked which healthcare professional they would see if they found an unusual sore or lesion during an oral self-exam, 21% of consumers chose an OMS – up slightly from 19% in 2019 and 16% in 2018 and 2017. Mothers of teens increased their choice of an OMS (44%) over seeing a general dentist (15%).





# H & H Company

**FINEST QUALITY INSTRUMENTS**

11888 N Tracey Rd. • Hayden, ID 83835

800-491-9989 • [www.hhcompany.store](http://www.hhcompany.store)



## Oral Surgery Package



### Implantmed PLUS Set 1

Ultra short powerful  
electric motor  
with 6.2Ncm Torque  
80 Ncm @ 20:1  
40,000 rpm

Use the S-16 for 80,000 rpm



**EXTRA  
MOTOR CABLE**  
30185000  
1.8m



**S-16 (x2)**  
30411000  
1:2 Handpiece  
Utilizing 44.5mm HP burs  
Capable of 80,000 rpm



**WS-75**  
30065000  
20:1 Implant Handpiece  
Latch Type Connection  
Capable of  
80 Ncm of Torque  
X-NAV Compatible

**Sale Price \$8,930.00**

Retail \$11,165.00

Also available with:

**Wireless Footpedal (+\$350)**

\*Also Included: Service Oil (x1), Cap (x1), and 4 packs of HP burs

**Need more than four  
S-16's for your practice?  
Contact us for additional discounts!**



### Daniel R. Cullum, DDS

Implants Northwest Live Learning Center

"Awesome unit with cordless foot control, high speed and torque for thirds and customized implant settings. I converted all my OR's they are that good!"

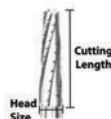


### Michael S. Block, D.M.D

The Center for Dental Reconstruction

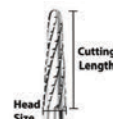
"I just finished two sets of thirds and this is the smoothest handpiece I have ever used."

## Carbide Oral Surgery Burs



**700 Series**  
Flat End Pack of 5

**Buy 20  
get 4 Free**  
On burs listed below



**1700 Series**  
Round End Pack of 5

Part #	ex: 90-0700FGSL	700	700L	701	701L	702	702L	703	703L	1700	1701	1702	1703	1703L	
Head Size (mm)		1.0	1.0	1.2	1.2	1.6	1.6	2.1	2.1	1.0	1.2	1.6	2.1	2.1	
Cutting Length (mm)		4.2	6.0	4.2	6.0	4.4	6.0	4.2	7.5	4.2	4.2	4.4	4.4	7.5	
Friction Grip 19mm (FG)		✓	✓	✓	✓	✓	✓	✓	✓						\$13.00/pk
Friction Grip 25mm (FGSL)		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓		\$16.50/pk
Friction Grip 34mm (FGXXL)												✓			\$22.00/pk
<b>S-16 Handpiece 44.5mm (HP)</b>		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	<b>\$13.00/pk</b>
Handpiece 51mm (HPSL)				✓	✓	✓	✓	✓	✓					✓	\$23.75/pk
Handpiece 65mm (HPXL)					✓		✓	✓							\$23.75/pk
Handpiece 70mm (HPXXL)							✓	✓	✓					✓	\$20.75/pk

\*Valid until March 18th, 2022

Enhance Your Practice

Expand Your Care

## Offer Stem Cell Banking to Your Patients

COVID-19 has underscored the value of biological insurance. Become a StemSave Provider and offer your patients the opportunity to bank the powerful stem cells found in their wisdom teeth or any other extracted teeth with healthy pulp.



Join the only AAOMS/ASI approved  
dental stem cell banking service

Exclusive StemSave Advantage Program for AAOMS Members

AAOMS members enrolled in the program earn an administration fee for their assistance with each successful tooth collection.

To learn more or for enrollment assistance, contact us at

877.StemSave www.StemSave.com

(877.783.6728)

## SAS Rx Alert

Drug shortages  
and manufacturer  
backorders affect your  
practice negatively  
every day. We  
provide the **SAS Rx  
Alert** to proactively  
communicate  
information that will  
assist your practice in  
staying in front of the  
difficulties created  
by shortages and  
backorders.



SAS sends out quarterly Rx Alerts to communicate information on the supply status of key injectable pharmaceuticals. Information provided is based on our latest correspondence with manufacturers and is subject to change. For the most up-to-date information, please call our customer service team at 800.624.5926.

**SIGN UP TODAY!!**

**Call 1.800.624.5926**

**Email [service@SASrx.com](mailto:service@SASrx.com)**

**Visit [SASrx.com](http://SASrx.com)**



Increase coding efficiency, streamline workflow  
and maximize revenue for your OMS practice

The Coding Guide for OMS and EncoderPro.com are your one-stop coding, billing and documentation guides for submitting claims with greater precision and efficiency.

Both resources contain the latest 2022 ICD-10-CM, HCPCS Level II, CDT and CPT® code sets, as well as Medicare payer information, CCI edits, helpful code descriptions and clinical definitions.

Take advantage of an exclusive EncoderPro.com Professional and Dental Codes Add-on bundle price for AAOMS members.

Order now using promo code **AAOMSMBR**  
to receive your 20% discount.\*



[optum360coding.com/AAOMS](http://optum360coding.com/AAOMS)



1-800-464-3649, option 1

\*20% discount applies to the 2022 and 2021 editions of Coding Guide for OMS, ICD-10-CM Expert for Physicians, ICD-10-PCS Expert, Dental Customized Fee Analyzer and Customized Fee Analyzer, as well as EncoderPro.com and FeeAnalyzer.com. EncoderPro.com Professional and Dental Codes Add-on \$399.95 bundle pricing applies when both items are purchased.

CPT is a registered trademark of the American Medical Association.

CDT © 2021 American Dental Association. All rights reserved.

© 2021 Optum360, LLC. All rights reserved. WF5164912 SPRJ6843 09/21



## Conference to address head and neck oncology

The biennial Head and Neck Oncology for the OMS conference returns in March.

Advances of Head and Neck Oncology for the OMS – being held March 4 – 6 at the OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, Ill. – will bring together OMS leaders to discuss surgical and scientific developments in head and neck oncology. Participants will obtain education to help ensure patients receive the highest-quality surgical care with optimal functional outcomes after ablative and reconstructive head and neck surgery.

Topics will include advanced ablative techniques in head and neck surgery as provided by the OMS, evaluation and multimodality management of head and neck cancer patients, ethical principles of head and neck oncology practice as an OMS as well as advanced management strategies for rare head and neck tumors.

Speakers also will discuss robotic head and neck surgery, emergency management of head and neck cancer,

### Advances of Head and Neck Oncology for the OMS

**When:** March 4 – 6

**Where:** OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, Ill.

**AAOMS.org/HeadandNeck**

immunotherapy as well as osteoradionecrosis of the jaw and hyperbaric oxygen. A reception and an abstract session are scheduled.

Registrants will be able to sign up for two sessions of the March 4 Limited Hands-on Preconference, which will feature sessions addressing the sentinel lymph node, sialendoscopy, airway management and ultrasound with 10 attendees apiece.

More information is available at [AAOMS.org/HeadandNeck](http://AAOMS.org/HeadandNeck). ■



We are stronger  
together

“The surgeons of Florida Oral & Maxillofacial Surgery are proud to partner with the OMS Foundation to support education, enrichment and advancement opportunities for our colleagues in the OMS specialty. Following the generous example of those who supported OUR success, we’re confident that our investment as a gold OMSFIRE practice will help strengthen the specialty that has given us so much.”

– Michael Barbick, DMD, MD; Dharma Bayron, DMD; Jenna Godwin, DMD; Elizabeth Casey Guadagni, DMD, MD; Brian Hamilton, DDS; Shaunda Kelly, DMD, MD; Jeffrey Knittel, DDS, MD; Natalia Nunez, DMD; Danielle Williams, DMD, MD; Michael Yuan, DMD; Stephanie Zastrow, DDS

**Florida Oral & Maxillofacial Surgery**



FLORIDA  
Oral & Maxillofacial Surgery



OMSFIRE donors are shaping the future of the OMS specialty with support for in-depth research, education opportunities for residents and a strong academic sector. Add **YOUR** support to this important work – enroll online at [OMSFoundation.org/DONATE](http://OMSFoundation.org/DONATE) or call 847-233-4304.



[OMSFoundation.org/Donate](http://OMSFoundation.org/Donate)



## AAOMS Today Editor Dr. Laskin passes away

**D**aniel M. Laskin, DDS, MS – the longest-serving editor of a dental association newsletter – passed away at age 97 Dec. 8 in his home in Richmond, Va.

Dr. Laskin was President of AAOMS from 1976-77, IAOMS from 1983-86 and the American Dental Society of Anesthesiology from 1977-79 as well as Editor-in-Chief of *JOMS* from

1972-2002. An author or coauthor of more than 1,000 published articles in the medical literature, Dr. Laskin served as Editor of *AAOMS Today* and its predecessors since 1965.

As the AAOMS newsletter's first Editor, he wrote all the content and laid out pages. Since then, the publication has become increasingly

larger with additional staff and expansive content. However, Dr. Laskin still edited every article for content, message and grammar. He guided the 2018 redesign of the publication that featured more photos, event coverage and in-depth features, including articles on AAOMS members who treated the Las Vegas, Nev., shooting victims, an OMS who performed a complex, "miracle" jaw surgery on a young woman and a member who exposed past antisemitism at Emory University. Dr. Laskin's numerous editorials over the years have dealt with healthcare issues, education and training as well as professional responsibility and ethics.

During Dr. Laskin's tenure as Editor, *AAOMS Today* won journalism awards from the International College of Dentists in 2018 and 2019. The magazine also was honored with platinum awards for overall magazine in 2020 and overall magazine and writing in 2019 at the Hermes Creative Awards; honored in 2021 for excellence for writing, as a 2019 grand award winner in the magazine category and named most improved magazine in 2018 by the APEX Awards for Publication Excellence; and presented platinum awards for feature articles in 2021, 2020 and 2018 and for association magazine in 2019 at the MARCOM Awards.

During his annual *AAOMS Today* report to the Board of Trustees in June 2021, he said he believed, "AAOMS has not only the best member magazine in dentistry, but also in all of healthcare."

Dr. Laskin also was Editor of *AAOMS: A Century of Progress – The History of the Organization and the Contributions of its Members*, a new history book to honor the Association's 100-year anniversary.

"It was a labor of love," Dr. Laskin said of the history book. "For me, all those resources were filled with memories – of the issues our specialty faced, the achievements and discoveries we made, and the people involved."

He was honored with the 2018 Distinguished Dental Editor Award from the ADA Council on Communications and American Association of Dental Editors and Journalists that recognizes editors who bring acclaim to their association, dentistry and dental journalism through exceptional editorial direction and the creation of first-rate publications.

At the 2021 AAOMS Annual Meeting, Dr. Laskin received the Board of Trustees Special Citation Award. Annual accolades named after him include an award for the best *JOMS* article and AAOMS's outstanding predoctoral educator award.

In addition, Dr. Laskin was known for his research on connective tissue physiology, craniofacial growth and temporomandibular disorders. He received the 1993 Norton M. Ross Award for Excellence in Clinical Research by the ADA and 1978 AAOMS Research Recognition Award. His other honors included the 1972 R.V. Walker Distinguished Service Award and 1979 William J. Gies Foundation Award. The AAOMS Annual Meeting was dedicated to him in 1991.

In academics, he served as Chair of the OMS departments at the University of Illinois at Chicago (UIC), Cook County Hospital and Virginia Commonwealth University (VCU), and he received the Donald B. Osborn Award for Outstanding Educator in 1991. He was adjunct clinical professor at VCU College of Dentistry and, after 37 years of patient care there, he was named a member of the VCU Health Honorary Medical Staff in 2021. At UIC, he established the Temporomandibular Joint and Facial Pain Research Center, and the university annually hosts the Daniel M. Laskin Lectureship in his honor.

Dr. Laskin received his DDS and Honorary Doctor of Science Degree from Indiana University and his MS from UIC. He is survived by his sons Dr. Jeffrey Lloyd Laskin and Gary Howard (Adrienne) Laskin and daughter, Marla Elyce Harrison. He was preceded in death by his wife, Eve Pauline Laskin, and his parents Nathan and Flora (Kaplan) Laskin. ■



Daniel M. Laskin,  
DDS, MS



## Colleagues remember Dr. Laskin's achievements, wit

AAOMS Past Presidents and others shared their thoughts on AAOMS Today Editor Dr. Daniel M. Laskin, who passed away Dec. 8.

"I am sure to those who had the privilege of sitting with him at Board meetings, Danny at the far end of the table, both correcting potential JOMS manuscripts while answering Board questions relevant to how a specialty incident really did take place, were awed at his historical depth of knowledge.

**"His comments in the Editor's Corner were timely, contemporaneous, ethical and always thought-provoking. He was a great kidder. I can still hear him say, 'Now let me tell you how it really happened.'**

"He expanded the face of our specialty by allowing the publication of professional subjects that were hitherto never thought to be in our specialty prevue. In a similar vein, he brought together a number of foreign surgeons to the JOMS Board. In so doing, he expanded the scope of what we did on an international basis and what we transitioned into on a national basis." – Past President Dr. Louis S. Belinfante

"It would be a rarity to open any OMS textbook and not see his name somewhere. If there was such a position of Supreme Galactic Commander in OMS, he was it.

"He has inspired seven generations of students, residents and practicing OMSs. What impressed me most about Dr. Laskin is he continued to go to work till the end of his life. He was my role model.

**"I am not sure if there can ever be anyone that could be such an influence in our profession; as they say, 'the mold was broken.'"** – Dr. Joe Niamtu III

"He was giant of a man in a small body. His presence in the specialty probably cannot be replaced, but our remembrance of him will keep his legacy alive forever. My favorite memory of him is the honor sitting next to him as Immediate Past President and even though he would be editing papers,

*If there was such a position of Supreme Galactic Commander in OMS, he was it.*

– Dr. Joe Niamtu III

he occasionally would nudge me and suggest context to the issue being discussed, history of that same issue or a possible solution.

He made those of us Immediate Past Presidents sound like the 'true' historian of the Board. Thank you, Dr. Laskin, for your friendship, your wisdom and setting the ultimate example for dedication to our specialty and humanity." – Past President Dr. Larry W. Nissen

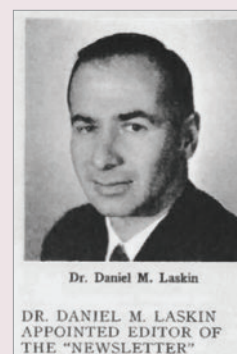
**"Dr. Laskin was the epitome of volunteerism."** – President Dr. J. David Johnson Jr.

"What a great man. So quiet and unassuming, so kind and so brilliant. He was nice to everyone, even an Alternate Delegate from Kansas." – Past President Dr. Douglas W. Fain

"We as Past Presidents are saddened by the loss of a giant – the great Dr. Danny Laskin. He was a magnificent leader and writer, thoughtful and considerate, and a true AAOMS academician and surgeon. I will never forget when Dan and his girlfriend (about eight years ago) danced with me and my wife to the tune of 'Going to Kansas City,' and he started to ballroom twirl. (He was a good dancer!)" – Past President Dr. Brett L. Ferguson

"He was still on the Board when I became a Trustee, still there when I left as Past President and still at every international meeting I attended. Never during those many years I spent with him did I ever run into a time when he was not smiling about something. I will miss his wit, his enthusiasm and his friendship." – Past President Dr. Don Booth

**"Another giant in our specialty is now gone. What a remarkable career!"** – Past President Dr. B.D. Tiner ■



# Thank you, OMSFIRE donors!\*

These generous donors are shaping the future of the OMS specialty with support for in-depth research, education opportunities for residents and a strong academic sector.



## PLATINUM DONORS (\$20,000/year)

Beacon Oral Specialists  
OMS Partners, LLC  
Treloar & Heisel



## GOLD DONORS (\$10,000/year)

Dr. Colin S. and Mrs. Susan E. Bell  
Colorado Society of OMS  
Denver Metro OMS  
Florida Oral and Maxillofacial Surgery  
Dr. Daniel J. and Mrs. Adaline Klemmedson  
Dr. Victor L. and Mrs. Kathy Nannini  
OMS Associates of Wichita Kansas  
OMSNIC



Dr. James Q. and Mrs. Lori A. Swift  
Dr. Don E. Jr. and Mrs. Lisa Tillery  
Dr. Mark D. and Mrs. Michele Zajkowski



## SILVER DONORS (\$5,000/year)

Dr. Guillermo E. Chacon  
Dr. Louis E. Clarizio and Mrs. Deanna Sawtell  
Drs. Robert and Evelyn Clark  
Delaware Valley Society of OMS  
Face and Jaw Surgery Center  
Dr. Robert F. and Mrs. Regina C. Guyette  
Dr. A. Thomas and Mrs. Rita M. Indresano  
Dr. Kevin and Mrs. Chris Kempers  
Dr. Dina Amin  
Drs. Roger and Deborah Badwal  
Dr. James A. Baker and Dr. Melissa Farrow  
Dr. Meghan D. Barroner  
Dr. David L. Basi and Dr. Julie A. Chavez  
Dr. Michael A. and Mrs. Mary R. Bianchi  
Dr. Nicholas J. and Mrs. Andra Bournias  
Dr. Scott B. Boyd  
Dr. Richard and Mrs. Ann Burton  
Dr. Gregory T. Caldwell  
Dr. Charles and Mrs. Patricia Crago  
Dr. Marcos Diaz

Dr. Scott L. Matson  
Middle Atlantic Society of OMS  
Dr. Dale Misiek and Mrs. Holly Pisarello Misiek  
Dr. J. David and Mrs. Jennifer Morrison  
New England Oral Surgery Associates  
Ohio Society of OMS  
Oral and Maxillofacial Surgery Associates of Fort Wayne  
Pacific Dental Services  
Mr. William C. and Mrs. Joan B. Passolt  
Pennsylvania Society of OMS  
Dr. Louis K. Rafetto  
Dr. John J. and Mrs. Melissa Rydlewicz  
Dr. MaryLou Sabino and Mr. Christopher Bacsik  
US Oral Surgery Management

## BRONZE DONORS (\$2,500/year)

Dr. Eric T. and Mrs. Beth Geist  
Georgia Society of OMS  
Dr. Daniel J. and Mrs. Stacy M. Gesek  
Dr. Jonathan R. Gray  
Dr. Bradley A. and Mrs. Charissa Gregory  
Dr. Brenda J. Hall  
HampMED  
Drs. Grant M. and Rhonda Hogan  
Dr. Ann M. Holzhauser and Mr. Robert Dennison  
Dr. Bruce A. and Mrs. Mallory Huberman  
Dr. James R. and Mrs. Carmen Hupp  
Iowa Society of OMS  
Dr. Jasjit K. and Mr. Rick Dillon  
Dr. Mary A. Delsol Dobon and Mr. Buck Dobon  
Dr. R. Bruce and Mrs. Madelyn B. Donoff  
Dr. Blaise C. Eckert and Mrs. Daria Petrilli-Eckert  
Dr. Wendell A. and Mrs. Kathleen M. Edgin  
Drs. Mark and Lisa Egbert  
Dr. Martin E. and Mrs. Elyse Eichner  
Dr. Robert W. Emery III  
Dr. Erik W. Evans  
Dr. and Mrs. Douglas W. Fain  
Dr. Alan L. and Mrs. Shirley Felsenfeld  
Dr. Brett L. Ferguson and Dr. Rita Burnett  
Drs. Eric D. and Nancy Ferrara  
Dr. Steven L. Fletcher  
Florida Society of OMS  
Dr. Margo Freedberg  
Dr. Eric T. and Mrs. Beth Geist  
Georgia Society of OMS  
Dr. Daniel J. and Mrs. Stacy M. Gesek  
Dr. Jonathan R. Gray  
Dr. Bradley A. and Mrs. Charissa Gregory  
Dr. Brenda J. Hall  
HampMED  
Drs. Grant M. and Rhonda Hogan  
Dr. Ann M. Holzhauser and Mr. Robert Dennison  
Dr. Bruce A. and Mrs. Mallory Huberman  
Dr. James R. and Mrs. Carmen Hupp  
Iowa Society of OMS

Dr. J.D. and Mrs. Caroline Johnson  
Dr. William V. Jordan III  
Dr. Steven I. and Mrs. Adrienne Kaltman  
Dr. Timothy S. and Mrs. Lisa A. Kelling  
Dr. John P. and Mrs. Kitty Kelly  
Dr. Stephen S. and Mrs. Connie K. Kelly  
Dr. Kelly S. Kennedy  
Dr. Ashoo Khanuja and Mr. Vinson Vig  
Dr. Roderick Y. Kim  
Dr. Michael A. and Mrs. Frayda M. Kleiman  
Dr. Martin J. and Mrs. Jennifer Koop  
Dr. Deepak G. and Mrs. Preethi Krishnan  
Dr. N. Ray Lee  
Dr. Glenn and Mrs. Deborah N. Maron  
Dr. Edward J. Miller and Mrs. Jennifer Sylvia  
Dr. Joseph L. and Mrs. LeAnne Miller  
Dr. Matthew A. Monaco and Mrs. Stacey Welch  
Dr. Steven R. Nelson and Dr. Helen M. Kechriotis  
Dr. Gregory M. and Mrs. Saralee Ness  
Dr. Thomas P. Nordone  
North Carolina Society of OMS  
Dr. Mark and Mrs. Amy Oghalai  
Dr. Eric W. Olendorf  
Dr. Thomas B. and Mrs. Ann M. Padgett  
Dr. Mohammed K. Qaisi  
Dr. Faisal Quershay and Dr. Najia Usman  
Rhode Island Association of OMS

Dr. Steven Roser and Mrs. Blythe Randolph  
Dr. Debra M. and Mr. James Sacco  
Dr. Michael J. Safian  
Dr. Gregory V. Sarka  
Dr. Paul J. and Mrs. Olga Schwartz  
Dr. Adam D. Serlo  
Dr. Stephen M. and Mrs. Nancy Shall  
Dr. John K. and Mrs. Jennifer Shea  
Dr. Julie Ann Smith  
Dr. Stanley W. and Mrs. Gloria Smith  
South Carolina Society of OMS  
Southeastern Society of OMS  
Drs. Anthony M. and Shanna Spina  
Dr. Martin B. and Mrs. Michelle Steed  
Dr. W. Frederick and Mrs. Sonya M. Stephens  
Dr. Mac and Mrs. Katherine Stewart  
Dr. Garrett S. and Mrs. Ashley Stigall  
Dr. Michael J. and Mrs. Kathi L. Stronczek  
Dr. Kimberly S. Swanson  
Tennessee Society of OMS  
Dr. B.D. and Mrs. Brenda K. Tiner  
Dr. David W. and Mrs. Rosanna D. Todd  
Dr. Cynthia Trentacosti-Franck and Mr. C.C. Franck  
Dr. Peter D. and Mrs. Sallie Waite  
Dr. Jeffrey H. and Mrs. Lisa Wallen  
Washington State Society of OMS  
Dr. Daniel C. Whitney  
Dr. Cynthia E. Winne and Mr. James B. Newton  
Dr. David E. and Mrs. Janet Yates

\*as of Dec. 2, 2021

OMSFIRE (OMS for Innovation, Research and Education) donors commit to an annual gift of \$2,500 or more for five years, payable in monthly or annual installments. **Don't see your name on the list? Visit [OMSFoundation.org/DONATE](https://OMSFoundation.org/DONATE) or call 847-233-4304 to enroll.**



**ADD YOUR SUPPORT TO THIS IMPORTANT WORK**



- Clinical and Basic Research
- Student Research Training Awards
- Faculty Educator Development Award (FEDA)
- Clinical Trials Methods Course
- Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS)
- Head and Neck Oncology for the OMS conference
- Resident Travel Scholarships for AAOMS educational conferences



[OMSFoundation.org/Donate](https://OMSFoundation.org/Donate)





Louis K. Rafetto, DMD  
*OMS Foundation Chair*

## Being remembered with gratitude, admiration

At the AAOMS Annual Meeting in Nashville, I was privileged to meet a fellow oral surgeon who had just named the OMS Foundation as a beneficiary of his estate.

Dr. Rich Panek of Rockford, Mich., stopped by the Foundation booth to let us know he and his wife, Mary, planned to divide the proceeds

from a retirement savings account between the Foundation and Marquette University, his dental school alma mater.

His reasoning was simple and profound. Similar to many of us, he feels privileged to have spent his life doing work that he loves. Looking for a way to give back to the specialty that has given him and his family so much, he and Mary decided the riches derived from his work should be shared with the institutions that fostered his success.

With this gift to the Foundation, they believe they are helping preserve the vitality of the specialty by supporting the development of its future leaders. I was humbled by the Paneks' generosity, even as I hoped we would not see their gift transacted for many years.

And I was reminded of Drs. John Bond and George Oatis, whose legacy gifts in 2020 helped sustain the Foundation through the long first summer of COVID-19. Their generosity – a gift in their wills – bore abundant fruit, and they were remembered with love, gratitude and admiration.

That's a wonderful way to be remembered, and I encourage you to consider joining ranks with Drs. Panek, Bond and Oatis as a member of the R.V. Walker Society by making a legacy gift to the Foundation.

Many of us were encouraged to join the Walker Society years ago with a cash gift of \$10,000, which supported the

programs of the day. The impact of that campaign was considerable at the time, and I was proud to support it.

But we still have work to do to secure the future of our specialty. I encourage you to consider your own legacy and include a gift to the Foundation in your estate plan. That could be a gift in your will or naming

the Foundation as beneficiary of a life insurance policy, trust or retirement account. It does not have to be complicated.

In fact, as AAOMS Past President Dr. Brett L. Ferguson often says, "The hardest part was getting around to it!" Be assured you will be remembered with gratitude and admiration by your fellow OMSs.

To learn more about legacy giving and the Walker Society, visit [OMSFoundation.org/ways-to-give/planned-giving](https://OMSFoundation.org/ways-to-give/planned-giving) or email [mdicarlo@omsfoundation.org](mailto:mdicarlo@omsfoundation.org).

Thank you! ■



### Support needed for anesthesia study

The purpose of the AAOMS Anesthesia Safety Study via the OMS Quality Outcomes Registry (OMSQOR®) is to document and measure the safety of delivering anesthesia services in everyday practice of oral and maxillofacial surgery. For it to succeed, at least 200 AAOMS members must commit to contribute data from their cases to the study registry.

To sign up or ask questions, email [omsqor@aaoms.org](mailto:omsqor@aaoms.org) or call 800-822-6637.

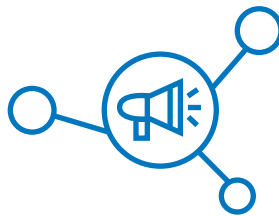
# Partner with us to realize your full potential

Founded and run by Oral and Maxillofacial Surgeons, Beacon provides specialty leading business support to let you focus on your patients.



## HR/Recruiting

We find the top talent for your team - whether that is front office, administrative staff or the best surgeons coming out of residency.



## Marketing

From referral outreach to reputation management (& everything in between), our team works hard to help you stand out in your community.



## Business Planning

We handle the research, data analytics and forecasting to adapt to the industry's ever-evolving landscape.

**Learn more about us &  
the other services we offer:**





## 2022 Day on the Hill to be held virtually

OMs can join their colleagues virtually April 6 to advocate on behalf of the specialty and share with members of Congress the personal impact of AAOMS's legislative priorities.

The success of the 2021 Virtual Day on the Hill gave the AAOMS Board of Trustees confidence that meeting virtually will again make a significant impact on advancing the Association's legislative priorities. In addition, security measures at congressional offices have severely limited in-person meetings.

Last year's virtual meetings resulted in:

- Attendees from 39 states – higher than recent in-person events.
- More than 100 OMs participating in over 140 meetings with congressional offices.
- Addition of 58 cosponsors to the House version of the Ensuring Lasting Smiles Act (ELSA), bipartisan legislation that would correct inequities in health insurance coverage for the treatment of congenital craniofacial anomalies.
- A new cosponsor of the Senate version of ELSA.
- Reintroduction of the Resident Education Deferred Interest (REDI) Act.
- Two new cosponsors of the Student Loan Refinancing and Recalculation Act.
- Discussion with members of Congress about AAOMS's position on access to oral healthcare for seniors. These conversations played a role in keeping legislation to expand Medicare Part B dental benefits out of a reconciliation package.
- Introduction of several bills to address drug and supply shortages.

Several attendees of the 2020 virtual event noted they met with more members of Congress than in a typical year. A few shared their thoughts:

"Virtual Day on the Hill provides a wonderful opportunity to get directly involved in shaping healthcare policies that affect our specialty as a whole. I was able to meet with congressional offices and voice my concerns over matters that are important to me as a private practitioner and oral and maxillofacial surgeon. I encourage everyone to

### Day on the Hill

**What:** Learning about federal healthcare policy and advocating to members of Congress

**When:** April 6

**Where:** Virtual

**Who:** Open to AAOMS fellows, members and residents practicing in the United States

Questions can be directed to 800-822-6637, ext. 4392, or [dbranch@aaoms.org](mailto:dbranch@aaoms.org).

Visit [AAOMS.org/DayontheHill](https://AAOMS.org/DayontheHill)



participate, as this small commitment significantly impacts the growth and future of our specialty." – Dr. Nira Dwivedi

"Day on the Hill is a powerful way to make positive changes. Not only does it strengthen our profession, but it provides an opportunity to let lawmakers know what's important for our patients. The 2021 Virtual Day on the Hill was my first time participating, and AAOMS made it very easy. I would encourage all my colleagues to consider participating next year. Our profession needs us." – Dr. Salman Malik

Day on the Hill also can benefit attendees in these ways:

- The ability to learn more about healthcare policy, advocacy and the legislative process.
- Insight on the impact potential legislation may have on the specialty, practice and patients.
- Opportunities to engage with AAOMS leaders and colleagues.
- The ability to be an active and engaged member of AAOMS.

Additional information about Day on the Hill will be shared at [AAOMS.org/DayontheHill](https://AAOMS.org/DayontheHill). Questions can be directed to [dbranch@aaoms.org](mailto:dbranch@aaoms.org) or 800-822-6637, ext. 4392. ■



# COVID-19 fallout, anesthesia to dominate state



By William V. Jordan,  
DDS  
*Committee on  
Governmental Affairs  
Chair*

I am honored to serve as the new Chair of the AAOMS Committee on Governmental Affairs (CGA), following in the footsteps of my esteemed colleague, Dr. Cynthia Trentacosti-Franck. I hope to emulate many of her leadership skills as she navigated this committee through the COVID-19 pandemic, and I hope she will continue to guide CGA from her new position as consultant.

I have served on CGA since 2016 and been privy to seeing how legislation and regulation affect OMSs' day-to-day practices. What is clear is the specialty cannot be successful in addressing these issues without preparation, diligence and, most importantly, activism. This year, I challenge all AAOMS members to find some way to get involved and give back to this specialty that has given OMSs so much. Small action makes big impact for the profession.

Annually, the committee provides insight on issues expected at the state level so the specialty can better prepare:

- **Continued COVID-19 fallout** – States continue to grapple with issues stemming from the pandemic, including telehealth, vaccination administration and

mandates as well as OSHA-related requirements. These directives will continue to be refined in 2022, as the country works to develop a framework to operate with the virus.

- **Anesthesia** – After addressing initial pandemic-related needs, states are back to focusing on regular order of business. With this shift in 2021 came a flurry of regulatory revisions to state anesthesia provisions by dental boards. These ranged from finally updating definitions to those recommended by AAOMS, the ADA and others to instituting additional requirements on permit holders, such as more-frequent office inspections. These efforts will continue in 2022. In addition, state legislatures are frequently reactive to adverse events reported in the media. With several related to dental anesthesia in 2021 – and some affecting OMS practices – AAOMS and state societies anticipate a busy season.
- **CRNAs** – Before the pandemic, certified registered nurse anesthetists (CRNAs) sought independent practice in states. During the pandemic, many governors granted such temporary status so they could assist in hospitals and other low-access areas. Dental practices are largely untapped locations of practice for CRNAs, and they have increasingly sought access and removal of treating dental limitations that may inhibit their proliferation. Emboldened by this newfound freedom, national and state chapters will seek to make these changes permanent and expand into untouched environments.
- **Auxiliary personnel requirements** – Even before the pandemic, there was a shortage of trained auxiliary

## AAOMS State Advocates Forum discusses anesthesia, scope of practice

State OMS and dental society advocates met virtually in November for the 26th annual AAOMS State Advocates Forum. The two-day conference broke 2020 records for attendance and most states represented.

Significant discussion occurred on anesthesia and scope of practice. In particular, attendees were updated on a growing trend for insurers to deny coverage for hospital-based dental treatment for pediatric patients and specifically facility fees or anesthesia line items. Attendees also discussed a growing

challenge for some dual-degree OMSs to secure medical licensure due to increasing PGY ACGME requirements.

The 2022 State Advocate Forum is scheduled for Nov. 11 – 12 in Colorado Springs, Colo. Those with questions about state representation or the forum can contact AAOMS government affairs staff at 800-822-6637 or [advocacy@aaoms.org](mailto:advocacy@aaoms.org).



## agendas in new year

healthcare personnel. COVID-19 and general healthcare provider burnout only exacerbated this reality. To ensure practices continue to operate, states may need to reevaluate restrictions or create alternative pathways for staff.

- **Specialty recognition** – While efforts to impose or challenge dental specialty recognitions have been largely quiet in recent years, a lawsuit filed in 2021 in Oregon by the American Academy of Implant Dentistry against the dental board has the potential to reignite the discussion.
- **Insurance** – Reimbursement and documentation issues are a perennial feature in state legislatures. The ADA and its state dental association components continue to push dental insurance-related issues through its Fighting Insurance Interference Strategic Taskforce. After gaining ground in 2021, efforts will continue into the new year and legislative sessions.

I encourage you to become involved with your state society and pay attention to issues in your state. OMSs are all in this together and can have an effect on preserving the very safe and efficient practice model.

For more information, contact AAOMS government affairs staff at 800-822-6637 or [advocacy@aaoms.org](mailto:advocacy@aaoms.org). ■



**OMSPAC**

OUR SPECIALTY'S VOICE IN WASHINGTON

OMSPAC supports  
federal congressional  
candidates who support  
AAOMS priority issues  
shared by OMSs.  
***That's you!***

*Have a question?*

*Ask the PAC at [OMSPAC@aaoms.org](mailto:OMSPAC@aaoms.org)*

*OMSPAC, serving as the sole voice for the specialty in Washington D.C., since 1971 as AAOMS's bipartisan political action committee.*

9700 West Bryn Mawr Avenue • Rosemont, IL 60018  
800-822-6637 • [OMSPAC@AAOMS.org](mailto:OMSPAC@AAOMS.org) • [OMSPAC.org](http://OMSPAC.org)



+



**Payroll designed to connect you to  
the right services at the right time.**



**\$250 discount for AAOMS Members  
Free Annual Payroll Assessment (\$150 value)**

**MORE INFORMATION AT  
[ConnectPayUSA.com/AAOMS](http://ConnectPayUSA.com/AAOMS)  
877-551-0907**

# Congress passes domestic agenda while AAOMS

Last year brought a new Democrat Administration and a shift in control of the Senate to Democrats. With control of the White House and both chambers of the 117th Congress, Democrats have since worked to pursue an ambitious domestic agenda.

After successful enactment in March of a large COVID-19 relief package, Democrats turned toward passing President Joe Biden's massive domestic policy agenda – the Build Back Better (BBB) Act – using the reconciliation process, which does not require bipartisan support. At press time, the House passed BBB Nov. 19 as HR 5378, but action is pending in the Senate. The House-passed version would address climate change, healthcare, childcare and education. Among the healthcare provisions, the bill would provide assistance to the more than 4 million uninsured who do not make enough to qualify for subsidies to purchase health insurance through the Affordable Care Act (ACA) marketplaces but live in states that have not expanded Medicare. It also would reduce premiums for certain individuals and families who purchase their insurance through the ACA marketplaces. Finally, the bill would provide hearing benefits under the Medicare Part B program for beneficiaries. An expansion of Medicare dental and vision benefits was excluded in the House-passed version. The Senate will unlikely include language to expand Medicare dental benefits in any version of BBB that advances from that chamber. The following contains additional information on AAOMS efforts to advocate against an expanded Medicare Part B dental benefit.

AAOMS advocacy efforts focused on important issues over the last year:

■ **Medicare dental benefits** – Expansion of Medicare dental benefits had been a key priority for progressive members of Congress, and language to expand dental benefits under the Medicare Part B program was included in the House reconciliation package.

AAOMS advocated against using the reconciliation process to expand Medicare dental benefits, and AAOMS members advocated against such proposals during the 2021 Virtual Day on the Hill. The Association also sent a letter on its position to Congressional leaders, communicated with Congressional offices and maintained an active grassroots campaign for members to communicate concerns.

■ **Student loans** – Several AAOMS-supported bills were introduced to provide student debt relief, including the Resident Education Deferred Interest (REDI) Act (HR 4122), AAOMS-led student debt relief legislation that was

reintroduced in June by Reps. Brian Babin (R-Texas), a dentist, and Chrissy Houlahan (D-Pa.). The bill sponsors issued a press release that included a quote from then-AAOMS President Dr. B.D. Tiner. AAOMS, which has an active grassroots campaign, organized a coalition letter with physician and dentist associations to thank the sponsors.

AAOMS also has supported the Student Loan Refinancing and Recalculation Act (HR 1918) by Rep. John Garamendi (D-Calif.) – which is similar to the REDI Act but would allow borrowers to refinance their federal student loans – as well as the POST GRAD Act (HR 4631), which would reinstate subsidized graduate loans for qualified students. All remain at the committee level.

Further congressional action on student debt relief is anticipated in the new year as the current freeze on student loans and interest due to the pandemic's impact will sunset at the end of January.

Meanwhile, the U.S. Department of Education announced changes Oct. 6 to the federal Public Service Loan Forgiveness Program designed to allow more applicants to discharge their loans after serving 10 years in public service jobs.

■ **Craniofacial anomalies** – AAOMS worked with a coalition of provider and patient advocacy groups to reintroduce for the third time the Ensuring Lasting Smiles Act (HR 1916/S 754). Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) remained the Senate bill's lead sponsors. However, the House bill has two new sponsors: Reps. Anna Eshoo (D-Calif.) and Drew Ferguson (R-Ga.), a dentist. The bill is nearly identical to previously introduced versions and would correct inequities in how health insurers provide coverage for the treatment of congenital anomalies and ensure health insurers cover dental treatments. The House bill has more than 300 cosponsors and the Senate version has 40. Neither bill has moved beyond the committee level.

■ **Drug and supply shortages** – AAOMS has advocated in support of potential solutions to address both drug and supply shortages, ranging from the federal government incentivize for manufacturers to produce critical drugs to encouragement of all levels of government to recognize OMSs as essential frontline providers to ensure they receive fair allocation of PPE during national shortage periods. AAOMS-supported bills have been introduced to address these shortages.

■ **Opioid abuse** – AAOMS continues to advocate against the potential for any new federal prescriber guidelines or mandates as well as highlight membership survey data showing OMS opioid prescribing is declining. The House



## continues work on priority legislative issues

Bipartisan Addiction and Mental Health Task Force, formed in the 117th Congress, did not include federal prescriber mandates on its 2021 agenda.

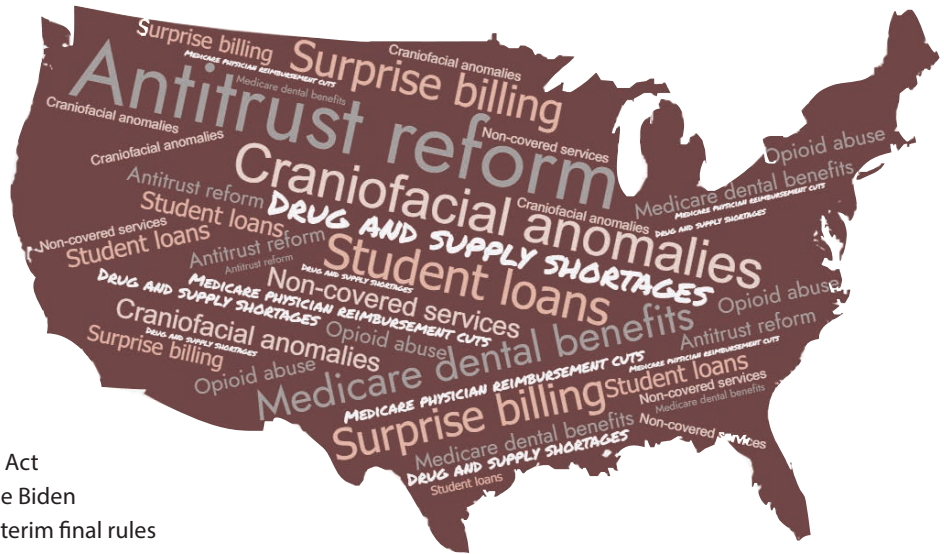
On the regulatory side, AAOMS has been monitoring CDC activity to update chronic pain prescribing guidelines, which may include acute care opioid prescribing. AAOMS commented against addressing acute pain in these guidelines.

■ **Surprise billing** – The No Surprises Act became law in December 2020, and the Biden Administration has since issued two interim final rules (IFRs). The first IFR addressed payment determinations and provider notice obligations. The second IFR outlined the arbitration process for billing disputes between out-of-network providers and insurers for disputes ungoverned by state law or regulation.

The provider community has expressed concern the arbitration process outlined in the rule favors insurers by directing arbitrators to first focus on the median contracted rate for such services. This runs counter to the intent of Congress, which wanted factors – not just the median contracted rate – to be considered equally during arbitration. AAOMS submitted comments expressing concern on this issue and seeking clarification on other issues.

**■ Medicare physician reimbursement cuts** – In late 2020, a COVID-19 relief package signed by President Donald Trump temporarily delayed across-the-board payment cuts in the Physician Fee Schedule stemming from budget neutrality and changes in the valuation of specific E/M services. Since 2020, AAOMS has been working with a coalition of medical specialties lobbying CMS and Congress to delay the cuts that were scheduled for Jan 1. After lobbying and grassroots efforts by healthcare provider groups, including AAOMS, Congress passed – and President Joe Biden signed Dec. 10 – legislation to halt most of the Medicare provider cuts from occurring Jan. 1. Additional action will be needed this year to prevent the cuts from being re-instituted.

■ **Antitrust reform** – The Competitive Health Insurance Reform Act – signed into law in January 2021 – amends the McCarran-Ferguson Act of 1945 to remove the federal antitrust exemption for health and dental insurers, thereby involving



the Federal Trade Commission (FTC) and Department of Justice (DOJ) in antitrust enforcement of health insurers.

With other dental groups, AAOMS advocated in support of this legislation, arguing federal involvement would likely increase competition in the health insurance arena that would result in policies with lower premiums and robust benefits for consumers.

In July, Sens. Patrick Leahy (D-Vt.) and Steve Daines (R-Mont.) requested updates from FTC and DOJ on their recent efforts to combat anticompetitive conduct in the health insurance industry. President Biden signed an executive order in July calling on DOJ and FTC “to enforce the antitrust laws vigorously” in healthcare and other key industries. FTC has said it will prioritize healthcare as part of its enforcement strategy over the next decade.

■ **Non-covered services** – Reps. Yvette Clark (D-N.Y.) and Earl L. “Buddy” Carter (R-Ga.) and Sens. Joe Manchin (D-W.Va.) and Kevin Cramer (R-N.D.) reintroduced in the 117th Congress the Dental and Optometric Care (DOC) Access Act as HR 3461 and S 1793, respectively. The bill aims to provide fairness in contracts between doctors and insurers by prohibiting private health insurance plans from setting rates for items and services provided by a doctor of optometry, dental surgery or dental medicine for which the plan does not pay a substantial amount. Supported by AAOMS and the ADA, this legislation will increase the quality of care for patients and eliminate anti-competitive practices by insurers.

Additional information about AAOMS's advocacy efforts on federal issues is available in the Advocacy and Government Affairs section of [AAOMS.org](http://AAOMS.org). ■

# AAOMS Advantage Partners

AAOMS Advantage Partners have been chosen because of their commitment to the oral and maxillofacial surgery specialty. Their stream of royalty payments\* throughout the year help fund the goals of AAOMS, including its advocacy efforts and other important programs and services. To learn more about these valuable offerings, visit [AAOMSAdvantage.org](http://AAOMSAdvantage.org).

*\*Quarterly royalty payments vary based on AAOMS member usage of each of the AAOMS Advantage Partners.*



**AAOMS Advantage<sup>SM</sup>**  
Spend. Save. Support.

*Look for this logo on a company's advertisement. The logo assures you the company has been thoroughly reviewed and accepted as an AAOMS Advantage Partner.*

## FEATURED PARTNERS

### AAOMS Advantage Partners have the answer for more efficiency in your OMS practice . . .

#### ConnectPay

*Payroll and HR solutions* – ConnectPay provides peace-of-mind payroll. Backed by decades of expertise in the dental payroll industry, ConnectPay tailors its payroll and tax solutions to every practice, connecting those who need them to trusted advisors in accounting, insurance, HR, retirement and beyond. Your dedicated Connected Service Representative will become an extension of your team, supporting your individual business needs. Call **877-551-0907** or visit [ConnectPayUSA.com](http://ConnectPayUSA.com) for more information. AAOMS members will receive preferred pricing and other benefits.



#### MedXCom

*Automated answering service* – Designed with input from noted oral and maxillofacial surgeons, MedXCom is a cost-saving, dependable and incredibly easy-to-use, HIPAA-compliant, automated answering service with a live operator option. Features include the ability to record all calls, caller ID protection, voice-to-text transcriptions and Android/iOS apps that allow you to easily transfer call coverage to a colleague and control how and when you are reached for urgent calls. AAOMS members receive a 30-day complimentary trial and preferred pricing. Visit [MedX.com/AAOMS](http://MedX.com/AAOMS), call **877-633-9776, ext. 700**, or email [sales@medx.com](mailto:sales@medx.com).



#### Optum360

*Coding Guide for OMS and other coding essentials* – Order the 2022 edition of coding resources for oral and maxillofacial surgeons, including the Coding Guide for OMS and select ICD-10 products, and subscribe to EncoderPro.com, a powerful online coding tool that includes content from more than 37 coding reference products – all at a discount to AAOMS members. Join the hundreds of AAOMS members using Optum360 products today. Visit [Optum360coding.com/AAOMS](http://Optum360coding.com/AAOMS) or call **800-464-3649, option 1**, to place your order.



#### PCIHIPAA

*HIPAA protects patients.*

*OSHA protects employees. PCIHIPAA protects you.* – Enroll in PCIHIPAA's OfficeSafe Compliance Program. Easily and affordably protect your practice from a HIPAA or OSHA violation or data breach. Program includes unlimited access to the OfficeSafe portal and account management team, \$250,000 in Data Breach and Network Security Insurance, \$25,000 in OSHA fine protection, online training, Identity Restoration Protection and more. AAOMS members receive a discount on OfficeSafe and a free HIPAA risk assessment. Visit [PCIHIPAA.com/AAOMS](http://PCIHIPAA.com/AAOMS) or call **800-588-0254**.



#### Practice Metrix

*Business report tool* – Practice Metrix has served the dental industry for over a decade with innovative software and solutions focused on enhancing business value. Practice Metrix's suite of products and services includes Practice Pilot (OMSVision and CS WinOMS) and Snapshot Pro (OMS-Exec), a comprehensive business reporting dashboard highlighting Key Performance Indicators for your OMS practice. Other Practice Metrix products and services include:

- My Patient Exchange – A real-time, cloud-based, HIPAA-secure practice communication, imaging and documentation management portal.
- Business Coaching – Transition your practice to the next level through comprehensive, deep analysis of business operations and financials implemented via proven solutions.

Visit [PracticeMetrix.com](http://PracticeMetrix.com) or call **610-922-8890** to learn more about how Practice Metrix can benefit your business and take advantage of a free coding and billing review. Email Charlie Burns at [cburns@practicemetrix.com](mailto:cburns@practicemetrix.com).



#### Sowingo

*Inventory management software designed for oral surgery practices* – Reduce overhead using Sowingo's cloud-based e-commerce and inventory management platform, available on desktop and mobile. Sowingo will empower your team with easy-to-use features to manage everything from implants, abutments, membranes, bone grafts, medications to surgical supplies. Sowingo's reporting platform provides valuable insights and visibility into usage and spending, referring doctor trends along with implant placement records. Take complete control of your practice's inventory with real-time alerts for supply levels and expiration dates and easily purchase with a click of a button. All AAOMS members receive a 10 percent discount. Visit [Sowingo.com](http://Sowingo.com) or call **888-997-3133** to book a complimentary demo and take advantage of a 14-day free trial of the software.



#### Vyne Dental (formerly NEA)

*Claims, attachments, encrypted email* – Know when your claims are accepted, where your money is and that your communications are encrypted. Save time and money through claims processing, attachments and encrypted email. Vyne Dental provides easy-to-use software that simplifies the process of claims and attachment management, facilitates secure communication, speeds up payments and helps your practice thrive. Visit [Vynedental.com](http://Vynedental.com).



**Partner Program<sup>SM</sup>**  
**Spend. Save. Support.**  
**AAOMS Services, Inc.**

To check out all 19 AAOMS Advantage Partners, visit

**[AAOMSAdvantage.org](http://AAOMSAdvantage.org)**



## Elaborating on hepatitis B vaccine requirements

**Q Are all the employees in a practice required to get the hepatitis B vaccine? Am I required to provide this vaccine?**

**A** OSHA requires that employers who have employees with a reasonable expectation of being exposed to blood or other potentially infectious material provide the hepatitis B vaccination within 10 working days of initial assignment, unless 1) the employee previously received the vaccination, 2) antibody testing shows the employee is immune, 3) the vaccination is contraindicated for medical reasons, or 4) the employee personally signs a statement declining the vaccination.

In addition, the hepatitis B vaccination series must be made available at no cost to the employee and provided at a reasonable time and place. Furthermore, all activities associated with obtaining a hepatitis B vaccination, including travel to and from, medical procedures and evaluations must be convenient to the employee and considered “on-duty.” This requirement does not include personnel who would not be expected to have occupational risk, such as general office workers.

**Q What type of record is required to document an employee’s hepatitis B vaccination status? How long does a practice need to maintain this record? What if there is not a previous record available?**

**A** Per OSHA standard 29 CFR 1910.1030, employers are required to maintain an accurate copy of each employee’s hepatitis B vaccination status and must include the dates of all vaccinations. Employers must make every effort to obtain an employee’s vaccination status, including contacting a previous employer or facility where the vaccination was administered.

OSHA requires that employers maintain hepatitis B vaccination records for the duration of employment, plus 30 years. If an employer is unable to obtain a reliable copy of the vaccination record, OSHA recommends maintaining documentation of the employer’s attempt to obtain the record and a written statement of the employee’s vaccination status with dates or approximate dates of administration.

In instances when an employer is unable to obtain the vaccination record or the employee is uncertain of his or her vaccination status, the hepatitis B vaccination must be made available.



**Q If a new staffer shows proof of receiving the hepatitis B vaccine but does not have the third dose complete, does the entire series need to be restarted?**

**A** OSHA requirements state the hepatitis B vaccination series must be provided in accordance with the recommendations of the U.S. Public Health Service current at the time of vaccination. If a new employee provides documentation of a partially completed series, it is usually unnecessary to restart the entire series.

**Q What is the hepatitis B vaccine declination form? When should this form be completed?**

**A** Employees who have reasonable risk of being exposed to hepatitis B and decline receiving the vaccination must sign a declination form, and employers must maintain record of the employee’s declination.

If at any time in the future the employee continues to have occupational risk and decides to obtain the hepatitis B vaccination, the employer must make available the vaccination at no cost to the employee. OSHA Standard 1910.1030 App A provides the hepatitis B vaccination declination statement.

More information about hepatitis B vaccination requirements for those with occupational risks is available at [OSHA.gov](https://www.osha.gov). ■





## **ORAL SURGERY PARTNERS**

**Accomplishing More Together**

**Oral Surgery Partners is a premier oral surgery management company that partners with leading oral and maxillofacial surgeons around the country investing in their practices to assist them:**

- Concentrate on clinical excellence
- Grow their referral network
- Increase utilization of surgical time
- Increase patient visits and procedures
- Invest in innovative surgical practices
- Lower administrative responsibilities
- Achieve scalability
- Achieve higher profitability
- Share and implement best practices

Scan the QR code to watch a short video from a partner surgeon at Oral Surgery Partners discussing how OSP has helped their practice grow and become more successful in their market and why OSP makes a difference.



For more information contact Steve Nettler, CDT  
Director of Business Development  
[steve.nettler@ospartners.com](mailto:steve.nettler@ospartners.com)  
636-578-8585  
[www.ospartners.com](http://www.ospartners.com)



# Some days you're the pigeon, some the statue

By Dave Weber

CEO/President, Weber Associates

If there is one idea everyone can agree on right now, it might be that the last couple years have been crazy. Many have been stretched further than ever in almost every area of their lives. From relationships to work to finances, it seems everyone has had to make significant changes. The pandemic has radically impacted freedoms, thought processes – even way of life.

The buzzword in almost every industry has been “pivot.” How does one pivot from the traditional way of operating into success in this new reality? Some have been able to handle these challenges well, while others have struggled. But almost universally, this has created a new kind of

pressure and a new sense of urgency – as well as many who are mentally and emotionally exhausted.

The result? Stress is at an all-time high in this country, and busy professionals are sometimes finding it difficult to deal with their kids, coworkers and patients. Relationships, both at home and work, are strained. A

phrase explains: “Some days you’re the pigeon, and some days the statue.” When interacting with others, more and more are feeling similar to the statue.

## Relationships

If doctors, assistants, front office staff, etc., are grouped into different areas and each group is asked “What do you love most about your job?” – the No. 1 answer, without a close second, is “the people.” Then they are asked, “What is the one thing that drives you crazy at work?” Virtually every group has the same answer: “The people.”

Whether it is getting along with coworkers, patients or vendors, interactions with others have seemingly become quite challenging.

What many in this industry are starting to realize is they are not simply in the healthcare business. They are in the people business – working with, caring for and serving patients. At the end of the day, it is the ability to “make progress on purpose with people” that determines success in life and enjoyment of life – both professionally and personally.

When you boil everything in life down to the barest essentials, the only factor that truly matters is relationships. Whether parent/child, husband/wife, surgeon/team member, assistant/patient, teacher/student or any other relationship – what is said and done has great impact on those relationships.

Everyone wants strong, positive, mutually beneficial relationships. Why? Simply, because in these kinds of relationships, great results thrive. From great practices where everyone on the team cannot wait to arrive to work to amazing families where everyone cannot wait to gather together, great relationships seem to breed great results.

Everyone desires to connect. So, if everyone wants great relationships, it should be pretty easy to build them, right? Wrong!

## Seven Me's

So, why are relationships so difficult to develop? Why do so many partners have such a hard time communicating with each other? Why do some team members tiptoe around the office as if walking on eggshells? Why does the generation gap sometimes feel more as if it is the Continental Divide? It is because it is unrealized how complex relationships are – how many different “people” are involved.

There are actually seven people living inside everyone. It might sound a little off-the-wall at first: Everyone has seven concepts of self that together help define who each is as an individual. They are the “Seven Me’s.”

The quality of relationships, the quality of the culture at home and work and the quality of results hinge on understanding the complexity of the Seven Me’s:

- The Me I Think I Am
- The Me I Really Am
- The Me I Used to Be
- The Me Others See

*continued on next page*



- The Me I Try to Project
- The Me Others Try to Make Me
- The Me I Want to Be

Not only does every individual possess these Seven Me's, but each one of these wants to be in charge and influence all day-to-day interactions with others.

Here's the challenge: When two individuals are communicating – whether at the conference table or the kitchen table – not just two individuals are involved. There are seven in each individual – a whopping 14 individuals are trying to interact. It's no wonder relationships are difficult.

### Who's in charge?

Most have never considered these Seven Me's. But each can determine which of the Me's to put in charge. One of those Me's is in control of every situation – but is it in control by default (because the individual does not realize what is going on) or is it in control intentionally? Discover a whole new way of looking at oneself and interactions with others – at work and home.

The Me put in charge is the one who decides which words are used – good or bad – and words matter. From actual spoken words to text messages to social media posts, negativity seems to be increasing at an unprecedented rate. And the impact of all this negativity is taking a huge toll.

Three phrases, each with three words, concisely illustrate the impact and power of words:

- Words impact relationships.
- Relationships impact culture.
- Culture impacts results.

You can directly connect something as simple as spoken words to the results attained. And it does not matter if the results are a practice where the team and the patients

love to be or in your personal life. You can connect words to results.

### Words matter

So, how does a team intentionally create a culture where great results thrive? The skill that could be called “frog kissing” is the key to making progress on purpose in all relationships. This skill entails intentionally speaking words that are uplifting and affirming to others.

Here is the bottom line: Clearly, words matter. They are powerful, and what matters most is how they are used. They can be used to tear down and destroy. Or they can be used to build up, encourage and affirm.

Whichever Me is in charge determines the words used, which in turn determines the trajectory of both the relationships and the results. ■



### Speaker to present in Denver

The author will present at the AAOMS Practice Management Stand-Alone Meeting during AAOMS Educational Weekend April 30 and May 1 in Denver, Colo. Details about the event are available at [AAOMS.org](http://AAOMS.org). Additional resources from the author can be found at [WeberMotivation.com](http://WeberMotivation.com) or by emailing [jill@weberassociates.com](mailto:jill@weberassociates.com).



*This is number 183 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at [AAOMS.org](http://AAOMS.org).*

*All articles in Practice Management Notes are published only with the consent of the authors, who have expressly warranted that their works are original and do not violate copyright or trademark laws. AAOMS is not responsible for any violations of copyright/trademark law on the part of these authors.*



# OSTEOGEN® PLUG

**ONE STEP BONE GRAFTING SOLUTION  
FOR SOCKET PRESERVATION WITHOUT  
THE NEED FOR A MEMBRANE**

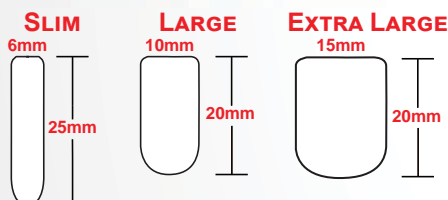


● **OSTEOGEN® BIOACTIVE  
RESORBABLE CALCIUM  
APATITE CRYSTALS**

● **TYPE I BOVINE  
ACHILLES TENDON  
COLLAGEN**

**BUY 5 GET  
1 FREE**

**CALL TODAY OR SHOP  
ONLINE AND USE CODE  
OGX808**



**At only \$50 per piece, the Impladent Ltd  
OsteoGen® Bone Grafting Plug combines  
bone graft with a collagen plug to yield  
the easiest and most affordable way to  
clinically deliver bone graft for socket  
preservation and ridge maintenance, all  
without the need for a membrane!**

## Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

Tooth #15, set to be  
extracted



Two Slim OsteoGen®  
Plugs are in place. Suture  
over top of socket to contain.  
No membrane is required



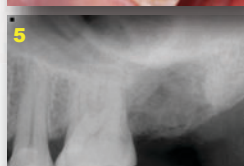
The collagen promotes  
keratinized soft tissue  
coverage while the  
OsteoGen® resorbs to  
form solid bone. In this  
image, a core sample was  
retrieved



The surgical site was  
initially debrided to induce  
bleeding and establish  
the Regional Acceleratory  
Phenomenon



OsteoGen® is a low  
density bone graft and the  
OsteoGen® Plugs will  
show radiolucent on the  
day of placement



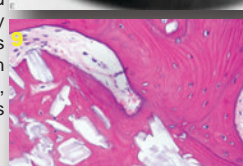
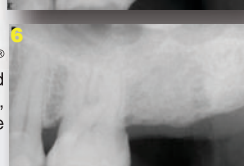
Implant is placed. Note  
the histology showing  
mature osteocytes in  
lamellar bone formation.  
Some of the larger  
OsteoGen® crystals and  
clusters are slowly  
resorbing. Bioactivity is  
demonstrated by the high  
bone to crystal contact,  
absent of any fibrous  
tissue encapsulation



Insert Large or Slim sized  
OsteoGen® Bone Grafting  
Plugs and allow blood to  
absorb



As the OsteoGen®  
crystals are resorbed and  
replaced by host bone,  
the site will become  
radiopaque



Contact 800-526-9343 or Shop Online at [www.impladentltd.com](http://www.impladentltd.com)

# The lowdown on coding education: Summarizing

Coding is the backbone of all insurance-related issues, including patient advocacy. In the current healthcare landscape, issues related to coding, insurance coverage, provider reimbursement as well as fraud and abuse are constantly and rapidly evolving. Staying abreast of best coding practices as well as the intricacies of government and commercial payer policies is the key to effective revenue cycle management, leading to increased cash flow and greater patient satisfaction.

## The big picture

Procedure and diagnosis codes represent a unified language for the accurate reporting of all healthcare services. Aggregate claims data are used to track utilization rates, generate public health statistics and identify services for payment. Compliance with laws and regulations at the federal and state levels regarding the appropriate use of CPT, CDT and ICD-10-CM codes is integral to the provision of and reimbursement for the delivery of care.

## Why it matters for the OMS, allied staff

Procedure and diagnosis coding should be regarded as the way to best tell a patient's story: CPT and CDT codes explain what was done, whereas ICD-10-CM codes explain why it was necessary. The process of coding involves pulling pertinent information from the clinical documentation and translating it into billable codes for reimbursement.

Thus, provider payment is directly tied to the accuracy and completeness of the coding process within the OMS practice. Maximizing reimbursement opportunities starts with the OMS.

Oral and maxillofacial surgery is often seen as the bridge between medicine and dentistry. As such, the OMS and allied staff must be well-versed in all facets of coding, including the complexities of ICD-10-CM. Diagnosis codes drive reimbursement as they allow the OMS to describe the patient encounter with the utmost specificity, providing a complete clinical picture of the patient and the rationale behind the chosen care path. All medical payers use clinical condition

## How to become the experts in coding, billing

Nationwide, AAOMS members represent the leaders in OMS care. It is time to become the experts in OMS coding and billing as well. Taking the steps to become educated on the ins and outs of coding through AAOMS coding and billing courses is essential to proactively protect a practice, patients and the bottom line.

AAOMS has several in-person and online coding and billing courses available to both the OMS and allied staff members, including:

- Medical Terminology and Oral Facial Anatomy 101, an introduction to basic anatomy, physiology and terminology with a focus on structures of the oral cavity, face and skull.
- ICD-10-CM Coding for OMS, an overview of the use of ICD-10-CM and proper coding guidelines affecting the specialty.
- Basic Coding for OMS, an online introduction to the basic elements of each coding system.

- Beyond the Basics Coding, an intermediate-level course offering coding and billing guidance for the full scope of OMS procedures.
- OMS Billing, an overview of insurance and reimbursement processes, including tips for predeterminations and appeals.
- Medicare 101 for OMS, an online course focusing on Medicare payment policies, billing procedures and enrollment options impacting the specialty.

Through March 31, AAOMS allied staff members can receive a \$100 discount off the popular online Beyond the Basics Coding course. Those interested in becoming allied staff to take advantage of this discount can visit [AAOMS.org/become-a-member/categories-fees/allied-staff](https://AAOMS.org/become-a-member/categories-fees/allied-staff). More details on the course series and registration are available at [AAOMS.org/CodingBilling](https://AAOMS.org/CodingBilling).



# the basics on how and why to be in the know

information and diagnosis codes rather than procedure codes to determine a patient's benefits and coverage. Importantly, many dental insurance carriers are following suit.

Yet, coding education is more than just learning how to properly apply these code sets. Rather, such education encompasses the guidelines and structure behind each code set and disseminates how external factors, such as payer reimbursement policies as well as regulatory and compliance changes, dictate the appropriate use and reporting of these codes. Factors beyond any OMS's control have financially affected the OMS practice. Thus, it is imperative OMSs and their allied staff members understand the complexities of such changes to limit preventable coverage and claim denials.

## Pitfalls of uninformed coding

All claim denials are costly. Failure to correctly report all services and provide appropriate supporting clinical documentation leads to delayed and often inaccurate reimbursement – not to mention the appeals process is

complex and time-consuming, both for the OMS and allied staff, as physician-level, peer-to-peer review is becoming increasingly common in the battle to determine coverage.

Beyond clogging up daily workflow and squandering valuable resources, repeat coding mistakes could get a practice flagged for fraudulent billing practices. However inadvertent, misrepresentation of performed services can lead to civil and criminal penalties with fines up to three times the amount paid and, ultimately, jail time. ■

*Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers. CPT® only © 2022 American Medical Association Current Dental Terminology® (CDT) © 2022 American Dental Association. All rights reserved.*

## AAOMS coding and billing courses

### Become an OMS coding specialist

AAOMS coding and billing courses are designed for every OMS coder, regardless of experience.

**BASIC CODING FOR OMS**  
Designed for the novice coder

**MEDICAL TERMINOLOGY AND ORAL FACIAL ANATOMY 101**  
Teaches basic OMS anatomy, physiology and terminology

**ICD-10-CM FOR OMS**  
Explains the diagnostic coding system to OMS coding professionals

**BEYOND THE BASICS CODING**  
Provides guidance for the full scope of OMS procedures

**OMS BILLING**  
Helps with claim filings and compliance and gives predetermination tips and appeal advice

**MEDICARE 101 FOR OMS**  
Focuses on Medicare payment policies, billing procedures and enrollment options



Complete these courses as part of the Coding Certificate Program signifying proof of extensive knowledge of coding principles with immediate, measurable and meaningful results for the practice.

View pricing and full course descriptions at [AAOMS.org/CodingBilling](https://AAOMS.org/CodingBilling)



# No more surprises for out-of-network bills:

The No Surprises Act (NSA) was signed into law Dec. 27, 2020, as part of the Consolidated Appropriations Act, 2021. The Departments of HHS, Labor and the Treasury along with the Office of Personnel Management then issued two interim final rules (IFRs) implementing requirements related to surprise billing under NSA.

Part I outlines price transparency criteria, cost-sharing requirements and patient financial protections. Part II explains the arbitration process for billing disputes between out-of-network (OON) providers and insurers and the good faith estimate (GFE) requirements for uninsured and self-pay patients. Both IFRs impact health plans, providers and facilities, effective Jan. 1, 2022.

NSA amends the Public Health Service Act, ERISA, Internal Revenue Code and the law governing the Federal Employees Health Benefits Program to prohibit surprise bills, including OON cost-sharing and balance billing amounts for individuals covered by group health plans and health insurance issuers of group and individual health plans when receiving emergency and post-stabilization services furnished by a non-participating provider or non-participating facility and non-emergency services furnished by non-participating providers in participating facilities.

NSA holds patients liable only for their in-network cost-sharing amount while allowing OON providers and health plans an opportunity to negotiate reimbursement and seek an independent dispute resolution process (IDR) if there are any discrepancies about reimbursement.

Regulations described in the IFRs are applicable to healthcare providers, facilities and the following entities:

- Group health plans, including insured and self-insured plans and private employment-based groups subject to ERISA.
- Non-federal government plans.
- Individual health insurance coverage, including coverage offered in the individual market, through or outside an exchange and student health insurance.
- Grandfathered and grandfathered plans. Grandfathered plans are an individual or group health insurance plan purchased on or before March 23, 2010. They may offer the same benefits and consumer protections as required by the ACA, and they never have an expiration date.

Grandmothered plans were effective after March 23, 2010, before implementation of the ACA. These plans have different requirements with compliance based on various aspects of the ACA. They have an expiration date, but insurers continue to make extensions.

- Indemnity plans.
- Carriers in the Federal Employee Health Benefits Program.

## Provider requirements

Both IFRs establish requirements for healthcare providers and facilities to provide a GFE of expected charges to patients considering or scheduling care. A GFE is a notification of expected charges for a scheduled or requested service, including service rendered in conjunction with the primary service from other providers or facilities participating in the patient's care.

Healthcare providers and facilities also will be required to make publicly available, post on a public website (if applicable) and provide a one-page notice to individuals regarding:

- Balance-billing requirements and prohibitions that apply to a provider or facility.
- Any applicable state balance-billing requirements.
- How to contact appropriate state and federal agencies if the patient believes the provider or facility has violated the requirements in IRF.

In addition, IFRs outline a process by which a patient may receive notice. The process also potentially provides consent to receive OON care and forgo the financial protections of NSA. If the patient does not consent, NSA protections remain in place. The departments have issued standard notice and consent documents, including sample forms and templates, available at [CMS.gov/NoSurprises](https://www.cms.gov/NoSurprises).

## Transparency with providers and payers

Part I of NSA explains the qualifying payment amount (QPA) or the amount a payer would reimburse an OON provider for an item or service.



# Explaining surprise billing and why it matters

According to the rule, payers must disclose the following to providers:

- QPA for each item or service.
- Contact information to initiate open negotiations to determine an amount of payment, including cost-sharing.
- A statement certifying QPA applies to the recognized amount and is determined in compliance with methodology in IFR.
- A statement that the provider or facility may initiate a 30-day open negotiation to determine the payment and, if the 30-day period does not result in a final determination, the provider or facility may initiate the IDR process within four days.
- Upon the request of the provider or facility, information about whether QPA included contracted rates not set on a fee-for-service basis and whether QPA was determined or derived from using underlying fee schedule rates.

Part II establishes an IDR process for a provider, facility, plan or issuer who feels QPA is unfairly calculated and wishes to initiate an open negotiation. The party initiating the open negotiations must provide written notice (open negotiation notice) to the other party of its intent to negotiate. The departments will provide a standard notice form that will include the following requirements:

- The date the service was furnished
- The service code(s)
- Initial payment amount or notice of payment denial
- An offer for the OON rate
- Contact information of the party sending the notice

A timeline of the negotiation and dispute resolution process is provided in the CMS Part II Fact Sheet at [CMS.gov/newsroom/fact-sheets/requirements-related-surprise-billing-part-ii-interim-final-rule-comment-period](https://www.cms.gov/newsroom/fact-sheets/requirements-related-surprise-billing-part-ii-interim-final-rule-comment-period).

NSA also establishes a patient-provider dispute resolution process, under which an uninsured or self-pay patient may seek a determination from an IDR entity for the amount to be paid by the patient to the provider. Under Part II, a patient may request such a determination if he or she is billed for an amount that is “substantially in excess” – at least \$400 more than the GFE of expected charges furnished by the provider.”



## Patient protections

IFR itemizes patient protections to alleviate the challenges patients may face from experiencing a difficult medical situation and, in turn, a financial hardship from unexpected bills. Included are protections from:

- Surprise billing for emergency services, regardless of location.
- High OON cost-sharing for emergency and non-emergency services by keeping costs no higher than in-network rates.
- OON charges for ancillary care at any in-network facility.
- Other OON charges without advance notice.

In addition, if a patient’s health plan covers any benefits for emergency services, IFR requires non-participating emergency services to be covered:

- Without any prior authorization.
- Regardless of whether a provider or facility is in-network.
- Without limitations.

More information about requirements and protections relating to the IFRs, including an overview of rules, fact sheets as well as additional policies and resources, can be found on [CMS.gov](https://www.cms.gov). ■

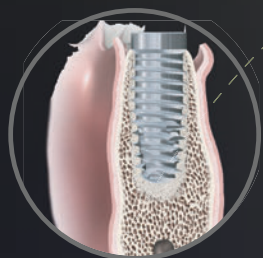
# Innovate Your **UNIVERSE**

**Versatility - At Your Fingertips**



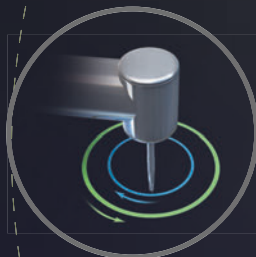
## **Manage the Borderline Ridge<sup>2</sup>**

Efficiently Expand any  
Ridge in Either Jaw



## **Optimize Implant Stability<sup>3</sup>**

Eliminate the Guessing Game  
of Implant Primary Stability



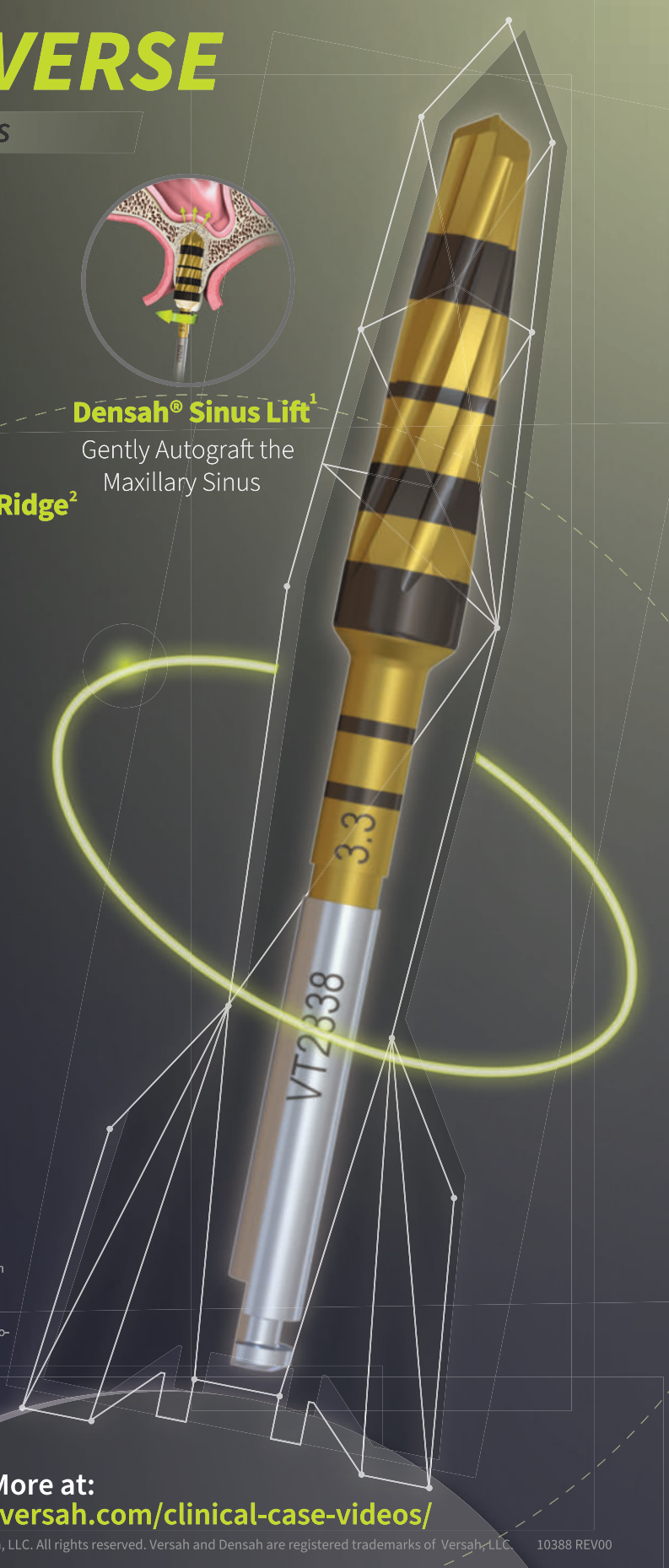
## **Dual Mode Action**

Densify or Cut with the  
Push of a Button



## **Densah® Sinus Lift<sup>1</sup>**

Gently Autograft the  
Maxillary Sinus



<sup>1</sup> Scientific Poster Presentation at the AAP 101st Annual Meeting, November 2015

<sup>2</sup> Lipton D, Neiva R, Trahan W, Hasan F, Waldrop T, Koutouzies T, and Huwais S. Osseodensification is a novel implant preparation technique that facilitates ridge expansion by compaction autografting. Poster presented at American Academy of Periodontology Annual Meeting; 2015 Nov 14-17; Orlando, FL.

<sup>3</sup> Huwais S, Meyer EG. A Novel Osseous Densification Approach in Implant Osteotomy Preparation to Increase Biomechanical Primary Stability, Bone Mineral Density, and Bone-to-Implant Contact. Int J Oral Maxillofac Implants 2017;32:27-36



**Call (844) 203-4604**



Find More at:  
[www.versah.com/clinical-case-videos/](http://www.versah.com/clinical-case-videos/)

©2022 Versah, LLC. All rights reserved. Versah and Densah are registered trademarks of Versah, LLC. 10388 REV00





## Staying up-to-date with ABOMS programs

**A**BOMS continuously updates its programs. The following is a snapshot of what to expect this year.

■ **Certification examinations** – Board certification examinations are underway, beginning with the Qualifying Examination, which was set to begin its administration Jan. 8 – 15 at Prometric test centers to more than 340 Candidates.

The Oral Certifying Examination will take place Jan. 31 – Feb. 4 in Raleigh, N.C., with 465 Candidates registered. ABOMS is committed to the health and safety of all Candidates, Examiners, Directors and staff and will follow the most current CDC guidelines and best-in-class safety practices, designing a plan for examination administration to create a safe environment.

■ **Certification Maintenance** – January begins another year of the Certification Maintenance program. ABOMS Diplomate profiles always list requirements during each certification year.

All components for CM are due at the end of the year, except for Annual Registration, which closes at the end of March.

■ **New dates for OMSITE** – The 2022 OMSITE dates changed to allow OMS programs an earlier opportunity to receive result letters. The examination's new administration window is Feb. 5 – 19 at Prometric centers with the option to schedule using the center's remote platform, ProProctor.

■ **CAQ examinations in November** – ABOMS offers two Certificates of Added Qualifications, one in Head and Neck Oncologic and Reconstructive Surgery and the other in Pediatric Craniomaxillofacial Surgery. CAQ examinations are administered every other year, in-person at Prometric test centers and using Prometric's remote platform. Examination applications open this summer, and the examination will be administered Nov. 5. ■



**LSU Health**  
**SHREVEPORT®**

LSU Health Sciences Center Shreveport

LSU Health Sciences Center Shreveport is accepting applications for a Department Chair, a full-time faculty member in the Department of Oral and Maxillofacial Surgery (OMFS). We seek exceptional candidates with expertise in acute maxillofacial surgery, incomparable scholarly vocation, and fervor for resident, fellow, and student education. The selected incumbent will serve as the Chief Administrative Officer of the Oral and Maxillofacial Surgery Department, reporting to the Dean of the Medical School. He/She will implement and over-see programs of excellence in teaching, research and service.

The Chair will direct all aspects of recruitment and professional development for Oral and Maxillofacial faculty and staff. The incumbent will administer all fiscal matters, ensuring that all allocated funds and resources are utilized to the best interest of the Medical School and for the Oral and Maxillofacial Surgery Department. The selected candidate will serve as spokesperson to the Dean in matters of the Oral and Maxillofacial faculty concerns and development as well as working with the Oral and Maxillofacial faculty to provide courses to students.

The candidate must have an MD, DDS or, DMD degree and be eligible for board certification or be board-certified by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the state of Louisiana.

Primary responsibilities include a dedication to patient care, fostering clinical instruction of residents and fellows, scholarly ingenuities, and service. This position is both clinical and academic. The candidate is enthusiastic about developing and fostering clinical practices in addition to conducting clinical and basic science research. Qualified candidates are encouraged to email their letter of interest and current CV to Carolyn Winner, [carolyn.winner@lsuhs.edu](mailto:carolyn.winner@lsuhs.edu)

*LSUHSC – Shreveport is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. LSUHSC-S has a strong commitment to principles of diversity, and in that spirit, actively encourages applications from groups underrepresented in medical education.*



---

Robert S. Clark, DMD  
*Treasurer*

---

*“Strong reserves built up over many years provide a cushion for potential revenue loss should the pandemic continue to disrupt revenue streams beyond 2021.”*

---

## TREASURER'S ACCOUNT

### Expected positive financial

Last year posed another challenging year, as the COVID-19 pandemic continued to bring travel restrictions and disrupt normal operations. Almost all 2021 in-person meetings during the first half of the year were canceled.

With restrictions loosening later in the year, the 2021 AAOMS Annual Meeting was able to be held in Nashville, Tenn., with both in-person and online-only options available. While in-person attendance was about one-third lower than normal, online attendees made up for the registration revenue differential.

Although expenses are still being finalized, it appears final meeting revenues will fall short of budget by \$330,000, the result of lower exhibition revenues, as fewer booths sold to allow for social distancing and some companies faced corporate travel restrictions that prevented participation. Overall, 143 companies participated in the exhibition. We thank these companies for supporting AAOMS.

Offsetting the variance is an insurance recovery from the loss of revenues for the 2020 meeting, resulting in a \$1.65 million settlement. Accounting standards require the insurance recovery be recognized as income when received.

Financial results were being finalized at press time, but I am happy to report we are anticipating positive financial results for 2021 that will exceed original budget expectations.

Strong investment returns, salary and benefits savings, reduced travel costs as well as the insurance recovery resulted in the positive variance despite uncertainty during the year.

In November, the Board's Finance and Audit Committee met with the auditors to discuss the 2021 audit plan. The audit fieldwork will take place in late March, and we will provide a report on the audit results in a future issue.

With a new year upon us, AAOMS's activities are guided by the 2022 operating budget the House of Delegates approved at the Annual Meeting. This year's budget includes revenues of \$22 million and expenses of \$21.99 million, resulting in anticipated revenues over expenses of \$18,000.

Membership dues continue to be the single largest revenue source and, with a budget of slightly more than \$8.3 million, dues comprise approximately 38 percent of total revenue for 2022. The budget also includes a dues increase of \$300 and rescinds the annual member assessment of \$350 for the



## results for 2021 to exceed budget expectations

Informational Campaign, resulting in a net \$50 savings for full dues-paying members in 2022.

Other significant revenue generators include:

- Annual Meeting – with revenues at \$4.3 million
- Royalties – \$1.5 million (including OMSNIC royalties of \$600,000)
- JOMS – \$1.4 million
- Dental Implant Conference – \$1.3 million
- Assistant programs – \$976,000
- Building operations – \$908,000
- Coding workshops – \$407,000
- Sales of publications and electronic products in the AAOMS Store – \$376,000

On the expense side, \$3.7 million is budgeted to support the programs offered at the 2022 AAOMS Annual Meeting in New Orleans, La. Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference – \$1.1 million
- Building operations – \$998,000
- Assistant programs – \$513,000
- JOMS – \$320,000
- Production and fulfillment costs of items sold in the AAOMS Store – \$238,000
- Coding workshops – \$249,000

Budgeted expenses also include \$5 million (representing 22 percent of total budgeted expenses) for program-related activities. These include:

- \$1.3 million for the Informational Campaign.
- \$993,000 million to support residency programs, including \$273,000 to fund Faculty Educator Development Awards (FEDA).
- \$411,000 for coding and reimbursement initiatives.
- \$430,000 for support of AAOMS advocacy activities in Washington, D.C., and at the state level.
- \$413,000 for anesthesia programs.
- \$391,000 for representation at allied meetings (state and regional, international as well as affiliate organizations).

- \$337,000 for communications and the Association's website.
- \$227,000 for ADA representation activities.
- \$284,000 for research and professional affairs activities.
- \$133,000 for continuing education and professional development activities, including practice management.
- \$107,000 for grants and awards.

The approved operating expense budget also includes a \$250,000 contingency fund, which enables AAOMS to fund new initiatives and take advantage of valuable opportunities that present themselves during the year without restricting key programs.

The Board of Trustees believes the 2022 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan.

Strong reserves built up over many years provide a cushion for potential revenue loss should the pandemic continue to disrupt revenue streams beyond 2021. The Board and staff will remain vigilant and continue to review expenses to provide savings when possible.

The members of the Board of Trustees are looking forward to the next Annual Meeting being held Sept. 14 – 17. We hope you, your staff and guests will be able to join us when AAOMS travels to New Orleans. ■





### CONTINUING EDUCATION



#### Series to focus on orthognathic

A two-part clinical webinar series on orthognathic surgery will launch in March with the first scheduled for 6 p.m. CT March 16 and the second 6 p.m. CT March 23. Registration is available at [AAOMS.org/CEonline](https://AAOMS.org/CEonline).

### CONTINUING EDUCATION



#### Deadline for meeting CE is Jan. 31

Attendees of the 2021 AAOMS Annual Meeting can evaluate sessions and claim CE credit by Jan. 31 at [AAOMS.org/MyCE](https://AAOMS.org/MyCE) by logging in with their email address and member/registration ID. Questions can be emailed to [conteducate@aaoms.org](mailto:conteducate@aaoms.org).

### MEMBERSHIP



#### Members can be nominated

Every year, AAOMS honors fellows and members for their outstanding accomplishments in research, education, humanitarianism and other areas.

Members are encouraged to consider nominating colleagues for these accolades. The deadline for nominations each year is Jan. 31.

The AAOMS Advisory Committee on Awards Nominations reviews nominations from Association fellows and members. Additional information is available at [AAOMS.org/Awards](https://AAOMS.org/Awards).

### CONTINUING EDUCATION



#### Webinar applications accepted

AAOMS is always accepting applications for webinar presentations. The application is available at [AAOMS.org/Speakers](https://AAOMS.org/Speakers). Questions can be emailed to [kbrower@aaoms.org](mailto:kbrower@aaoms.org).

### ADVANCED EDUCATION



#### Clinical trials course set for May

The AAOMS Clinical Trials Method Course – being held May 4 – 6 at the OMS Institute for Education and Innovation in Rosemont, Ill. – will provide OMSs – including faculty, residents, fellows and private practitioners – a broad overview of research methodology and clinical trial design.

The expectation is four clinical trial study proposals will be developed, submitted for funding and ultimately implemented.

Attendees will participate in one of four breakout sessions: dentoalveolar/anesthesia, TMD/facial pain, pathology/reconstruction and craniofacial trauma/orthognathic/facial deformities.

More information is available at [AAOMS.org/ClinicalTrials](https://AAOMS.org/ClinicalTrials).

### COMMUNICATIONS



#### JOMS seeks pathology editor

*JOMS* is accepting nominations for a Pathology Section Editor whose three-year term would begin Jan. 1, 2023.

The editor would serve as a principal subject matter expert for manuscript review, assign manuscripts to peer reviewers, attend the annual Editorial Board meeting, identify and recruit new peer review candidates, provide guidance to the Editor-in-Chief and Associate Editor as needed, author one guest editorial per term as well as recommend manuscripts for acceptance, rejection and revisions.

Nominees must be AAOMS or the Canadian Association of Oral and Maxillofacial Surgeons members and practice oral and maxillofacial surgery in the United States or Canada. Nominations should be emailed to [tbdodson@aaoms.org](mailto:tbdodson@aaoms.org) by June 1, 2022. Nominations should include a curriculum vitae and cover letter describing the individual's interest and qualifications.

## ADVANCED EDUCATION



## AAOMS assists with single-, dual-degree applications for ACS fellowship

The American College of Surgeons (ACS) and AAOMS forged a way for single-degree OMSs who meet eligibility criteria to apply for full fellowship to ACS.

AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. They can submit the following materials to [acsfellowship@aaoms.org](mailto:acsfellowship@aaoms.org) by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at [FACS.org](http://FACS.org).
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.

- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at [AAOMS.org/member-center/ACS-fellowship#criteria](http://AAOMS.org/member-center/ACS-fellowship#criteria). The committee will assess for an appropriate volume and combination of cases.

Applicants should note whether they are single- or dual-degree.

AAOMS also provides case log review for dual-degree applicants, who will still directly apply to ACS. Their case logs should be sent to [acsfellowship@aaoms.org](mailto:acsfellowship@aaoms.org) by May 1 each year.

Acceptance of a waiver does not guarantee fellowship in ACS. For more information about the waiver application, email [acsfellowship@aaoms.org](mailto:acsfellowship@aaoms.org). Applicants are asked to not directly contact ACS about the preliminary application.

Additional information is available at [FACS.org/member-services/join/fellows](http://FACS.org/member-services/join/fellows) and [AAOMS.org/member-center/ACS-fellowship](http://AAOMS.org/member-center/ACS-fellowship).

## ADVANCED EDUCATION



## Resident conference goes virtual

The 2022 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the shift to practice. This residents-only event will be held virtually Feb. 6 and 13.

Topics will include leadership, practice models and early-career prep; contract negotiation; and coding and billing.

More information is available at [AAOMS.org/Transitions](http://AAOMS.org/Transitions).

## CONTINUING EDUCATION



## Abstracts, posters can be sent

The 2022 Annual Meeting oral abstract and poster application will be available March 7 to June 1. The new application period is intended to allow for the most up-to-date research.

During this period, the Resident Scientific Award application also will be available. The applications will be posted at [AAOMS.org/Speakers](http://AAOMS.org/Speakers).

## MEMBERSHIP



## Senior residents can save by joining AAOMS before program completion

AAOMS encourages senior residents to become candidates for active membership. Their resident membership expires July 1. Candidates for active membership can apply at [AAOMS.org/Apply](https://aaoms.org/Apply).

Member benefits include:

- One free Annual Meeting registration upon election to membership.
- A complimentary CE course each quarter.
- A complimentary subscription to *AAOMS Today* and a discounted subscription to *JOMS* with online access to both publications.
- Complimentary coding and billing reimbursement advice.
- Complimentary directory listings in the consumer-facing website MyOMS.org's Find a Surgeon public database upon election to membership.
- Access to AAOMS CareerLine and *AAOMS Today* classifieds for employment, fellowships and sale-of-practice opportunities.
- Discounted registration for OMS-specific CE opportunities, including National Simulation Program modules, online CE on-demand, AAOMS Annual Meeting, Dental Implant Conference as well as practice management and clinical webinars.
- Assistance with practice management, governmental affairs as well as anesthesia and credentialing matters.
- Discounts on patient education, practice management, clinical resources and other publications developed especially for OMSs and their office staff.
- Eligibility to participate in programs sponsored by AAOMS Advantage.

- Eligibility for coverage through OMSNIC, where members are shareholders as well as policyholders.

■ **Reduced dues through 2025** – When senior residents apply for AAOMS candidate status before completing OMS training, the first year of membership dues are waived through the end of 2023.

AAOMS allows a graduated dues discount for subsequent years. In 2024, one-third of the full-dues level established for AAOMS members will be billed. In 2025, two-thirds of the full-dues level will be billed. The full-dues level will not be billed until 2026.

AAOMS candidates practicing as sole faculty, Public Health Services, Indian Health Service, Veterans Affairs or active duty in the federal services are eligible for additional discounts.

■ **More savings through fellowship program** – Senior residents entering fellowship programs are encouraged to apply for candidacy early to receive an extended graduated dues discount through the duration of the fellowship program. Membership dues will not be billed until the next membership year after completion of the fellowship program.

After completing the candidate application, an applicant should forward a copy of his or her fellowship letter (with dates of duration) to [membership@aaoms.org](mailto:membership@aaoms.org) to qualify for the extended dues discount.

■ **Practicing outside the U.S.?** – OMSs practicing outside the United States are eligible for affiliate candidate status through application at [AAOMS.org/Affiliate](https://aaoms.org/Affiliate). Although ineligible for the graduated dues discount, affiliate candidates have substantially reduced membership dues.

**Questions?** Additional information is available through Membership Services by emailing [membership@aaoms.org](mailto:membership@aaoms.org) or calling 800-822-6637.



## MEMBERSHIP



### Office Anesthesia Evaluation recertification due for certain members

Office Anesthesia Evaluation (OAE) recertification is due for current members and fellows who last completed an OAE or exemption form in 2015 or 2016 (or 2013 or 2014 if practicing in Delaware and New Jersey).

Those grandfathered from OMS state society membership, and the OMS state society is unable to evaluate, should contact the AAOMS Department of Professional Affairs for scheduling assistance. Members who are eligible for exemption of OAE must reconfirm exemption every five years.

Confirmations of successful completion of the re-evaluation are due from OMS state societies to AAOMS Membership Services no later than July 31, 2022. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership.

Additional information is available through Membership Services by emailing [membership@aaoms.org](mailto:membership@aaoms.org) or calling 800-822-6637.

## PRACTICE MANAGEMENT



### Educational Weekend scheduled

AAOMS Educational Weekend is being held April 30 – May 1 at The Westin Denver Downtown in Denver, Colo.

The program will feature:

- Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME)
- Beyond the Basics Coding Workshop
- Practice Management Stand-Alone Meeting

More information is available at [AAOMS.org/EduWeekend](http://AAOMS.org/EduWeekend).

## CONTINUING EDUCATION



### Complimentary course available

This quarter's complimentary CE course is Emerging Technologies for Facial Cosmetic Surgery.

More information is available at [AAOMS.org/FreeCE](http://AAOMS.org/FreeCE).

## COMMUNICATIONS



### Story subjects requested

*AAOMS Today* is exploring publishing stories about members who attended school for non-medical education (pertaining to such topics as politics, law or business), members who transitioned from private practice to the military and members who are involved in podcasts about topics other than oral and maxillofacial surgery.

In addition, *AAOMS Today* is seeking stories for its Giving Back section to recognize AAOMS fellows and members who volunteer in the United States and abroad.

Those interested in participating in any of these stories can email information to [communications@aaoms.org](mailto:communications@aaoms.org).

## MEMBERSHIP



### Directory profiles can be updated

The AAOMS annual dues statement included member profile and membership directory verification forms.

Members are asked to carefully review this information to ensure Association records are current.

All addresses, emails, websites, phone and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the [AAOMS.org](http://AAOMS.org) members-only directory and the public-facing [MyOMS.org](http://MyOMS.org) Find a Surgeon search.

The [AAOMS.org](http://AAOMS.org) members-only directory and [MyOMS.org](http://MyOMS.org) Find a Surgeon search are updated in real time. AAOMS encourages members to use the [AAOMS.org](http://AAOMS.org) My Account page to update their profiles and contact information whenever there is a change.

## MEMBERSHIP



### Networking, interest groups available through AAOMS Connect

AAOMS Connect – an online community for AAOMS members – features a discussion forum, private messaging and more.

AAOMS Connect is a resource to network with colleagues or become involved in Clinical and Special Interest Groups (CIGs and SIGs) beyond the AAOMS Annual Meeting.

To access AAOMS Connect, members log in to AAOMS.org, click on AAOMS Connect under Member Center and click

Join Group to request access to the CIGs. Discussions are available through the Forum tab on the top-most navigation bar. In each CIG/SIG thread, the corresponding officers and liaisons are listed.

Additional information, including an Online Communities Training Guide, is available at AAOMS.org/Communities.

## CONTINUING EDUCATION



### Library provides courses, webinars

CE on-demand courses and live webinars have been added to CE online by AAOMS at AAOMS.org/CEonline.

CE online by AAOMS offers a wide variety of subject matter for the OMS, resident and professional staff to participate at their own pace, wherever and whenever convenient. Special member pricing is offered.

Questions and feedback can be emailed to [conteducate@aaoms.org](mailto:conteducate@aaoms.org).

## PRACTICE MANAGEMENT



### Online coding courses offered

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance. Course access is immediate and can be accessed through AAOMS.org/CEonline. Courses include:

- Basic Coding for OMS
- Beyond the Basics Coding
- ICD-10-CM for OMS
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for OMS
- OMS Billing



## CAREERLINE

### Looking for a new career in OMS?

Search job postings for FREE!

- Create and post your CV – confidentially, if desired.
- Review job postings and respond online.
- Receive emailed "Job Alerts" as new jobs are posted.

### Access to OMS jobs at your fingertips!

Now optimized for easy use from your mobile device.

- See job details at a glance.
- Apply for jobs from your phone.
- Search by keyword, location, company and more.
- Create and receive notifications when jobs match your criteria.

### Your all-access pass to OMS employment opportunities

### Expanding or selling your practice?

Post jobs for a nominal fee and be accessed by popular websites and search engines, including Google, Yahoo! and MSN.

- Target your search.
- Review the CV database.
- Receive candidate responses immediately.
- Sign up for email alerts.

### Get started today!

Visit [AAOMS.org](http://AAOMS.org) and click on Career Line or call **888-884-8242**.



# You Can & Should Own Your Own Practice!

- Start-ups and transitions
- Business & Expansion Planning
- Bookkeeping, Accounting & Financial Reporting
- Business & Personal Tax Services
- Payroll Processing
- Human Resource Services
- Credentialing, billing & collections
- Revenue Cycle Management
- Information Systems
- Group Purchasing



## OMS PARTNERS IS DESIGNED TO COMPLEMENT AND SUPPORT YOUR PRACTICE; NOT CONTROL IT.

We are proud supporters of privately owned Oral & Maxillofacial Surgery practices. There are material tax & retirement planning benefits to being a business owner, and we support all providers on their path to becoming independently wealthy. As healthcare delivery continues to evolve however with increasing competition from third-party owners and corporate groups, your practice must also evolve. For many providers, focusing on surgery and outsourcing main business functions can reduce business process risk and is more cost efficient than doing internally. We provide all the service and support that provider is accustomed to when working under a corporation or a group practice. The difference is that the practice is still yours, and you retain all of the profits thereof. Give us a call today. ***You can & should own your own practice!***

5599 San Felipe  
Street Suite 900-B  
Houston, TX 77056

📞 (713) 961 - 2723

📠 (832) 683 - 5084

Email: [info@omsp.com](mailto:info@omsp.com)

Web: [omsp.com](http://omsp.com)



## AAOMS Opportunities

## 2022

## Feb. 6 and 13

**Resident Transitions into Practice Conference:  
Preparing for Post-residency Life**

Virtual

## Feb. 25 and 26

**Office-Based Emergency Airway Management  
(OBEAM)**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.

*Additional dates and information are available at  
AAOMS.org/OBEAM.*

## March 4–6

**Advances of Head and Neck Oncology for the OMS**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.

## April 6

**Day on the Hill**

Virtual

## April 30–May 1

**Educational Weekend**

The Westin Denver Downtown in Denver, Colo.

- Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME)
- Beyond the Basics Coding Workshop
- Practice Management Stand-Alone Meeting

## May 4–6

**Clinical Trials Methods Course**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.

## June 6

**Anesthesia Patient Safety Conference**

OMS Institute for Education and Innovation,  
AAOMS headquarters in Rosemont, Ill.

## Sept. 12–17

**104th AAOMS Annual Meeting, Scientific Sessions  
and Exhibition**

New Orleans, La., and online

## Regional &amp; State Society Meetings

*The following regional and state society meetings were planned as of press time. Each meeting website is listed for updates.*

## 2022

## Jan. 15–16

**California Association of OMS  
January Anesthesia Meeting**

Palace Hotel in San Francisco, Calif.  
CALAOMS.org

## April 2–3

**New York State Society of OMS Meeting**

Weill Cornell Medical College in New York, N.Y.  
NYSOMS.org

## April 7–10

**Southwest Society of OMS Combined Annual Meeting**

The Broadmoor in Colorado Springs, Colo.  
SWSOMS.com

## April 26–May 1

**Southeastern Society of OMS Annual Meeting**

The Montage Palmetto Bluff in Bluffton, S.C.  
SSOMS.org

## April 30–May 1

**California Association of OMS 22nd Annual Meeting**

The Westin San Diego Downtown in San Diego, Calif.  
CALAOMS.org

## July 7–9

**Florida Society of OMS Summer Meeting**

The Breakers Palm Beach in Palm Beach, Fla.  
FSOMS.org





# You Can Trust OMSNIC to Have Your Best Interests at Heart.

**Over 85%** of oral and maxillofacial surgeons choose OMSNIC insurance to protect their practice because at OMSNIC, you are also an owner and you have a voice. Surgeons like you oversee member claims, participate in resource development, and guide corporate decisions. Every OMS insured by OMSNIC owns shares in the company, and the capital contribution you make upon joining entitles you to your share of profits upon retirement. In a world of faceless insurance companies, OMSNIC has faces you know and trust, those of your colleagues.

**800-522-6670** [omsnic.com](http://omsnic.com)

**OMSNIC**  
DEFENDING THE SPECIALTY



Photo: Prasad Bastodkar, DDS, oral and maxillofacial surgeon at Associated Oral & Maxillofacial Surgeons, Maple Grove, Minnesota.





## Dr. Tan appointed Civilian Aide with Army



*Dr. Tan*

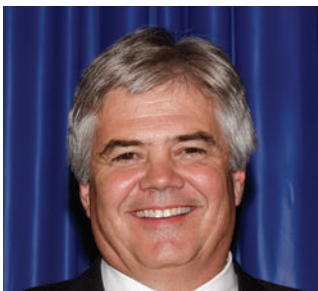
Peter Tan, DDS, MSHS, has been appointed as a Civilian Aide to the Secretary of the Army (CASA). Dr. Tan, who represents the North, was one of nine Civilian Aides appointed at a ceremony.

In each state, the District of Columbia and the five U.S. territories, at least one CASA is appointed to

encourage positive relations between the public and the Army, discuss regional issues with the Secretary, support the Army workforce and assist with recruiting and guiding soldiers.

Dr. Tan has served as the highest-ranking reserve Dental Corps officer at the Office of the Surgeon General and the Pentagon. He also has been President of the Maryland Society of Oral and Maxillofacial Surgeons and retired as Colonel in the Dental Corps of the Army Reserve after 36 years in the Army.

## Dr. Boyle named ADA Trustee for 3rd District



*Dr. Boyle*

James M. Boyle III, DDS, MS, has assumed office as ADA Trustee for the 3rd District. He has served as a member of the ADA House of Delegates and Chair of the Commission on Specialty Recognition and Certifying Boards, Council on Dental Education and Licensure and Continuing Education Registration Program.

Dr. Boyle retired after 14 years of active duty in the U.S. Navy and eight years of reserve duty with the rank of Commander in the Dental Corps. He has been President of the Pennsylvania Society of Oral and Maxillofacial Surgeons and Pennsylvania Dental Association and received the AAOMS Presidential Achievement Award in 2017.

## Dr. Geisler to serve on health commission



*Dr. Geisler*

Stacy Geisler, DDS, PhD, has been appointed to serve a four-year term on the Health Evidence Review Commission by Oregon Gov. Kate Brown and confirmed by the State Senate.

Relying on evidence-based methodology, the commission recommends

treatment and therapies to the Oregon Health Authority. Dr. Geisler is the first OMS to serve in this capacity and the lone oral health advocate on the commission. She also is the first female, Board-certified OMS in state history.

## Dr. McDonough installed as Board President



*Dr. McDonough*

Matthew McDonough, DDS, has been installed as President of the Arkansas State Board of Dental Examiners for 2021-22.

Dr. McDonough also is a Board member of the Court Appointed Special Advocate of Northeast Arkansas and serves as a dental examiner for the Southern Regional

Testing Agency and on the Executive Committee of the Northeast Arkansas District Dental Society.

---

*To submit member news, email [communications@aaoms.org](mailto:communications@aaoms.org).*



## Faculty Positions

### Alabama

University of Alabama at Birmingham School of Dentistry, Department of Oral & Maxillofacial Surgery Undergraduate Director Position 2021. This position requires board certification or board eligibility in the field oral and maxillofacial surgery. Eligible individuals must have experience in the didactic and clinical aspects of educating dental students. This individual must be proficient in performing risk assessment of patients, deep sedation techniques and dentoalveolar procedures. These procedures must include surgical extraction of teeth, removal of impacted wisdom teeth, placement of dental implants, bone grafting for alveolar ridge reconstruction and biopsy procedures. Academic rank will be based on previous academic accomplishments and experience. The primary responsibility of this position is to educate undergraduate dental students in the clinical aspects of oral and maxillofacial surgery. The job requires for coverage of the undergraduate dental students and oral and maxillofacial surgery residents in the UAB School of Dentistry Oral and Maxillofacial Surgery Clinic for at least three days per week (3-5/days per week). The individual will have the opportunity to have a clinical practice that is not more than two days per week. Additional responsibilities are to help shape the undergraduate curriculum and participate in the teaching of undergraduate didactic dental student courses. The final terms of the position are negotiable. Application: Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: [plouis@uab.edu](mailto:plouis@uab.edu) or contact Ms. Karen Waits: [kwait@uab.edu](mailto:kwait@uab.edu), 205-934-5334.

### Georgia

Emory University School of Medicine in Atlanta is seeking applications for a full-time faculty position in the Division of Oral and Maxillofacial Surgery at the Assistant or Associate Professor level. Responsibilities include patient care, didactic education and clinical teaching of residents and research. The position includes responsibilities at Grady Memorial Hospital, The Emory Clinic, Emory University Hospital, Emory University Hospital Midtown Emory and Children's Healthcare of Atlanta. The candidate should have an interest in major oral and maxillofacial surgery with a particular interest in trauma management and is expected to actively participate in the clinical and research activities. The individual will be expected to participate in the Emory oral and maxillofacial faculty practice. Collaborative opportunities are available with area colleges and universities and public health agencies. The position requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school and completion of a CODA-approved oral and maxillofacial surgery residency program. The candidate should be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates must also be eligible for an unrestricted Georgia dental

or medical license. Salary and academic rank are commensurate with experience and qualifications. Emory University is an Equal Opportunity/Affirmative Action Employer. Applicants should submit their curriculum vitae to: Dr. Gary Bouloux, Chief, Oral and Maxillofacial Surgery, The Emory Clinic, 1365 Clifton Rd., Suite B-2300, Atlanta, GA 30322, email: [gfboulo@emory.edu](mailto:gfboulo@emory.edu).

### Mississippi

The University of Mississippi Medical Center's School of Dentistry is conducting a search for a full-time faculty position in the Department of Oral Maxillofacial Surgery and Pathology. Applicants must have a DDS/DMD degree recognized by ADA, have successfully completed advanced training in Oral & Maxillofacial Surgery from an accredited institution, be eligible for Mississippi licensure and be board-certified or board-eligible by ABOMS. Responsibilities include didactic and clinical instruction for residents and dental students, participation in clinical practice and research. Candidates with additional fellowship training in Orthognathic and TMJ Surgery are preferred. Interested applicants should submit a letter of interest, curriculum vitae to Ravi Chandran, DMD, PhD, FACS, at [rchandran@umc.edu](mailto:rchandran@umc.edu).

### Nebraska

The University of Nebraska Medical Center (UNMC) College of Dentistry seeks applications for a full-time position at the assistant/associate professor level. Responsibilities include training and supervision of undergraduate dental students and postgraduate residents, local anesthesia, surgery, sedation and medical emergencies. Qualified candidates must have a DDS or DMD degree from an ADA-accredited college or school of dentistry, be eligible for a Nebraska dental and moderate sedation license and be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates with international dental degrees with OMFS specialty training from an ADA-accredited school are also eligible. One day a week intramural or outside the college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before May 1, 2022. (Inquiries regarding the position may be sent to [jbavitz@unmc.edu](mailto:jbavitz@unmc.edu).) Please note that to be considered for this position, applicants must submit an application and supporting documentation (CV and cover letter) via UNMC's online employment website, [UNMC.peopleadmin.com/postings](http://UNMC.peopleadmin.com/postings).

### New Jersey

Rutgers School of Dental Medicine Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the Assistant or Associate Professor level on clinical track. Responsibilities will include staffing the undergraduate and resident clinics as well as participation in the didactic curriculum offered by the department. The ideal candidate must have completed an accredited OMS training program and be eligible for New

Jersey dental licensure with board eligibility/certification. Faculty will be expected to participate in scholarly activities and will have the opportunity to participate in the intramural faculty practice. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey, and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an Affirmative Action/Equal Opportunity employer. The final candidate will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should apply for this position at [jobs.rutgers.edu/postings/119090](http://jobs.rutgers.edu/postings/119090). Any questions can be directed to: Vincent B. Ziccardi, DDS, MD, FACS, Professor, Chair and Residency Director, Department of Oral and Maxillofacial Surgery, 973-972-7462 or [ziccarvb@sdm.rutgers.edu](mailto:ziccarvb@sdm.rutgers.edu).

### New Jersey

The Rutgers School of Dental Medicine Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the Assistant or Associate Professor level for position of Residency Program Director. Responsibilities will include recruitment of residents and administration of the residency training program in conjunction with the Chair to ensure compliance with accreditation standards. Additional responsibilities will include staffing the predoctoral and resident clinics as well as participation in the didactic curriculum offered by the department. The ideal candidate must have completed an accredited OMFS training program, have experience working with a residency training program, ABOMS board-certified and be eligible for New Jersey licensure. Faculty will be expected to participate in scholarly activities and will have the opportunity to participate in the intramural faculty practice. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an Affirmative Action/Equal Opportunity employer. The final candidate will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should contact: Vincent B. Ziccardi, DDS, MD, FACS, Professor, Chair and Residency Director at 973-972-7462 or [ziccarvb@sdm.rutgers.edu](mailto:ziccarvb@sdm.rutgers.edu).

### New York

Columbia University College of Dental Medicine (CDM) invites applications for a full-time faculty position in the Section of Hospital Dentistry, Division of Oral & Maxillofacial Surgery. Responsibilities

*continued on next page*



## Faculty Positions

*continued from previous page*

will include residency and predoctoral education, participation in the intramural faculty practice and participation in research. The successful candidate will be expected to work collaboratively between the NewYork-Presbyterian Hospital System at the Columbia University Irving Medical Center Campus, the Morgan Stanley Children's Hospital as well as the Columbia University College of Dental Medicine. The ideal candidate must have completed an accredited OMFS training program, be eligible for New York State licensure and be either ABOMS-certified or on the path to certification. A medical degree and fellowship training, while preferred, is not required. Academic rank including possibility of tenure track and salary will be commensurate with experience and training. Interested, qualified applicants should send a CV, letter of interest and the names and contact information of three professional references by visiting [pa3334.peopleadmin.com/postings/6829](https://pa3334.peopleadmin.com/postings/6829). Columbia University is an equal opportunity employer; minorities and women are encouraged to apply. Qualified applicants also may contact Alia Koch, DDS, MD, FACS, at [ak2045@cumc.columbia.edu](mailto:ak2045@cumc.columbia.edu) for further information.

## New York

New York Medical College School of Medicine is accepting applications for the position of a full-time Program Director of the New York Medical College School of Medicine sponsored Oral and Maxillofacial Surgery Residency in the Dental Medicine Department. The Program enrolls 2 residents/year and maintains Accreditation without reporting requirements. This individual will have shared responsibilities at the two Residency primary clinical training sites within the NYMC SOM educational consortium, NYC Health + Hospitals/Metropolitan in Manhattan and Westchester Medical Center in Valhalla, N.Y. The Residency's clinical consortium consists of busy ambulatory and inpatient services, 24/7 consultative ER services and Level 1 and 2 trauma designations. This person will also hold the position of OMFS Section Chief at NYC H+H/ Metropolitan. In these roles, the person will have clinical, teaching and administrative responsibilities of the OMS clinical service and residency program. Under-represented and those interested in an OMFS career in a hospital-based, university-sponsored program environment are encouraged to apply. Position also has faculty practice opportunities. For further information: contact Regina Damon of the NYMC SOM GME office at [regina\\_damon@nymc.edu](mailto:regina_damon@nymc.edu).

## New York

Brookdale University Hospital is a comprehensive acute care, Level I trauma center located in southern Brooklyn, N.Y., part of the One Brooklyn Health System. The Department and Oral and Maxillofacial Surgery Advanced Training Program is currently seeking an attending for a three-day week position that is eligible for health insurance benefits. Responsibilities include providing supervision to

the Oral and Maxillofacial Surgery residents while in the clinic and the Operating Room and participating in the academic aspects of the program. This is a salaried position with incentives for OR and ED coverage. Contact Dr. Andrew Marks, Chief of OMFS, at [amarks@bhmcny.org](mailto:amarks@bhmcny.org).

## Oklahoma

The Department of Oral and Maxillofacial Surgery at the University of Oklahoma HSC invites applications for a full- or part-time faculty position. Primary responsibilities of this position would include OMS resident clinic supervision as well as teaching outpatient anesthesia and implantology. Applicants must be graduates of an ADA-accredited OMS residency program. They must be eligible for independent, full licensure in Oklahoma and be OMS board-certified or active candidates for certification. Interested candidates should contact Dr. Paul Tiwana via email: [paul-tiwana@ouhsc.edu](mailto:paul-tiwana@ouhsc.edu).

## Pennsylvania

Temple University Kornberg School of Dentistry is seeking applicants for a full-time faculty position in the clinical track for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. Major responsibilities of this position will include didactic and clinical teaching at the pre- and postdoctoral levels, supervision of the OMS residents, provision of direct patient care, including on-call coverage and participating in research and other collaborative activities at the Temple University Kornberg School of Dentistry and its affiliated sites. The applicants must have a DDS/DMD from a program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association and must have successfully completed advanced training in Oral and Maxillofacial Surgery at a CODA-accredited institution. Applicants must be eligible for full licensure in the Commonwealth of Pennsylvania, certified by the American Board of Oral and Maxillofacial Surgery or be a candidate for board certification. Expertise in pre-doctoral education and full-scope of Oral and Maxillofacial Surgery with emphasis on office anesthesia, sleep apnea and orthognathic surgery are highly desirable. Pursuit of scholarly activities is strongly encouraged. Salary and rank will be commensurate with experience and qualifications. Temple University is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested individuals should email a cover letter, curriculum vitae and three references to: Jo Ann Nyquist, Assistant Dean, Kornberg School of Dentistry at [jo.ann.nyquist@temple.edu](mailto:jo.ann.nyquist@temple.edu).

## South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time program director position at the rank of assistant/associate professor for the

Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for a S.C. dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students, and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives; must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Applicants should apply online through human resources: [MUSC.edu/HR](https://MUSC.edu/HR).

## Tennessee

Meharry Medical College School of Dentistry, Nashville, Tenn., invites applicants for the position of Director, Oral and Maxillofacial Surgery (OMS) Residency Program. This is a postgraduate, full-time faculty member position. Applicants must have a DDS or DMD or equivalent and a current license or eligibility for a licensure to practice dentistry in the State of Tennessee. The applicant must be board-certified in oral and maxillofacial surgery. Applicants must maintain active license and a DEA license. They will be required to maintain BLS, ACLS, PALS certification. The OMS Program Director should be a strategic thinker, a visionary leader who thrives in a challenging environment. Interested candidates should submit letter of intent, including references, curriculum vitae, to: [SODOMS@MMC.EDU](mailto:SODOMS@MMC.EDU).

## Washington

University of Washington's Department of Oral and Maxillofacial Surgery seeks two full-time faculty to engage in clinical, didactic and research activities. Ideal candidates practice the specialty's full scope with a focus in microvascular reconstruction or anesthesia. Rank and salary commensurate with experience. Applicants should submit a personal statement, CV and the names and addresses of three references to Dr. Sujit Joginpally ([sujitj@uw.edu](mailto:sujitj@uw.edu)). For questions, please contact Dr. Dodson, Professor and Chair, ([tbodson@uw.edu](mailto:tbodson@uw.edu)). The University is an equal opportunity employer.





## Fellowships CODA

### California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in Tumor Board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

## Fellowships Non-CODA Accredited

### California

UCSF-Fresno Department of OMFS offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow per year. Activities include malignant and benign tumor surgery – neck dissections, glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; TORS and skull base surgery; tracheostomies; microvascular free flaps, pedicled and other flaps. Radiation and medical oncology rotations. The fellow will act in a teaching capacity, supervising residents at times. The fellow will have involvement in sleep apnea cases. Research: complete two papers related to cancer and reconstruction. Applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include CV, photo, two letters of recommendation and a letter describing intentions/plans after fellowship. For additional questions, email Brian Woo at bwoo@communitymedical.org.

### California

This is a one-year fellowship training consisting of facial cosmetic procedures such as facelift, browlift, eyelid surgery, rhinoplasty as well as breast and body contouring. The fellow is also involved in non-surgical techniques of facial rejuvenation such as toxins, fillers and lasers. The program is accredited by the American Academy of Cosmetic Surgery located in southern California. Procedures are performed in a Joint Commission-accredited Surgical Facility as well as in hospital. The program is affiliated with Loma Linda University, UCLA Jules Stein Institute, performs an average of 700 major surgical procedures per year and is designed to prepare the fellow for board certification in general cosmetic surgery boards. Please email resume to drhaiavy@gmail.com.

### Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now accepting applications for the July 1, 2023, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric OMFS, cleft and craniofacial surgery. The primary goal of the fellowship is to educate and provide additional surgical training in the management and treatment of patients with congenital facial anomalies. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit [www.FLcranio.com](http://www.FLcranio.com). Please email CV to [admin@flcranio.com](mailto:admin@flcranio.com).

### Massachusetts

Massachusetts General Hospital Department of Oral and Maxillofacial Surgery, Minimally Invasive Endoscopic Oral and Maxillofacial Surgery Fellowship. Acquire the skills of Endoscopic Surgery of the maxillofacial region, including temporomandibular joint (arthroscopy), salivary gland sialendoscopy, trauma, orthognathic and total joint reconstruction. During the Fellowship, education on translational research, clinical trials, prospective and retrospective studies will be available. Fellow will function as Junior Attending for Level I Trauma, Elective OMS and Resident case coverage. Massachusetts Dental License is required. [MassGeneral.org/omfs/education-and-training/fellowships/temporomandibular-joint-fellowship](http://MassGeneral.org/omfs/education-and-training/fellowships/temporomandibular-joint-fellowship). Interested candidates should submit a letter of interest, curriculum vitae and three letters of recommendation to: Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit Street, Warren 1201, Boston, MA 02114 or by emailing [JMCCAIN@mgh.harvard.edu](mailto:JMCCAIN@mgh.harvard.edu).

### Massachusetts

The Department of Plastic and Oral Surgery and Boston Children's Hospital is pleased to offer a one-year fellowship in Pediatric Craniomaxillofacial Surgery available July 2023. The fellowship provides a unique opportunity for additional surgical training in pediatric oral and maxillofacial surgery as well as in the interdisciplinary management of children with cleft and craniofacial anomalies; temporomandibular joint disease; head and neck pathology; and vascular anomalies. Candidates must have completed an OMS residency. Please submit a letter of interest and curriculum vitae to: Cory Resnick, DMD, MD, Department of Plastic and Oral Surgery, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115; email [cory.resnick@childrens.harvard.edu](mailto:cory.resnick@childrens.harvard.edu).

### Missouri (St. Louis)

2022-23 Oral and Maxillofacial Fellowship. Sponsored by The Oral Facial Surgery Institute ([www.ofsinstitute.com](http://www.ofsinstitute.com)) and accredited by The Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level I trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email [lacyw@ofsinstitute.com](mailto:lacyw@ofsinstitute.com) or visit our website at [www.ofsinstitute.com](http://www.ofsinstitute.com).

### Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery-certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the U.S. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/ Surgeons of Canada or ADA program. Apply at [cosmeticsurgery.org](http://cosmeticsurgery.org) or 312-981-6760.

### North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 12-year history have subsequently applied their experience to both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 2021, through June 30, 2022. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the candidate will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery (CCOFS) is located in Charlotte, N.C. CCOFS is a 23-surgeon practice with seven offices in N.C., and six in S.C., with most possessing OR facilities and accredited by the AAAHC. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made on Dec. 31 of each year in order to

*continued on next page*

## Fellowships Non-CODA

**Accredited** *continued from previous page*

allow time for licensure. Interested candidates can email [dketola@mycenters.com](mailto:dketola@mycenters.com) for an application. For more information on the practice, log on to [www.mycenters.com](http://www.mycenters.com).

## West Virginia

Charleston Area Medical Center, Department of Surgery is pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniomaxillofacial Surgery available July 1, 2023, to June 30, 2024. The position involves surgical and multidisciplinary management of children with congenital and acquired deformities. This includes primary participation in management, craniomaxillofacial trauma and reconstruction, orthognathic surgery, pathology, pediatric otolaryngology surgery and other related pediatric treatments. The fellowship is funded at the PGY sixth or seventh year and has an attractive benefits package including assistance with housing. Send inquiries to Paul Kloostra, DDS, MD, Director, CAMC Cleft and Craniofacial Center, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email [paul.kloostra@camc.org](mailto:paul.kloostra@camc.org) and [jeanne.brown@camc.org](mailto:jeanne.brown@camc.org); fax 304-388-2951.

## Available Positions

### Alberta

South Calgary specialty clinic is hiring an Oral/Maxillofacial surgeon to join our established surgical and implant clinic. Partnership opportunities available. Please forward CV to [hr@dwgmanagement.ca](mailto:hr@dwgmanagement.ca) or call 403-452-0324 for additional information about this opportunity. All applications will be held in confidence.

### Arizona

Busy, highly profitable, OMFS practice in Intermountain West seeking associate to start as soon as possible. Well-defined, short, transparent track to partnership. Guaranteed \$300,000 salary with additional bonuses based on production. Benefits include but not limited to: malpractice, 3 weeks vacation, 401(k), profit sharing and sick time. Truly seeking a partner and not "another associate." Candidate must be Board-certified/eligible. Practice scope includes dentoalveolar, implant surgery, pathology, some trauma and some orthognathics. Two-surgeon, multi-location practice with lots of growth potential. Office call on rotation. No trauma call. Trained staff. Community is hidden gem with around 200,000 people. Easy access to outdoors and only a few hours to several major cities. Great place to live, work and raise a family. Send CV to Austin Leavitt at [Austin.leavitt@omsp.com](mailto:Austin.leavitt@omsp.com).

### Arizona

Our OMS practice is seeking a full- or part-time, board-certified (or active candidate), compassionate OMS to join an expanding two-location practice in the Phoenix area. Please send CV to [peter739@gmail.com](mailto:peter739@gmail.com).

### British Columbia

Well-established and progressive multi-office OMFS practice in beautiful Vancouver, British Columbia, is looking for an experienced surgeon to join our practice. Our office environment provides a state-of-the-art setting with a team that is committed to provide the highest standard of care. Opportunity for associateship with potential for partnership/purchase. Vancouver offers amazing urban and outdoor opportunities and a quality of life second-to-none. Please contact us at: [ursula@westcoastoralsurgery.ca](mailto:ursula@westcoastoralsurgery.ca).

### California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area, Calif., area. Our office provides a full scope of Oral & Maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have Calif. license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to [apply.oralurgery@gmail.com](mailto:apply.oralurgery@gmail.com).

### California (Silicon Valley)

Opportunity of a lifetime. Premier fee-for-service oral maxillofacial surgery practice with an international reputation specializing in orthognathic surgery and sleep apnea surgery seeks a dual-degree Oral Surgeon to join as an associate leading to ownership after a successful, initial employment phase. Position open to new graduates and experienced oral surgeons. The incoming surgeon will have the option to focus on the full-scope, traditional oral maxillofacial surgery while learning from the principle. This is a rare opportunity to develop a hospital-based practice in a private practice setting. Please reply in confidence with your objectives, Curriculum Vitae and written goals and timetables to: The Sletten Group, Inc. Call 303-699-0990 or email [pam@lifetransitions.com](mailto:pam@lifetransitions.com).

### California

Associate oral surgeon wanted. We are located in the heart of Orange County and have a busy, growing practice. Three days with the hope it grows to full time with the associate. Board-certified preferred. Send CV to [drhoover@hooveroralsurgery.com](mailto:drhoover@hooveroralsurgery.com).

### California

Well-established, highly respected, productive, growing multi-office OMS practice in Santa Barbara, Calif., is in search of a board-certified/-eligible oral surgeon for a full-time position. Our practice has an emphasis on wisdom teeth, dentoalveolar surgery, implants and full-arch reconstruction with long-standing ties to the dental community and a very committed referral base. We have been a pillar in our community for the past 50 years. This is a wonderful opportunity for an associate leading to a partnership. Enjoy an excellent practice with a great lifestyle in a wonderful community. Please send CV/ resume to [mbienstock@sboralsurgery.com](mailto:mbienstock@sboralsurgery.com) or call 805-729-2116.

### Colorado (Southwest)

Perched on the beautiful western slope of the Rocky Mountains, our micropolitan town is a vibrant, expanding community that offers big-town amenities in a small-town atmosphere. Our well-established and reputable OMS practice has a position available for a board-eligible/ board-certified oral and maxillofacial surgeon in a private, two-doctor practice for a partner track position. Practice emphasis includes dental alveolar, implant reconstruction, orthognathic surgery and pathology. Local hospital is a 75-bed Level III regional medical center with light trauma. An outpatient surgery center is also available. Our location positions us at the doorstep to some of the most coveted options for hiking, biking, fly fishing, rafting, kayaking and rock climbing. Winter months offer proximity to world-class ski resorts (Telluride and Crested Butte), snowshoeing, Nordic skiing and snowmobiling. If you value an active/ outdoor quality of life along with a rewarding professional career, please email CV to [billing@montroseoms.com](mailto:billing@montroseoms.com).

### Florida

An excellent opportunity exists to join Pensacola, Florida's first Oral & Maxillofacial practice that has been serving our community for over 50 years. High-quality, full-scope practice with emphasis on dentoalveolar, orthognathic and implant procedures. Trauma and reconstructive pursuits are also available. Drs. Mark Greskovich and Kevin Dean are seeking a motivated and personable Oral & Maxillofacial surgeon who is board-certified or an active candidate for board certification. Please respond to [omfs@greskovichbalcom.com](mailto:omfs@greskovichbalcom.com) or fax to 850-479-5809.



## Florida (Orlando/Daytona/Jacksonville/Tampa/Ft. Lauderdale)

Join our 90-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed \$600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – [www.greenbergdental.com](http://www.greenbergdental.com).

## Florida (Orlando)

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/certified oral surgeon. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have two doctors dedicated to treating TMJ and facial pain. Our surgeons have four to six days of hospital call per month with compensation. All of our locations are within 30 minutes of downtown Orlando. Our practice is highly respected for its service to both the local community as well as the profession. This is an excellent opportunity for a hardworking, energetic, personable individual to be involved in a very productive practice with great potential for the future. Orlando is a pleasant city with an international airport and multiple well-known resorts and beaches less than an hour away. The greater metropolitan area has a population of over 1 million. Florida has no state income tax, and the weather is outstanding! We offer a highly competitive salary and benefit package with a production-based bonus opportunity. Visit our website at [cforsurgery.com](http://cforsurgery.com). Email CV to Tom Meena, Practice Manager, at [tmeena@cforsurgery.com](mailto:tmeena@cforsurgery.com) or call 407-843-2261.

## Florida (Tampa Bay)

Practice with reputation for exceptional surgical & patient care in Tampa Bay area, a beautiful place for raising a family. We maintain excellent relations with referral base and regularly provide CE courses. State-of-art offices have CBCT, operating rooms and full anesthesia equipment. Perform a full scope of OMS procedures with a heavy emphasis on dental implants and dentoalveolar surgeries. Searching for motivated BC/BE OMS for associate position leading to partnership. Above-average compensation and benefits. Please send CV to [facial97@gmail.com](mailto:facial97@gmail.com).

## Florida

Busy, full-scope, two-doctor oral and maxillofacial private practice seeking to add a board-eligible/-certified oral and maxillofacial surgeon for associateship. The incoming surgeon must be willing to obtain hospital privileges as well as take hospital call. Prefer to have a well-rounded, well-trained doctor who is interested in performing procedures related to a full-scope OMS surgery practice: dentoalveolar, dental implant, orthognathic and TMJ surgery, TMJ therapy, facial and oral pathology, facial trauma and other procedures related to the specialty.

This is an exceptional opportunity for a highly motivated individual to work as an associate for two years, followed by the opportunity of becoming a partner of the practice. Incoming surgeon will practice in both of our current locations. To expand the presence of the practice, a third location is being considered. The practice has well-trained professional staff, including full-time RNs, CBCT technology in both offices, full-scope facial cosmetic surgeries performed onsite and has been established for over 30 years in the area. We offer a very competitive salary with bonus incentives, benefits package that includes health insurance, CE allotment, IRA, malpractice insurance and license reimbursement. The practice will offer full support to help grow and establish a new doctor in the community. The area of Melbourne is located on the Atlantic Coast, where the space program and cruise industry contribute to a booming economy. The beach is very close and popular for surfing, relaxing and turtle watching. Orlando and all that area has to offer is a little over an hour away. Please reply to [reykimes@yahoo.com](mailto:reykimes@yahoo.com).

## Florida

Exceptional, full-scope oral & maxillofacial practice in Florida is seeking an associate to join our practice. We are located on the east coast with beautiful beaches, excellent schools and easy access to Orlando. Florida Oral and Facial Surgical Associates in Daytona Beach, Fla., is interviewing for an associate leading to partnership. We offer an outstanding work environment and compensation package as well as state-of-the-art equipment to provide the highest quality of care to our patients. Our practice utilizes our own state-of-the-art, licensed surgery center as well as the most up-to-date technology for treating our patients. We have three locations in two counties. Our practice opened its doors in 1956 and continues to be the strongest practice in our area. If this sounds like the right fit for you, please contact our administrator to discuss your possible future with our top-notch practice. Craig McGray, 386-239-3590 direct line or [craig.mcgray@floridaoralfacial.com](mailto:craig.mcgray@floridaoralfacial.com).

## Florida

Practice with excellent reputation in the Ponte Vedra Beach area, a beautiful place to call home. Current surgeon seeking full partner to increase new patient contacts and expand office into a larger facility. Emphasis on dental implants and dentoalveolar surgeries. Searching for a Board-certified/Board-eligible OMS. Military veterans and drilling reservists are highly desired. Please send CV to: AAOMS Box A-0810.

## Florida

Rare opportunity to join a legacy oral and maxillofacial surgery practice in Fort Myers and Cape Coral, Fla., with plans for expansion. Southwest Florida Oral & Facial Surgery, PA, was the first oral and maxillofacial surgery practice in Southwest Florida. Launched by Dr. Gerald Laboda

over 55 years ago, our practice has grown in scope, size and reputation as the premier OMFS practice in our area. Drs. Tim Hogan, Mark Streater, T.J. Tejera and Harvey Satz have continued the legacy, specializing in all aspects of a thriving, full-scope oral and maxillofacial surgery practice. We have a 2-office practice with a well-established referral base covering 5 counties, full patient schedules to immediately support an additional OMFS, state-of-the-art equipment, a highly trained team including RNs in each office and DAANCE-certified assistants. We are seeking a BE/BC OMFS with exceptional patient skills to meet the growing needs in our community. We currently offer opportunities to join our practice as an associate only or as an associate with a partnership track. Our compensation package includes base salary plus bonus based on percentage of collections, potential for 7-figure annual income, relocation allowance, paid time off, annual CE budget, annual client promotions budget, medical, dental, vision insurance for OMFS and family; malpractice insurance coverage, 401(k) match and profit-sharing. All this and no state income tax! The Fort Myers area boasts a median age of 39 and has become a popular location for families to settle. Cape Coral is listed as one of the fastest growing cities in the country. Southwest Florida offers sunny days, year-round outdoor activities, cultural events, downtown restaurants, art shows, boating, minutes to beaches, over 150 golf courses, 2 spring training baseball stadiums and home to Florida Gulf Coast University. If you are interested in joining the SWFOFS legacy, please send an introductory email and CV to Julie Simpson, CFO & Executive Director, at [julie@swfofs.com](mailto:julie@swfofs.com).

## Illinois

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an Oral Surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please email CV to [omaxdoc@gmail.com](mailto:omaxdoc@gmail.com).

## Illinois

Rare opportunity available for OMS board-certified or active candidates to join a thriving and rapidly growing oral and maxillofacial surgery center. Our focus is dentoalveolar, implant and orthognathic surgery, but open to expand in any direction. Our beautifully designed and newly expanded office is now six years new, equipped with CBCT, implant navigational system (XNAV) and other state-of-the-art technology. Join our dedicated team and work with former program director of a reputable OS program. This solo practice is highly visible and has loyal referrals by dentists and orthodontists. Only a half-hour from downtown Chicago and minutes away from I-390, I-90 and the Metra station. Our employment package has a very competitive salary and attractive bonus structure. Please email your resume to [hussienads@yahoo.com](mailto:hussienads@yahoo.com) RE: oms applicant.

## Available Positions

*continued from previous page*

### Illinois

Established multispecialty group practice in Chicagoland is seeking an oral surgeon for full time in our Chicago loop office. Our offices are set up for an oral surgeon, as we already have oral surgeons on staff. Recent grads are welcome. Guaranteed \$500,000 in salary plus bonus. Please send resume/ CV or any questions to drsharma@atooth.com.

### Illinois

Full-scope OMS practice with two offices in the northern suburbs of Chicago seeking a board-certified/-eligible OMS. Level I trauma hospital affiliation. Full-time and part-time positions available. Partnership opportunity available. Flexible schedule and excellent salary and benefits. Reply to classifieds@aaoms.org, attention: AAOMS Box A-0311.

### Illinois

Excellent opportunity for a Board-certified/-eligible OMFS to join our highly respected and busy practice with offices in greater Chicago and southern Wisconsin. Our group of five doctors have a 40+-year history of providing care to our community. We have immediate availability for an individual to join our group as an associate with excellent compensation leading to partnership. Our community has a high standard of living with access to both city life and multiple lake regions. Our referral base is expansive and expanding. Please contact our office to learn more at johnrichard@comcast.net.

### Illinois

Fantastic opportunity! Extremely successful, well-respected group practice with a loyal referral base. Partners enjoy great quality of life, rapport and special comradery. Suburban Chicago associateship leading to early partnership in a full-scope practice affiliated with Level I trauma hospital. Teaching possibilities available. Contact classifieds@aaoms.org, attention AAOMS Box A-1201.

### Indiana

Premier, highly profitable, highly respected, well-established, busy, thriving three-office (within 7 years) Oral & Maxillofacial Surgery practice in Fort Wayne, Indiana, is seeking a full-time or part-time Board-eligible or Board-Certified associate to start ASAP. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be enthusiastic, very motivated and interested in growing the practice. Partnership opportunity will be available and is negotiable for the right candidate after 3 years of working together

and mutually agree that it is a good partnership fit. Practice is Implants, Bone grafting, Dentoalveolar surgery and IV sedation heavy with some Pathology, Trauma and Orthognathic. Full-scope practice is openly available if desired. We are surrounded by four level 2 trauma hospitals all within a 5- to 20-minute radius. Admitting privileges to these hospitals will be expected. Competitive guaranteed \$500,000 base annual salary (for full time) with additional year-end production incentive bonuses. Outstanding paid benefits include malpractice, health, vacation, sick time, 401(k) match and CE. We are state-of-the-art, fully digital, including i-CAT FLXs, Intraoral scanners, 3D printing, both Bien-Air & Hall drills, Piezo, PRP, Ellman, DSLR cameras, WinOMS, etc. All offices are in cloud, communicate and accessible anywhere, anytime. Fully trained 3 clinical staff per doctor. Fort Wayne and surrounding counties are a hidden gem with around 600,000 people, second-largest city in Indiana. Great place to live (low cost), lifestyle, work, excellent schools, safe and raise a family. Easy access (air & road) to several major cities. Send CV to Becky at: FortWayneOMS@comcast.net or call 260-490-2013 and ask to speak with Becky directly.

### Indiana

Oral and maxillofacial opportunity. Exceptional OMS practice in northern suburb of Indianapolis. Partnership track. 3,500 sq. ft. of office space in a growing community, ranked top 5 city in Indiana to live. Interested candidates, please send resume to recruiter@ddsmatch or call 855-546-0044.

### Kansas

Associate-versus-ownership options. Busy practice in a growing region. Stable referral base. Mainly dentoalveolar (third molars, extractions, bone grafting and implants). Orthognathic and trauma available if doctors wishes. Garden City, KS. Contact: melissamoutray@gmail.com or 402-996-0218.

### Kentucky

Well-established, highly respected, productive, growing multi-office OMS practice in Kentucky. Practice has an emphasis on wisdom teeth, dentoalveolar surgery, implants and full-arch reconstruction but has unlimited potential for any endeavors the surgeon wishes to pursue. Beautiful offices with state-of-the-art equipment and excellent, well-trained staff. This is a wonderful opportunity for an associate position leading to a fast partnership track. Enjoy an excellent practice with a great lifestyle in a wonderful community. Email classifieds@aaoms.org, attention Box A-0506.

### Kentucky

Looking for an energetic board-certified/eligible oral and maxillofacial surgeon to join our growing, multi-location, four-surgeon OMFS practice in Lexington, Ky. (and the opportunity for a future

partnership). We offer an excellent compensation and benefit package to include a guaranteed base salary, bonus plan, 401(k), life insurance, paid vacation, medical/dental/vision plans and malpractice insurance. Relocation assistance for the right candidate is possible. We also offer a \$25,000 sign on bonus. Please send your CV and cover letter to reda@kentuckyoms.com or contact Reda Vaughn at 859-278-9376, ext. 1108.

### Maryland

Mid-Maryland Oral and Maxillofacial Surgery, PA, located in beautiful Frederick, Md., is searching for a new associate (board-certified or board-eligible) to join its team of three surgeons. Mid-Maryland Oral and Maxillofacial Surgery is a very busy, well-respected, full-scope office founded over 20 years ago, serving Maryland, Pennsylvania, Delaware, Virginia and West Virginia communities. Our surgeons also have full privileges at Frederick Memorial Hospital. Frederick, voted as one of the best places to live, is located within 45 miles of Baltimore and Washington, D.C. We have access to big city amenities without losing our small-town charm. The successful candidate will have the opportunity to obtain full partnership with an excellent salary/benefit package. Please email CV to Lhogan@midmaryland.com or fax: 301-694-7372.

### Maryland

Live where you go to play! Join a well-established, highly reputable and full-scope oral and maxillofacial practice located in mountainside Maryland, which is an area known for its outdoor activities and active lifestyle. The office is a state-of-the-art, busy practice with a 7,000 sq. ft. office/ambulatory surgery center, which is Joint Commission-accredited and certified by Centers for Medicaid & Medicare Services. The experienced staff members are all licensed and certified in their specialty fields. The owner is involved in professional leadership on a local, state and national level. This practice is seeking a board-certified or board-eligible, compassionate and community oriented oral and maxillofacial surgeon for an associate position leading to ownership. Please send CV/resume to Leah, office manager, at office@hrsoms.com.

### Maryland/D.C.

Busy private practice seeking to add Board-eligible/-certified surgeon for associateship in D.C./Maryland area. Willingness to obtain hospital privileges and take call. Scope includes: dentoalveolar surgery, implant surgery, pathology and facial trauma. Offering experienced management team, X-ray and CPR-certified assistants, CBCT technology. Competitive salary with bonus incentives, health insurance, CE allotment, 401(k) plan, malpractice insurance and license reimbursement. Opportunity to become a partner after 3 years and board certification. Email pdmz03@gmail.com for more information.





## Massachusetts

We are seeking a BC/BE Oral and Maxillofacial Surgeon to join our busy, two-location practice with a loyal referral base and a great staff. Our offices are state-of-the-art with CBCTs and intraoral scanning for efficient implant guide fabrication. A full schedule can be provided from day one for a motivated, caring and personable surgeon who is interested in an early partnership. Our highly successful practice emphasizes dentoalveolar and implant surgery with trauma and orthognathic surgery available if desired. Hospital call is 10 days, every other month, with the option to be as involved as you like. We offer a competitive benefit package, the opportunity to live near major cities and still hike, hunt and ski from your backyard. Please send CV to [chris@odisurgery.com](mailto:chris@odisurgery.com).

## Michigan

Excellent opportunity with accelerated transition into ownership in a highly successful solo practice. The practice is located in Kalamazoo, Mich., and set up with multiple operatories and two private doctor offices. It has complete EMR, 3D imaging and was completely remodeled in 2019 with a modern/contemporary design. The practice is located approximately two miles from Bronson Methodist Hospital and centered in a prime location. Please visit our website and send your CV or email to [hamlinoralsurgery@hamlinoralsurgery.com](mailto:hamlinoralsurgery@hamlinoralsurgery.com).

## Michigan

Plymouth Oral & Facial Surgery, PLC, a long-standing, successful, well-respected and busy OMS group practice with three locations is seeking a full-time, board-eligible/board-certified oral surgeon. We have offices in the Plymouth, Ann Arbor and Chelsea, Mich., areas, and our communities have excellent public and private school opportunities. All our offices are within a short commute to several cities that provide outstanding cultural and sporting events. Our offices are equipped with state-of-the-art equipment, including CBCT machines, intraoral scanners and a CO2 laser. We have a dedicated staff, including a full-time marketing coordinator. Our surgical assistants are highly skilled in assisting and DAANCE-certified. Our practice promotes continuing education of our doctors and employees. We are entering our seventh year as hosts to a Seattle study club. We have a very strong referral base supported by excellent referral relationships throughout the area. It is important that our candidate is friendly, honorable and respectful of our practice and our dental community. Our new surgeon will promote a team attitude and place patient care first. We are offering a full-time position (4.5 days) with a competitive compensation package, including health insurance, 401(k) and a CE stipend. For more information and a comprehensive review of our facility, please visit our website at [www.paaoralsurg.com](http://www.paaoralsurg.com). Interested applicants should email your CV with contact information to Jeff Wasielewski at [jeffwasdds@gmail.com](mailto:jeffwasdds@gmail.com).

## Nationwide

Our multi-state, surgeon-owned practice is expanding into new geographies, and we are looking for motivated surgeons to join our team. Our surgeons include many key opinion leaders in the areas of implant surgery, digital workflow and orthognathic surgery with highly regarded practices. The Opportunity: Near-term partnership and ownership in a growing enterprise, \$400,000 guaranteed base, flexible geographies to choose from, mentorship from highly respected surgeons, surrounded by expert support teams including marketing, finance, human resources and data analytics. We take pride in the success our team of accomplished surgeons has experienced at the onset of their careers. The ability to begin your career in an elevated position will yield results few achieve in their professional tenure. We believe in providing outstanding surgical care, providing the best patient experience, building amazing teams, practicing in premier facilities with state-of-the-art technology, serving as valued partners to our referring doctors and being globally recognized thought-leaders. We are eager to continue to increase the value we deliver to our patients and referring doctors. Please contact [bret.barger@paradigmoralsurgery.com](mailto:bret.barger@paradigmoralsurgery.com).

## Nationwide

OMS Consulting needs Oral Surgeons to service clinics in Oklahoma, Florida, Maryland, Texas, North Carolina and South Carolina. Compensation is between \$7,000-\$10,000 per day if completing 20 to 30 cases. Surgery days can be during the week or on Saturdays. Email [matt@omspractice.com](mailto:matt@omspractice.com) for more details.

## Nevada

Looking for an enthusiastic oral surgeon to join a highly reputable private practice. Looking for a surgeon to help grow our practice while cultivating the optimal patient experience each and every time. Ideal candidate will be looking for a part-time position with the support of a full staff. Office located in the heart of northern Nevada, only 30 minutes from beautiful Lake Tahoe. Minutes away from many outdoor activities, making this area perfect for the outdoor enthusiast. Please email CV to [manager@renooms.com](mailto:manager@renooms.com).

## New Jersey

Riverside Oral Surgery, one of the most highly recognized, well-established and respected surgeon-owned practices in the northeast, is seeking a highly motivated oral and maxillofacial surgeon to join our growing practice. This role presents an amazing opportunity for both recent or upcoming graduates who are Board-certified or Board-eligible as well as experienced surgeons. If you understand what it takes to cultivate the optimal patient experience each and every time, please contact us. We offer a highly competitive compensation package, great benefits, including health insurance, dental, vision, life, LTD, 401(k),

PTO, malpractice and CE reimbursement with a defined and proven path to partnership. To apply, please send your CV to Megan Dwier, HR Director, at [megan@riversideoralsurgery.com](mailto:megan@riversideoralsurgery.com).

## New Jersey (N.Y.C.)

Excellent opportunity to join well-established practice with opportunity for growth. Significant dentoalveolar/implant, bone grafting, general anesthesia, pathology, maxillofacial trauma procedures, but practicing full-scope OMS, including small amounts of orthognathic, TMJ, major pathology and cosmetics. Opportunity to grow these areas. Office call required, hospital privileges with participation in hospital call, optional. Competitive salary based on experience/credentials. 30-40 minutes from N.Y.C., with N.J. transit station down the block. Great town to practice with great shopping/restaurants. Please email CV to [rutner@yahoo.com](mailto:rutner@yahoo.com).

## New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dental alveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to [robert.bodey@mofsnys.com](mailto:robert.bodey@mofsnys.com) or contact Robert Bodey at 347-590-9910.

## New York (Long Island)

Long-standing, established Nassau County practice seeking a motivated, ethical, hard-working and highly skilled full-time OMS. Reply to AAOMS Classified Box A-4416.

## New York (Long Island)

Seeking energetic person to join a unique, multi-doctor practice. Association leading to partnership for motivated, personable and ethical OMS. Our group is office-/hospital-based and provides a full scope of oral and maxillofacial surgery, including cosmetic procedures. A full-time esthetician also provides nonsurgical cosmetic services in our medical spa. We offer an excellent salary, plus a comprehensive benefit package that includes malpractice, health, life insurance, 401(k) and profit-sharing. Reply to AAOMS Classified Box A-4442.

## Available Positions

*continued from previous page*

### New York (Rochester)

Associate wanted for an established OMFS practice in Rochester. Well-established practice with two offices and two surgeons. Full scope of OMFS. Fast partnership track. Please email your CV or questions to omfseric@aol.com or phone 585-223-1200.

### New York

Growing oral surgery practice looking for board-certified/eligible oral and maxillofacial surgeon. Associate position with a path toward partnership. Two locations serving Westchester County. Position is available immediately and includes hospital privileges, call and education with residents. Generous salary and benefits package to include health and malpractice insurance, 401(k), paid vacation and continuing education. Please contact us at AAOMS Box A-0802.

### North Carolina

A well-established, premier, respected, busy full-scope oral and maxillofacial surgery practice in Greensboro seeks a motivated OMS for an associateship position with a potential partnership. Looking for top clinical, efficient surgical and interpersonal skills and a commitment to compassionate patient care. The candidate also must be able to establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Our practice operates two locations, Greensboro and Burlington, with state-of-the-art facilities with a well-trained and motivated staff. A competitive salary based on experience level and training and incentives for growth and an excellent benefits package are available. Please send CV to admin@piedmontoral.com.

### Ohio

Outstanding opportunity to join a growing and productive group practice on the west side of Cleveland. We are searching for an associate who is board-certified or board-eligible to join a team of six surgeons. We have multiple locations and are on staff at local hospitals. Our practice focuses on excellent patient care in broad scope oral and maxillofacial surgery. Most of the surgeons are primarily office-based, but there is ample opportunity for hospital-based surgery. The new associate will be eligible for an exceptional salary/benefits package immediately. We are looking for a candidate for a partnership track. All of the offices are a quick drive from downtown and conveniently located to Cleveland Hopkins International Airport. Bordered by Lake Erie on the north and Cleveland Metroparks on the east, residents can boat, fish and swim on Lake Erie and take advantage of all the Metroparks have to offer. Please visit our website at CLEOMS.com. Send CV to rachel@cleoms.com.

### Ohio

Two-doctor, two-location, busy practice in Dayton/Cincinnati area looking for a board-certified or -eligible, full-time associate with partnership potential. Full-scope modern practices with ample dentoalveolar, implant, reconstructive, orthognathic and Level I trauma. Email resume to reza@daytonfacialsurgery.com.

### Ohio

Excellent opportunity in Cincinnati, Ohio, for a motivated surgeon. We are a two-doctor, three-office practice concentrating on dentoalveolar and implant surgery. A full-scope practice is available if desired. The applicant must be a BE/BC OMS with a strong work ethic and excellent patient skills. We are offering a full-time associateship leading to an early partnership in a highly profitable suburban practice. Signing bonus is available for the right candidate. Please email your resume to Tammy at liberty@tboms.com or fax it to 513-755-3568.

### Ohio

Rare opportunity to replace a retiring partner in a thriving private practice. Serving northeast Ohio for over 55 years, our 3-office, 3-surgeon practice is busy, respected and profitable. Our offices offer full-scope surgery, with emphasis on dentoalveolar and implant procedures. Searching for a board-certified or board-eligible oral and maxillofacial surgeon interested in a direct path to full partnership. Send CV to Helen at helen@akronoralsurgerygroup.com.

### Ohio

Medina Oral Surgeons, a busy, 3-office practice, is looking for board-eligible/-certified OMFS associate for fullpartnership opportunity. Practice emphasis is officebased dentoalveolar and implant procedures. Excellent pay/exceptional benefits. Please email CV to: hazarley@medinaoralsurgeons.com.

### Oregon

Two-doctor practice needs energetic, patient-focused, personable, board-certified/eligible oral and maxillofacial surgeon to join our busy, well-established practice as associate/future partner. We have three locations in the beautiful Southern Oregon Cascades. This is a city that functions as a hub for regional healthcare. Hiking, camping, golf, skiing, whitewater rafting/kayaking, hunting and fishing are all available here in abundance. Position is available immediately. Generous salary and benefits package to include 401(k), malpractice insurance, paid vacation and continuing ed, relocation assistance. Please contact alicer@aomsurgery.com.

### South Carolina

Established and growing single-office practice in the low country looking for a BC/BE individual for associateship or practice buy-in/-out. Come practice where others vacation! Level II trauma call if you want. Competitive salary with production incentives and other benefits. Please send CV to AAOMS Box A-0221.

### South Carolina

Very productive oral surgery practice in a prime location! Close to Pawleys Island, S.C. Looking for a dedicated oral surgeon. Over 3,000 sq. ft. office space/private practice. Doctor is board-certified and in practice over 30 years, trained at UNC. Office hours are currently 8:30 a.m. to 4 p.m. four days a week with options to change. Average gross is \$1.5+ million per year. Operating room with certified nurse anesthetist. Four operatories plus post OP/recovery room. Are you looking to be employed or an employer? Options on the table, let's talk! Come join our team. Please send resume to llgeorgetown@yahoo.com c/o surgeon.

### South Carolina

Well-established, highly respected, growing multi-office OMS practice located in upstate South Carolina is seeking a Board-certified or Board-eligible oral surgeon to join our practice. This is an excellent opportunity with a starting salary of \$300,000, benefits, incentives and bonuses that will transition into a partnership opportunity. Reply to joudeh@upstateoms.com.

### Tennessee

50,000 patients can't be wrong! That's the number of patient encounters that we have had in the last 6 months. We are looking for a board-eligible/-certified oral and maxillofacial surgeon to join our 4-doctor vibrant practice in historic Memphis, Tenn. We are looking for someone who wants to use their education – not only to make a living, but to make a difference in the lives of our patients and employees. Memphis is known for affordable housing and its low cost of living. It's also a major medical center, home of St. Jude Children's Research Hospital, Elvis Presley, BB King, professional sports, world class bar-b-que and outdoor living. Tennessee has no state income tax. Our practice is not limited to dentoalveolar and implant surgery only. You will be encouraged to practice to the fullest extent of your training and capabilities. We provide a compensation package that includes a base salary plus production, pension plan, 401(k), family medical insurance, malpractice insurance, CE, vacation and other benefits. We also offer a clear path to partnership. We have two modern OMS facilities, a diverse patient population pool and staff. Our practice is well-recognized in the region and enjoys a solid referral base of new and established sources. We are committed to providing patient care to the best of our abilities and that is reflected in our motto: "We are here to serve and not to be served."



We want to invite residents, recent graduates, retiring military and interested surgeons who may be looking to relocate to explore the opportunity that we have. You may confidentially send your letter of interest and CV to AAOMS Box A-0628.

## Tennessee

Locally owned, high-end implant and dentoalveolar practice seeks full- or part-time OMFS. Currently three surgeons in two locations: Maryville and Knoxville/Concord/Farragut. High growth, mostly private insurance and self-pay, new and recently renovated facilities. Booming practice in very desirable East Tennessee! Minimum salary, family insurance, great opportunity for newly matriculated resident or seasoned surgeon. Please call 865-300-7135.

## Texas (Houston)

Excellent opportunity to join a well-established, highly respected practice in metro Houston. Looking for a full-scope OMS who is board-certified or active candidate for certification. Competitive salary and benefits. Email CV to [steve28093@gmail.com](mailto:steve28093@gmail.com).

## Washington

47North Oral Surgery, P.S., is seeking board-eligible or board-certified oral surgeons to join our long-standing, multiple-location OMS group practice located in the highly desired Seattle area. This is an excellent opportunity with associateship leading to partnership pathway. Please send CV to [PD@47NorthOralSurgery.com](mailto:PD@47NorthOralSurgery.com).

## Washington

Well-established solo practice in Seattle suburb looking for another surgeon to grow into the practice as an associate with future partnership potential. The ideal candidate has a strong background in office-based implant and pre-prosthetic surgery and is comfortable administering anesthesia in the outpatient setting. Recent graduates who fit this profile as well as more experienced surgeons who may be looking for a better opportunity are encouraged to apply. Practice is up-to-date on current technology with digital Panorex, cone beam CT, intraoral scanning, X-guide dynamic navigation implant system, 3D printing and paperless charting. There is an opportunity to grow an orthognathic practice depending on surgeon's interest. Hospital call is optional. The Seattle and greater Puget Sound region is home to beautiful natural vistas, numerous outdoor activities, diverse cultural experiences and multiple professional sports teams. The economy is strong in Seattle with many major employers. Washington state dental license with GA permit and BC/BE required. Base salary with collections-based bonus. Please email CV to [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention AAOMS Box A-1029.

## Washington, D.C./Baltimore/Virginia metro area, District of Columbia

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./Baltimore/Virginia Metro area in Hagerstown & Frederick, Md., and Martinsburg, W.V. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and 25-team members. Clinical team of DAANCE-certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing and golf. Sign-on bonus, competitive salary, paid continuing education, all board certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing and monthly auto allowance are all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained individual to join our team. Please contact us via email with letter of interest and CV to [hnelson@omaxdocs.com](mailto:hnelson@omaxdocs.com) or [michele@omaxdocs.com](mailto:michele@omaxdocs.com).

## Wisconsin

Wonderful opportunity to join our multi-doctor, 3-office practice in the beautiful Chippewa Valley in west-central Wisconsin. Our recently built, 18-operatory main office is stunning. We are looking for a motivated and personable full-time, board-eligible/board-certified individual to join our team. We offer a very competitive salary and production bonuses with a 2-year associateship track leading to partnership. Immediate placement for the right person is available. If interested, please send cover letter and CV to: [sivankovic@omsaec.com](mailto:sivankovic@omsaec.com).

## Wisconsin

Outstanding opportunity to join a well-established, productive, fast-paced, multi-location practice headquartered in Green Bay. Minutes from Lambeau Field or a short drive to enjoy NCAA, MLB or NBA games. Enjoy an adventure in each season: golf in the summer, hunting in the fall, snowmobiling in the winter and fishing in the spring. Seeking a board-certified or -eligible oral surgeon to join our practice as an associate with an equal partnership opportunity. We are a team of five oral surgeons with favorable call rotation for the clinic and our local hospitals. If interested, please send cover letter and CV to [amy@bayoral.com](mailto:amy@bayoral.com).

## Wisconsin

Does the idea of living in a friendly, safe Midwestern community appeal to you? Our practice is located in east-central Wisconsin, which boasts excellent schools, safe communities and abundant four-season, outdoor recreational activities, plus nearby NBA, NFL,

MLB, major college sporting events and performing arts centers. We are offering a competitive salary and comprehensive benefit package starting as an associateship with options leading to an equal partnership in our highly productive, multi-provider practice. Interested candidates should send CV or resume to [lynn@omswinnebago.com](mailto:lynn@omswinnebago.com) or fax to 920-231-4559, Attn: Lynn.

## Miscellaneous

### OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email [austin.leavitt@omsp.com](mailto:austin.leavitt@omsp.com).

## Practices for Sale

### British Columbia

Western Canada. Oral & Maxillofacial Surgery full-scope practice. This high-grossing practice is very profitable. Turn-key office with professional staff and a strong referral base. Upgraded facility with newer equipment. Principal has full privileges at local hospital. Please contact Ruth Chatel for details: [ruth@heapsanddoyle.com](mailto:ruth@heapsanddoyle.com).

### California

Profitable, established OMS practice in North County, San Diego, for sale. Flexible transition options. Modern, all digital, CBCT, Intraoral Scanner, Mill and 3D Printer. Freeway adjacent, great referral base and experienced staff. Please contact Sean Sullivan, [ssullivan@ddsmatch.com](mailto:ssullivan@ddsmatch.com).

### California (San Francisco)

East Bay area. This practice has a strong presence in the community. Started in 1987 and acquired by present owner in 1992. office approximately 1,800 sq. ft. in professional building. Built 9 years ago with new equipment. Four treatment rooms. Digital X-rays, Carestream Win/OMS, 10 computer work stations, 2019 revenue approximately \$548,000 on 3.5-day work week. Great opportunity

*continued on next page*



## Practices for Sale

*continued from previous page*

for any oral surgeon looking to practice in diverse high-tech community. Contact Jim Engel at jim.engel@heneryscheine.com or 925-330-2207.

## Canada (Ontario)

Premier oral surgery practice for sale: one consult, three surgical operatories, two recovery rooms, hospital-grade equipment, large referral base, four full-time RNs. 20+-year lease in purpose-built, 3,750 sq. ft. facility. This thriving practice is ready for takeover with a 2+-year transition. Office-based practice offering: dentoalveolar surgery, bone grafting, ridge augmentation, sinus floor augmentation, dental implants, wisdom teeth, IV general anesthesia, privileges possible in two different hospitals. Interested? Please contact Anthony Liscio, 415-418-1258, Tier Three Brokerage.

## Colorado (Denver Metro)

Great opportunity for OMS who seeks the Colorado lifestyle or addition to OMS group. Well-designed office in suburban town with median income 30% greater than the Colorado median. Location has great growth, access, visibility and parking. Four functional operatories with maintained equipment. The practice is focused on dental implants and dentoalveolar surgery with opportunity to include the full scope of OMFS. Owner willing to stay during transition. Send inquiries to classifieds@aaoms.org, attention AAOMS Box S-0902.

## Colorado

Well-established, busy OMS practice available in Colorado. High-production, low-overhead solo practice with satellite office if desired. Great turn-key real estate available. Very close to a large city, a river, lake and the mountains. Contact larryjacobson@oms-exclusively.com.

## Delaware

Solo suburban Wilmington modern practice/facility in an attractive setting, affiliated with a teaching hospital. Experienced staff with strong referral base and room to expand to multi-person practice if desired. Flexible transition available. Reply to AAOMS Box S-0729.

## Illinois (Chicago)

Phenomenal legacy OMS practice with the latest CBCT, three surgical treatment rooms. Average collections: \$1,146,000. Loyal referral network, excellent staff. Low overhead. Seller will help transition. Contact Jim Plescia, jplescia@e-ppc.com, 630-890-6074, at Professional Practice Transitions.

## Maryland

New listing. Carroll County, Md. – @1043 S/F medical bldg. Abundant free parking. 2 OPs. NueMD software. Low overhead. Excellent growth opportunity. For more information, contact Ellen Dorner at N/L Transitions – 410-616-2042 or edorner@nltransitions.com.

## Maryland

New listing. Montgomery County, Md. 1586 S/F in upscale medical bldg. NueMD software. 2 OPS. Low overhead. Currently no marketing done, excellent growth opportunity. For more information, contact Ellen Dorner at N/L Transitions – 410-616-2042 or edorner@nltransitions.com.

## New York (Lower Hudson Valley)

Well-established practice looking for board-certified/active candidate for certification OMFS for purchase of practice. Current owner willing to remain through transition. Emphasis on dentoalveolar, office-based, implants, general anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified Box S-11803.

## Ohio

Great opportunity to purchase a practice in Northeast Ohio. Established practice of 27 years. Collections for 2021 were \$1.5 million with a 30-hour work week. Strong referral base, OMSVision EHR system, Planmeca CBCT scanner, CO2 laser, up-to-date equipment and an incredible group of assistants. Current owner is willing to stay on for one year to ensure a smooth transition. Please send email to AAOMS Classified Box S-1019.

## Oregon

Portland. Urgent sale. Motivated seller accepting about half of market rate. Available 6 months to assist in transition. Portland metro practice includes satellite office. Both locations are fully cone beam-equipped, dual-suite offices. Practice enjoys continued growth with healthy referral base and strong stable staff. \$1.3+ million/year. Contact Paul@mydentalbroker.com, 866-348-3800.

## Pennsylvania

New listing – OMFS Practice – Pittsburgh. Highly respected, 34-year practice. 3,300 sq. ft., three surgical operatories, consultation rooms. CBCT, digital radiology, CO2 laser, OMS Vision EMR. Collecting \$2.1 million on a four-day week. Conveniently located off interstate with referral base from tristate area (Ohio and West Virginia). Full-scope practice with emphasis on implant reconstruction. Owner looking to retire and will stay on through transition. Please send inquiries to oralsurgmax@gmail.com.

## Pennsylvania

Well-established OMFS practice over 35 years in western Pa. Located in hospital office building with fully licensed outpatient surgery center attached. Incredible opportunity for OMFS interested in either a busy office practice or a full-scope hospital integrated practice. Current owner willing to stay for transition, and new owner will be busy from day one. Please reply to AAOMS Box A-1001.

## South Carolina

Solo practitioner desiring to pursue other endeavors after 30+ years. Well-established practice in a dynamic area of the low country. Practice where others come to vacation. Emphasis is wisdom teeth and implants. A Level II trauma center is in town. CBCT, PRF, OMSVision software. Loyal and long-standing staff is a big plus. If you want to own, you will do very well here. Excellent weather and schools. Boating, fishing and golf are all world-class. Very flexible transition. Email cmhagph19@gmail.com.

## Practice Transitions

## OMS Exclusively-Premier Transition Specialists for Oral Surgeons

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell or buy, transition into retirement, value your practice, restructure your partnership or add an associate/partner? We have over 30 years in transitions, including practice sale experience. We work with residents, experienced surgeons and military. We are not practice brokers, do not charge 10% or sign exclusive agreements. We have buyers/associates, tremendous success! You have seen us at AAOMS/WE PROVIDE YOU PERSONALIZED SOLUTIONS. Webpage/National Job Board: www.OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

## Classified Advertising Deadlines

May/June 2022 issue: March 4, 2022

July/August 2022 issue: May 5, 2022

Sept/Oct 2022 issue: July 7, 2022



**AAOMS Faculty/Fellowship Classified Advertising Order Form**

Available Position  
(please check all that apply):

- ☐ Chairman  
☐ Program Director  
☐ Professor  
 (clinical or research track)  
☐ Associate Professor  
 (clinical or research track)  
☐ Assistant Professor  
 (clinical or research track)  
☐ Fellowship  
☐ CODA Accredited  
☐ Non-CODA Accredited

☐ **AAOMS Box Number requested**  
 (No additional cost)

☐ **This is a confidential ad.**

Please contact only the following members of my staff if you have questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ AAOMS Member   ☐ Non-member   **AAOMS Member ID No.** \_\_\_\_\_

*\*Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

OMS Training Program \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Faculty Ad Costs: **1-120 words: \$0**   **121-160 words: \$200**

**Every 40 words thereafter: additional \$200**

**20 percent off  
3-issue purchase**

☐ Visa   ☐ MasterCard   ☐ Discover   ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

☐ Check enclosed   Amount \_\_\_\_\_ Check # \_\_\_\_\_

**General Classified Advertising Order Form**

Ad type:

- ☐ Position Available  
☐ Practice for Sale  
☐ Position Wanted  
☐ Practice Transitions  
☐ Miscellaneous

☐ **AAOMS Box Number requested**  
 (No additional cost)

☐ **This is a confidential ad.**

Please contact only the following members of my staff if you have questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ AAOMS Member   ☐ Non-member   **AAOMS Member ID No.** \_\_\_\_\_

*\*Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

General Classified Ad Costs: **1-40 words: \$200**   **41-80 words: \$400**

**81-120 words: \$600**   **121-160 words: \$800**

**Every 40 words thereafter: additional \$200**

**20 percent off  
3-issue purchase**

☐ Visa   ☐ MasterCard   ☐ Discover   ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

☐ Check enclosed   Amount \_\_\_\_\_ Check # \_\_\_\_\_

**Mail completed form and check to:**

AAOMS Today Classified Ads  
9700 W. Bryn Mawr Ave.

Rosemont, IL 60018-5701

**Or email** form to [classifieds@aaoms.org](mailto:classifieds@aaoms.org)

**Or fax** form to 847-678-6279

**Please attach a copy of your ad text when returning this form.****Questions?**

Visit [AAOMS.org/classifieds](http://AAOMS.org/classifieds),  
or email [classifieds@aaoms.org](mailto:classifieds@aaoms.org).

**Classified Advertising Deadlines**

May/June 2022 issue: **March 4, 2022**

July/August 2022 issue: **May 5, 2022**

Sept/Oct 2022 issue: **July 7, 2022**

# EXPAREL®

(bupivacaine liposome injectable suspension)

**Brief Summary**  
(For full prescribing information refer to package insert)

## INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks.

## CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

## WARNINGS AND PRECAUTIONS

### Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 6 years old for infiltration
- patients younger than 18 years old for interscalene brachial plexus nerve block
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

## ADVERSE REACTIONS

### Clinical Trial Experience

#### Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

#### Adverse Reactions Reported in All Local Infiltration Clinical Studies in Pediatric Patients Aged 6 to Less Than 17 Years

The safety of EXPAREL in 110 pediatric patients between the age of 6 and 17 years old undergoing various surgical procedures was evaluated in one randomized, open-label, clinical study in which EXPAREL was administered by infiltration into the surgical site and one single-arm, open-label study in which EXPAREL was administered by infiltration into the surgical site. Patients were administered a weight-based dose of EXPAREL at 4 mg/kg (maximum dose of 266 mg) or bupivacaine HCl 2 mg/kg (maximum dose of 175 mg). In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were bradycardia, muscle spasms, tachypnea, hypoesthesia oral, anemia postoperative, dizziness, pyrexia, diarrhea, hypoacusis, hypoesthesia oral, pruritus, hematuria, incontinence, muscular weakness, and visual impairment.

#### Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

#### Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

## DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

### Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifostamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	Phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

### Bupivacaine

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

### Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

### Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles

## USE IN SPECIFIC POPULATIONS

### Pregnancy

#### Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

### Clinical Considerations

#### Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

#### Data

##### Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

## Lactation

### Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipercolylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

## Pediatric Use

The safety and effectiveness of EXPAREL for single-dose infiltration to produce postsurgical local anesthesia have been established in pediatric patients aged 6 years and older. Use of EXPAREL for this indication is supported by evidence from adequate and well-controlled studies in adults with additional pharmacokinetic and safety data in pediatric patients aged 6 years and older.

Safety and effectiveness have not been established in pediatric patients aged less than 6 years old for local infiltration or less than 18 years old for interscalene brachial plexus nerve block.

## Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

## Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

## Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

## OVERDOSAGE

### Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bupivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

### Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

## DOSAGE AND ADMINISTRATION

### Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

### Recommended Dosing

#### Local Analgesia via Infiltration Dosing in Adults

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266mg (20 mL), and is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

#### Local Analgesia via Infiltration Dosing in Pediatric Patients

The recommended dose of EXPAREL for single-dose infiltration in pediatric patients, aged 6 to less than 17 years, is 4 mg/kg (up to a maximum of 266 mg), and is based upon two studies of pediatric patients undergoing either spine surgery or cardiac surgery.

#### Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

#### **Compatibility Considerations**

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

#### **Non-Interchangeability with Other Formulations of Bupivacaine**

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

#### **CLINICAL PHARMACOLOGY**

##### **Pharmacokinetics**

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

##### **PATIENT COUNSELING**

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.

**PACIRA**  
PHARMACEUTICALS, INC.  
Pacira Pharmaceuticals, Inc.  
San Diego, CA 92121 USA

Patent Numbers:  
6,132,766      5,891,467      5,766,627      8,182,835

Trademark of Pacira Pharmaceuticals, Inc.

**For additional information call 1-855-RX-EXPAREL (1-855-793-9727)**

**Rx only**

**March 2021**

# IMPROVE PAIN SCORES AND MINIMIZE OPIOIDS AFTER THIRD MOLAR EXTRACTION<sup>1,2</sup>

## A proven and long-lasting approach to non-opioid postsurgical pain management

EXPAREL delivers precise pain control for the critical first few days after surgery

- **Significant reduction in cumulative mean pain scores** at 24, 72, and 96 hours after surgery ( $P<0.05$ ) in per-protocol patients\*<sup>1</sup>
- **59% fewer prescribed MMEs** compared with the control group (47.1 MME vs 113.8 MME;  $P<0.0001$ )<sup>†‡2</sup>

MME=morphine milligram equivalent; OMFS=oral and maxillofacial surgery.

\*Results from INNOVATE (Infiltration Trial in Third Molar Extraction Observing the Analgesic Effect of EXPAREL), a phase 3, randomized, double-blind, placebo-controlled, parallel-group study conducted to assess the efficacy, safety, and tolerability of a single administration of EXPAREL in patients undergoing bilateral third molar extraction. Patients were randomized 2:1 to either infiltration with EXPAREL 133 mg/10 mL (n=105) or placebo (n=57) and received opioid rescue medication as needed. Pain intensity was assessed using an 11-point numeric rating scale (0=no pain, 10=worst possible pain) at 15 minutes and 30 minutes, and up to 96 hours after surgery, and immediately before each administration of opioid rescue analgesic medication. Because of numerous protocol violations, after the end of the study, a smaller population of patients who had been treated per protocol was identified for efficacy analysis (EXPAREL, n=59; placebo, n=30).<sup>1</sup>

†Results from a retrospective cross-sectional analysis conducted to assess the association between local infiltration with EXPAREL after third molar extraction and postsurgical opioid prescription volume. Study population included patients who received EXPAREL 133 mg/10 mL (n=300) and patients who did not receive EXPAREL (n=300). The primary outcome variable was the number of opioid prescriptions, in MMEs, including both the initial prescription and any subsequent refills.<sup>2</sup>

‡The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

### Indication

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

### Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

### Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

### Warnings and Precautions for Bupivacaine-Containing Products

**Central Nervous System (CNS) Reactions:** There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of Prescribing Information on adjacent page.

For more information, please visit [www.EXPAREL.com](http://www.EXPAREL.com) or call 1-855-793-9727.

**References:** 1. Lieblisch SE, Danesi H. Liposomal bupivacaine use in third molar impaction surgery: INNOVATE Study. *Anesth Prog*. 2017;64(3):127-135. 2. Lieblisch SE, Misiek D, Olczak J, Fleck H, Waterman F. A retrospective cross-sectional study of the effect of liposomal bupivacaine on postoperative opioid prescribing after third molar extraction. *J Oral Maxillofac Surg*. 2021;79(7):1401-1408. 3. Pacira BioSciences. Pacira BioSciences announces FDA acceptance of sNDA for EXPAREL use in pediatric patients [press release]. Pacira website. <https://investor.pacira.com/news-releases/news-release-details/pacira-announces-fda-approval-supplemental-new-drug-0>. Published August 4, 2020. Accessed November 19, 2021.



Learn more about  
EXPAREL in OMFS



The first and only  
FDA-approved  
local anesthetic for  
pediatric patients<sup>3</sup>