

# AAOMS TODAY



July/August 2025  
VOLUME 23, ISSUE 4

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American Association of Oral and Maxillofacial Surgeons

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## COVER STORY

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# From residency to retirement

*Mentorship Program connects  
members at all career stages*

“Our goal is for the AAOMS Mentorship Program to foster a sense of professional community and to support mentees throughout transitions – be it from residency to fellowship, training to practice, or from private practice to academics.”

– AAOMS President  
Dr. J. David Morrison



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**2024:** Grand Award winner for Magazine Writing  
**2023:** Award of Excellence for Magazine  
**2021:** Awards of Excellence for Writing



**2024:** Gold Award  
**2023:** Gold Award  
**2022:** Gold Award  
**2021:** Gold Award  
**2020:** Merit Award



**2025:** Gold Award  
**2024:** Gold Award  
**2023:** Gold Award  
**2022:** Gold Award  
**2020:** Platinum Award



**2024:** Humanitarian Service Award for "Giving Back: OMSs doing their part to aid in Ukrainian crisis"



**2024:** Platinum Award for Feature Article and Gold Awards for Association Magazine and Magazine Design  
**2023:** Gold Awards for Association Magazine, Design and Feature Article  
**2022:** Platinum Award for Design and Gold Awards for Association Magazine and Writing  
**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



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J. David Morrison, DMD  
AAOMS President

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*“While I wasn’t around in 1918, I am certain that the heart of that first meeting – just like today – was focused steadfastly on The Patients We Serve.”*

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## IN MY VIEW

# Annual Meetings: Making

**A**s I look ahead to this year’s AAOMS Annual Meeting and its theme – The Patients We Serve – I’m reminded of the powerful legacy these gatherings have built. For me, each Annual Meeting has been more than a professional event; it’s a moment to reconnect with our purpose as oral and maxillofacial surgeons. These meetings deepen our knowledge, strengthen our community and reaffirm why we do what we do: serve our patients with skill, compassion and integrity.

Our patients often face complex and life-altering conditions. They come to us not only for our surgical expertise but also for understanding, reassurance and hope. As OMSs, we are uniquely equipped to adapt to difficult situations and meet those needs with empathy and precision – a responsibility I carry with me every day.

That sense of duty to our patients is not only central to our daily work – it’s also echoed in the shared experiences we have as a professional community. AAOMS Annual Meetings through the years have served as powerful reminders of our collective impact and the progress we have made together. These gatherings capture moments of learning, leadership and legacy that continue to shape the way we serve, teach and grow as a specialty.

## Looking back to shape the future

The 2018 Annual Meeting in Chicago was one of the most memorable for me. We celebrated AAOMS’s centennial anniversary under the leadership of then-President Dr. Brett Ferguson. Being a part of that historic milestone was truly inspiring. It offered not just a look back at a century of surgical innovation, but a chance to feel the pride and progress that have shaped our specialty.

A particular source of pride was the expansive History Museum, where we walked through a timeline of our specialty. A standing-room-only crowd listened to The 100 Years of AAOMS session that covered the full scope of the specialty. And each clinical track featured a historical review of the OMS practice area.

What stood out for me, though, was the profound sense of unity and purpose – a shared dedication to the century of advancements that have elevated patient care across every facet of oral and maxillofacial surgery. That experience reaffirmed why I chose this profession in the first place: to make a lasting difference in the lives of our patients.

## Elevating clinical readiness

An advancement in our specialty that has gained momentum through our Annual Meetings is the evolution of simulation-





# a lasting difference for patients we serve

based training. I remember when the Office-Based Emergency Airway Management (OBEAM) module was introduced at the 2019 Annual Meeting in Boston under the leadership of past President Dr. A. Thomas Indresano. It was a bold step forward, but it was just the beginning.

Since then, OBEAM has expanded beyond AAOMS headquarters and Annual Meetings to include sessions at regional and state society meetings, broadening access to this vital training. By allowing us to refine emergency airway techniques in a controlled, risk-free environment with real-time feedback, OBEAM reinforces best practices and elevates patient safety – a direct reflection of our unwavering commitment to The Patients We Serve.

## Adapting to adversity

The 2020 AAOMS Annual Meeting, led by past President Dr. Victor Nannini, marked another defining moment in our history. Amid the uncertainty of the COVID-19 pandemic, AAOMS members demonstrated the same resilience we bring to our practices every day. Despite travel restrictions and gathering limitations, we found a way to overcome adversity – we pivoted to a fully virtual format.

Much like our in-person gatherings, the Annual Meeting delivered robust educational content, including clinical tracks, the Chalmers J. Lyons Memorial Lecture and timely sessions on topics such as craniosynostosis, 3D printing and more. A Surgical Pearls series featured experts demonstrating techniques and engaging directly with attendees through Q&As. That meeting was a true testament to our perseverance and fervent focus for The Patients We Serve.

The success of the virtual experience opened new possibilities for the future of AAOMS Annual Meetings.

In 2021, AAOMS under the direction of past President Dr. B.D. Tiner embraced a hybrid model that combined the value of in-person connection with the flexibility of on-demand access. This approach allowed colleagues to reunite after pandemic-related disruptions while also opening our educational reach to those unable to attend. That model continues today, allowing OMSs the option to earn credits both in person or through an on-demand option. Whether learning face-to-face or from afar, our members remain committed to lifelong learning – all in dedication to The Patients We Serve.

## Education evolves, mission unchanged

It's humbling to think how far we have come since the first Annual Meeting in 1918. This year's educational sessions reflect the evolution of the OMS specialty, encompassing both cutting-edge clinical advancements and strategies to enhance practice management and workplace efficiency. I'm looking forward to the clinical plenaries, which explore everything from the latest innovations in anesthesia that are transforming patient care in ambulatory surgical settings to the integration of surgical precision and artistic vision in orthognathic and cosmetic procedures to improve both function and facial esthetics.

And while I wasn't around in 1918, I am certain that the heart of that first meeting – just like today – was focused steadfastly on The Patients We Serve.

## Purpose-led, value-focused

I invite you to take full advantage of the opportunities this year's meeting offers – not just to earn credits or attend lectures but to be part of something bigger and reconnect with colleagues, exchange ideas and gain insights that will elevate your practice. These experiences not only enrich your professional journey but also strengthen our specialty and, ultimately, enhance the care we provide our patients.

As we navigate new challenges and embrace emerging opportunities, AAOMS remains committed to supporting you. Every initiative we pursue and every resource we invest is guided by one principle: delivering meaningful value to our members and improving outcomes for the patients entrusted to our care.

Our mission is clear – to advance, promote and preserve the specialty of oral and maxillofacial surgery so that every patient has access to safe, effective and specialized care. Let this year's Annual Meeting remind us of why we do what we do – and how, together, we continue to shape the future of our specialty in service to The Patients We Serve.

As I anticipate the 2025 AAOMS Annual Meeting in September, I feel a deep sense of honor and pride. This meeting isn't just another event on the calendar; it's a continuation of the powerful legacy – rooted in advancing our clinical expertise – that has shaped who we are as a specialty. It's a chance to learn, connect and recommit ourselves to the people who matter most: our patients.

I look forward to seeing you in Washington, D.C. ■

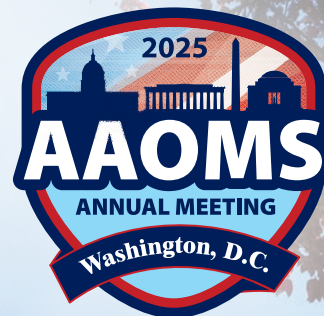
## The Patients We Serve

### AAOMS Annual Meeting

Held in conjunction with the Canadian  
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**Sept. 17 – 20 | Washington, D.C.**

*Offered in-person and with on-demand access*



**Early-bird  
deadline  
July 31**

**[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)**



## Invites You

- **Health Walk and Networking Breakfast:** Sept. 17, 18 and 19, 7:30 to 9:30 a.m.  
*Breakfast provided on Wednesday and Friday only*
- **Luncheon and FUNraiser for GIVE:** Sept. 18, 11 a.m. to 1 p.m.
- **Faculty Lunch and Learn:** Sept. 18, noon to 1 p.m.
- **Poster Session Wine and Cheese Reception:** Sept. 18, 2:30 to 4 p.m.
- **Donor Appreciation Reception:** Sept. 19, 5:30 to 6:30 p.m.

**Washington, D.C.**

For more details, visit **[omsfoundation.org](https://omsfoundation.org)**




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# From residency to retirement

*Mentorship Program connects  
members at all career stages*



# *Navigating the transition from residency to practice – or shifting between career paths – can be both exciting and daunting.*

Recognizing the value of seasoned professional guidance during these pivotal moments, AAOMS has unified its mentoring efforts into a revitalized Mentorship Program. This program connects practicing members (including residents) with experienced oral and maxillofacial surgeons who can offer insights, encouragement and guidance as mentees navigate key career decisions and milestones.

Through the program, mentees now gain access to a broad spectrum of experience across practice models, including private, academic and federal service. Mentors help guide mentees through topics ranging from board certification and financial planning to non-clinical skills like interviewing, marketing and practice management. At its core, the program fosters meaningful professional relationships that support lifelong learning and engagement within the specialty.

“As oral and maxillofacial surgeons, we stand on the shoulders of those who came before us – mentors who guided, challenged and inspired us to grow,” said AAOMS President J. David Morrison, DMD. “Today, we have the same opportunity to shape the future of our specialty by investing in the next generation. I encourage all members to get involved in the AAOMS Mentorship Program, whether they want to receive guidance or offer their expertise to others. Mentorship strengthens our community, elevates our profession and ensures that excellence in patient care continues throughout generations.”

The program is designed to meet members where they are in their careers. By tapping into the experience and resources of a well-established OMS, practicing members and residents can gain valuable insights from colleagues across all areas of practice. Mentees also can deepen their understanding of the processes within organized dentistry and medicine in general. Mentors and mentees can communicate via email, phone, video conferencing or in person depending on their location and availability.

“Mentoring offers the mentee the opportunity to discuss career, practice and leadership development, establish networking opportunities and work through work-life

balance issues. And the mentor sees this as an opportunity to give back and to advance the profession, and more immediately take satisfaction in helping to develop an individual’s career,” said David Greenman, DMD, MPH, Chair of the AAOMS Committee on Membership.

## **Building bridges**

By building bridges across the specialty, the AAOMS Mentorship Program can help connect members across different training sites, subspecialties and career stages, offering a diverse range of guidance that may not be available in one specific training program.

*Mentorship strengthens our community, elevates our profession and ensures that excellence in patient care continues throughout generations.*

*– AAOMS President  
Dr. J. David Morrison*

**To apply to become a mentor or mentee, visit  
[AAOMS.org/Mentorship](https://AAOMS.org/Mentorship).**

“Our goal is for the AAOMS Mentorship Program to foster a sense of professional community and to support mentees throughout transitions – be it from residency to fellowship, training to practice, or from private practice to academics,” Dr. Morrison said.

Mentors can help mentees:

- **Explore career pathways** – Mentors can illuminate pathways, including academics, federal service, fellowships, private/group practice and foreign-trained.

*continued on next page*

- **Strengthen non-clinical skills** – Skills to highlight include interviewing, marketing, networking, practice management and recruiting.
- **Obtain financial planning guidance** – Mentees can learn about handling student debt and the financial aspects of owning a practice.
- **Understand the board certification process** – Processes such as ABOMS certification and state licensure can be clarified by a mentor.
- **Learn more about special interests** – The application includes a spot where mentors and mentees can list any specific special interests they have, so AAOMS can better match applicants with the same interests.

“Mentorship is essential for the specialty, both for residents, young surgeons and mid-career surgeons. I marvel at what AAOMS has already accomplished, and what the potential accomplishments will be with the revitalized program. The AAOMS Committee on Membership now has oversight of the mentorship program and has been working with our partners, ROAAOMS, member consultants and AAOMS staff

*Mentorship is essential for the specialty, both for residents, young surgeons and mid-career surgeons.*

*– Dr. David Greenman*

and leadership to help develop and implement a healthy mentorship program,” Dr. Greenman said.

Applications for mentors and mentees are accepted on a rolling basis. AAOMS Membership staff will pair mentees and mentors based on shared interests and career pathways. If a pairing isn’t the right fit, participants can request a new match.

To learn more and apply as either a mentor or a mentee, visit [AAOMS.org/Mentorship](http://AAOMS.org/Mentorship). ■

## ROAAOMS programs mentor dental students

To help guide dental students, AAOMS offers two mentorship programs under the auspices of the Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS). These programs accept applications for mentors on a rolling basis. Find the applications by visiting [AAOMS.org/Mentorship](http://AAOMS.org/Mentorship), then clicking “Residents.”

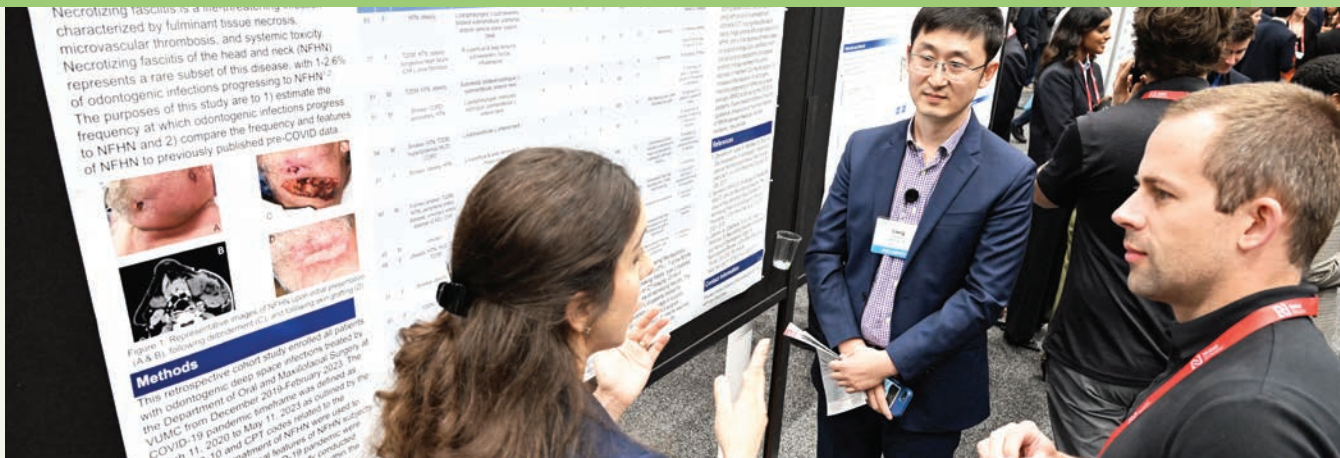
■ **ROAAOMS Women in OMS Mentor Program** – This program was inspired by female dental students expressing the desire to connect with female residents to gain a perspective on the OMS specialty. Women make up 23 percent of OMS residents despite dental schools consistently enrolling approximately 50 percent women. This program targets pre-

dental and dental students with the desire to increase their knowledge of the OMS specialty by matching them with a mentor to guide them through becoming an OMS.

■ **ROAAOMS Underrepresented Minorities (URM) in OMS Mentor Program** – This program seeks to work toward improving diversity through recruitment and mentorship of underrepresented minority pre-dental and dental students. The goal of this mentorship is to increase mentees’ knowledge of the OMS specialty, dispel any concerns they may have about entering the field, empower them and guide them through the application process with the intent of increasing the percentages of qualified URMs in the specialty.



Additionally, residents can apply to be mentored by an AAOMS member through the AAOMS Mentorship Program. Visit [AAOMS.org/Mentorship](http://AAOMS.org/Mentorship) to learn more.



## Mentorship moments: Wisdom shared, lessons learned

*Mentorship has played a significant role in many OMSs' careers, whether during residency or in their private practices. Read what AAOMS members have to say about impactful mentorship experiences in their individual careers:*

### Guiding others: The power of giving back



**Craig M. Misch, DDS, MDS**

The Osteo Science Foundation offered a Clinical Observership program for oral and maxillofacial surgery residents to spend two to four weeks with a mentoring surgeon in private practice. I had the pleasure to host Dr. Matthew Pham from the University of North Carolina. This program is invaluable as it gives residents an opportunity to see how OMSs provide excellent state-of-the-art care. Dr. Pham had an impressive knowledge base, and I am grateful I could share my knowledge and experience. I have followed Dr. Pham, and he has blossomed into an outstanding OMS and is performing impressive surgical care. I am thankful I may have impacted his training and knowledge of implant dentistry. I believe all oral and maxillofacial surgeons should elevate and mentor young surgeons.



**Michael Miloro, DMD, MD, FACS**

One of the joys of my academic career has been serving as a mentor to both residents and junior faculty members and observing their professional development into Program Directors and Chairs of OMS programs. I have been fortunate to have had several self-motivated and talented mentees who have achieved academic leadership positions. Some of these individuals include Drs. Thomas Schlieve, Antonia Kolokythas, Michael Markiewicz, Michael Han and Raza Hussain. I am so proud of these academic surgeons who have chosen a career dedicated to serving as mentors for their own residents and faculty members. As Dr. Norm Betts once told me, since he was one of my faculty mentors, my success is his success; and my mentees' successes are also my successes. I look forward to the great contributions that these mentees will continue to have serving as mentors for their own residents and faculty, providing excellent care for their patients and playing crucial roles in the evolution and transformation of our specialty.



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**Jasjit K. Dillon, DDS, MBBS,  
FDSRCS, FACS**

As a female academic, I have mentored many students and residents over my career. I am always delighted to see how they flourish and love hearing back from them. A few years ago, a junior faculty, Dr. Pooja Gangwani, reached out to me and asked if I could mentor her. I have provided advice on her career, research and have supported her membership to certain organizations where a nomination was required. During this time, she has been the recipient of multiple awards. This is all because of who she is and how much effort she puts into her work. I have played a very small part, but each time I see her she reminds me of how grateful she is and always thanks me. I am so proud of her accomplishments and happy I could play a small part in her career.



**Joshua E. Everts, DDS, MD, FACS**

One of my most rewarding experiences as a mentor was guiding a talented young private practice surgeon through the transition from clinical excellence to organizational leadership. When he struggled with balancing clinical duties and management responsibilities, I shared my own journey of developing systems that protected patient care while creating space for growth. Seeing him now successfully leading his own practice innovations while maintaining exceptional clinical outcomes reminds me why mentorship is so vital to our specialty's future.



**Warren W. Arrasmith, DMD**

It has been my pleasure over many years to encourage my younger colleagues to become involved in organized dentistry and, in particular, oral and maxillofacial surgery. Through my involvement in organized dentistry as both a private practitioner and in academics, I have encouraged active participation in many organizations, stressing AAOMS, OMSPAC and the OMS Foundation and the benefits they provide to members. They represent and support our specialty in the many issues that arise which could affect our ability to practice. As an active participant in organized dentistry, I hope to provide an example and to show the benefits of staying active, informed and involved.



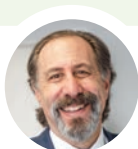
**James A. Baker, DDS**

Nothing has been more gratifying than transitioning my own practice to young OMSs who have listened to my hard-earned advice. They have also been smart enough to take my lessons and adapt them to a changed environment of healthcare delivery. As my generation transitions to retirement, it is important to serve our successors as mentors. The relationship is about more than a business transaction.





## Reflections: Paying tribute to mentors



**Michael J. Safian, DDS**

I have had the pleasure of being mentored by three incredible OMSs in my early training: Drs. Bernard Levine, John P.W. Kelly and Leonard Skope. They taught me not only the surgical skills but the life lessons that allow me to treat my patients with compassion and understanding. When treating patients, not a day goes by that I don't hear one of their voices in my head when I say something to a patient or perform a procedure in a particular way. I would not be the surgeon I am today without their dedication to the profession and to training the next generation. I hope I fulfilled my promise to them by becoming a mentor to the many generations of OMS residents I have touched over the years.



**David E. Seago, DMD**

I was blessed to be mentored by an amazing surgeon, my father, Dr. Donald Seago. He was the best surgeon I ever witnessed. The skills he had and shared were phenomenal. What he really taught me was how to be a professional in a world that was losing what that looked like. The way he cared for his patients without regard to color, socioeconomic status or insurance or lack thereof still impacts the way I practice today.



**Simon Young, DDS, MD, PhD, FACS**

I came to UTHealth Houston in 2003 as a fresh dental school graduate from the University of Toronto. The Department Chair and Program Director, Dr. Mark Wong, took a chance on me, probably questioning whether he should have accepted this intern who liked to traipse into his office on a whim and discuss tissue engineering. Fast forward over two decades, and it's hard to describe in words how instrumental Dr. Wong has been to my career success. As a father figure, a shining beacon of knowledge and surgical excellence, and most importantly, someone who takes joy in the success of others, Dr. Wong has built an incredible academic OMS department at UTHealth Houston with unmatched breadth and productivity. He has been much more than a mentor who offers sage guidance and advice throughout my learning journey. He has been a supporter, actively providing resources and opportunities to help me and others in our profession succeed. I constantly marvel at how he tirelessly advocates for all his department faculty and those outside the walls of UTHealth Houston, and hope that I can eventually look back on my career and feel I had even one-tenth the positive influence he has exerted on our entire profession.



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**Malini B. Iyer, DMD, MD**

Transitioning from OMS residency and stepping into private practice was an overwhelming experience. As a young mother of 4-year-old and 3-month-old sons, every minute of each day seemed to be accounted for. In these tumultuous times, I worked with Drs. Paul Schwartz and John Heffron in their practice as an associate. Drs. Schwartz and Heffron were both extremely nurturing and supportive of a new associate, reassuring me about how the chaos that seemed to engulf my life at the time would calm down and things would change for the better. Dr. Schwartz was instrumental in introducing me to a world that lay beyond my little one. I was extremely impressed by the commitment and dedication exhibited by Dr. Schwartz for his work with numerous committees of AAOMS and being a Board Examiner with ABOMS. He has inspired me to share the most valuable asset that is available to all of us – time. The life lesson that I gleaned from his mentorship has served me in good stead as I try to live up to this very noble pursuit in many more aspects of life.



**David Greenman, DDS, MPH**

When I was a resident, there was no formal mentorship program in place to guide newly trained surgeons. Mentors were employers, attendings or colleagues who took an interest in the development of young surgeons. I was very fortunate to have two mentors, neither of whom considered themselves a formal mentor. They guided me on a path leading to a complete and rewarding career. Dr. Alvaro Marin was my first private practice employer and guided me through the tribulations of private practice, both the technical aspects and the management issues, and this enabled me to open a rewarding private practice. Dr. J. Hamil Willoughby, who was my chief of service when I took a part-time attending position in a residency training program, guided me through the issues of academic oral surgery and resident training. I was able to complement this with my private practice. For the third pillar of my professional career, Dr. Willoughby, as a U.S. Navy Captain, by his example, recruited and mentored me to a 23-year career as a dental officer in the Navy. I look back with great admiration and appreciation for what these two mentors did for me and how they enabled me to have a rewarding and successful career.







**Deepak G. Krishnan, DDS, BDS, FACS**

In the late 1990s, I was a restless, uncertain dental student – adrift and unsure of what lay ahead – until Dr. Kishore Nayak entered my life. One afternoon, noticing my idle presence in the perio department, he casually invited me to assist him in repairing a mandibular fracture. That single gesture changed everything. I was instantly captivated. Nothing else in dentistry seemed to matter anymore. That moment set me on a path – one that would lead me through nearly a lifetime of training in oral and maxillofacial surgery across the world. Decades later, as I navigated the introspections of midlife, Dr. Nayak reappeared – this time over a video call, teaching me the basics of brewing beer. As I keg another five gallons of my favorite lager, I can't help but reflect on the many ways he has mentored me – far beyond the operating room. He taught me about wealth and wisdom, leadership and loss, books and beer, marriage and fatherhood, and the courage to embrace change. We exchanged book recommendations, beer recipes, playlists, and spoke freely about all the trivial – and not-so-trivial – matters of the universe, with complete honesty and ease. Recently, we lost him to a battle with cancer. As I gulp a pint of a crisp lager, I reminisce about his selfless mentoring, his unwavering encouragement to go ahead (and beyond), and his loud, dad-level humor – all of which helped shape not just my career, but my life.



**Kelsey D. Menegotto, DMD**

Upon transitioning to private practice, I was eager to begin but faced the challenge of mastering the multifaceted aspects of oral and maxillofacial surgery beyond clinical skills. My practice comprised five experienced surgeons, many with decades of expertise, including AAOMS President-Elect Dr. Bob Clark. They provided invaluable guidance on practice and patient management, allowed me to observe and assist in surgical procedures and offered comprehensive support, facilitating a seamless transition from residency to private practice.



**Normund K. Auzins, DDS**

When I first started a solo practice in Portland, Ore., I did not know any of the providers in the area nor did I have connections from my training. Shortly after settling into my practice, I reached out to the dental school at OHSU and expressed interest in helping out with their clinic a day a week. That's when I met Dr. Steve Beadnell. He had a well established and successful practice and helped out at the school as well. His mentorship and support was instrumental in helping me establish my practice. I had so much to learn about managing a practice as well as many "tricks of the trade" that helped shape me as a surgeon. He was not only available to help guide my path, but he also served as a role model in how one can develop a very successful private practice and give back to the community. I'm not sure I would have been motivated to get involved at the local level and now nationally if it weren't for his willingness to give to others that I deeply respect.



**Waleed Zaid, DDS, MSc, FRCD(C), FACS**

During my residency and clinical fellowship at Boston University, I was fortunate to learn from my head and neck oncology and microvascular reconstruction fellowship director on the court and off the court. His unwavering commitment to excellence taught me technical precision and the importance of professional yet compassionate patient care. These incredible mentors ignited a flame of curiosity, resilience and an unwavering pursuit of knowledge within me – qualities that now fuel my own journey as a fellowship director and professor, empowering the next generation to dream bigger and reach higher. As a faculty member at LSUHSC, I've prioritized incorporating the lessons I've learned from my mentors into my teaching and mentoring. My mentors showed me that success in this field isn't just about individual achievement; it's about lifting others, advancing the specialty and improving patient outcomes. ■





**CAREERLINE**

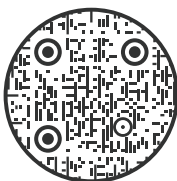
**Booth  
461**

# AAOMS Career Fair

**Friday, Sept. 19 | 3:30 – 5 p.m. EDT**

**Walter E. Washington Convention Center  
Exhibit Hall Booth 461**

*Located near the Member Pavilion*



**Scan the code to preregister or sign up at the event**

**Job seekers: Bring your resume and meet potential employers from various practice models**



## 2025 AAOMS Webinar Schedule



**July 16: The Contemporary Management of Patients with Temporomandibular Joint Intra-articular Pain and Dysfunction (IPD)**



Gary F. Bouloux, DDS, MD, MDSc, FRACDS, FRACDS(OMS), FRCS, FACS

● Topic: TMJ  
1.0 CDE/CME

**Aug. 13: Preventing and Managing Challenges in Dentoalveolar Surgery**



Patrick J. Louis, DDS, MD  
● Topic: Dentoalveolar  
1.0 CDE/CME

**Oct. 8: Avoiding the Denial Dilemma: Best Practices for Successful Claim Processing**



Dilaine Gloege, CDA, CPC  
● Topic: Coding and Billing  
1.5 CDE/CME

**Oct. 15: Conquering Employee Turnover with Effective Onboarding and Assimilation into the Practice Culture**



Mary Govoni, MBA, RDH, CDA  
● Topic: Practice Administration  
1.5 CDE

**Nov. 5: Hiring Your Next Associate: Four Tools to Get it Right Every Time**



Robert Spiel, MBA  
Bryton Nield

● Topic: Marketing and Practice Building  
1.5 CDE



**Nov. 12: Medical and Dental Crosswalking: Billing Do's and Don'ts**



Angela Wubben, CPC, CPB  
● Topic: Coding and Billing  
1.5 CDE/CME

**Visit [AAOMS.org/Webinars](https://AAOMS.org/Webinars) for more information.**

*Note that these webinars and their topics and titles are subject to change.*

# EXPERIENCE THE USOSM DIFFERENCE

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Today's healthcare landscape is rapidly evolving, transforming the practice of oral surgery as you know it. We see the headwinds every Oral Surgeon is facing. Our network of premier, board-certified oral surgeons works not only to help you weather those gusts that threaten your practice but also successfully outpace them.

## WE EMPOWER OUR SURGEON PARTNERS

to create a balance between the work they love and their lifestyle they desire.

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through invaluable mentorship from our board-certified surgeons, a career path to partnership, and unmatched support to ensure success.

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# Make the most of the 2025 Annual Meeting by

Get ready for an unforgettable experience at the 2025 AAOMS Annual Meeting, being held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons, Sept. 17 to 20 in Washington, D.C., and on-demand.

This year's theme, The Patients We Serve, aims to inspire and connect attendees through numerous educational and networking opportunities. Attendees can earn over 22.5 CDE/CME live, in-person credits and 48 CDE/34 CME credits on-demand.

"AAOMS remains dedicated to advancing education for oral and maxillofacial surgeons, as demonstrated by the presentations and topics selected for our Annual Meeting, all focused on The Patients We Serve," said AAOMS President J. David Morrison, DMD. "I hope members leave this meeting motivated to keep patient-centered care at the forefront of their practices and to continually find ways to advance our specialty through learning and by listening to and valuing patient voices."

To maximize their experience at the Annual Meeting, attendees are encouraged to identify courses that can enhance their clinical skills and elevate their practice and choose opportunities to connect with colleagues. The following checklist can guide the decision-making process.

In-person and on-demand access only registrants have access to **49** on-demand practice management and specialty sessions.

### Choose registration option

- **In-person with on-demand access** to the full library of content and select non-ticketed sessions, which will be available online Oct. 6 through Jan. 31. Take advantage of over 22.5 hours of CDE/CME credits available exclusively to in-person attendees on top of the on-demand content.
- **On-demand access only** begins on Sept. 15 with a selection of pre-recorded sessions. Select in-person session recordings will be available Oct. 6 through Jan. 31. The on-demand program offers 48 CDE and 34 CME credits. No sessions will be livestreamed.

### Plan educational path

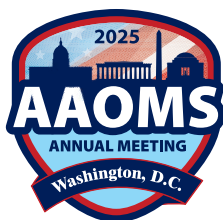
Review the schedule and select sessions that align with professional goals and strengthen practice efficiency. All AAOMS Annual Meeting learning opportunities are taught by leading content experts.

#### ■ Clinical education

Each of the eight tracks available consists of a plenary and a Hot-off-the-Press Abstract session. Each plenary includes several presentations on various topics within the clinical track and wraps up with a 20-minute roundtable case discussion and question-and-answer session. The Hot-off-the-Press sessions allow attendees to hear about the latest research in short 10-minute presentations. Plenary courses include:

- **Anesthesia Plenary: Ambulatory Anesthesia in the Modern Day** – Provides current knowledge on various anesthesia topics to promote optimal and safe patient care.
- **Dental Implant Plenary: Navigating the Complexities of Implant Dentistry: Innovations, Choices and Complications** – Delivers a comprehensive overview of implant dentistry, exploring innovative techniques, decision-making processes regarding implant materials and complication management.
- **Dentoalveolar Plenary: Office-Based Management of the Challenging Patient** – Addresses challenges in medical management, pathology, anesthesia, dental implants and medicolegal concerns for practicing OMSs.
- **Orthognathic and Cosmetic Plenary: Finding the Balance: Esthetic Considerations in Orthognathic Surgery** – Integrates artistic vision with surgical precision to optimize esthetic orthognathic outcomes.
- **OSA Plenary: Modern Diagnosis and Management of Obstructive Sleep Apnea** – Covers OSA management including symptom recognition, advanced evaluation techniques, non-surgical interventions, neurostimulation devices and strategic surgical planning.
- **Pathology and TMJ Plenary: Update on the Diagnosis and Management of Temporomandibular Joint Pathology** – Updates the diagnosis and management of TMJ pathologies, including benign and malignant neoplastic processes and non-neoplastic diagnoses.

# planning ahead



- **Reconstruction and Head and Neck Plenary: Update on Reconstruction of the Temporomandibular Joint (TMJ)** – Reviews options for TMJ reconstruction, including alloplasts, autogenous tissues and tissue engineering.
- **Trauma Plenary: What Kept Me Awake at Night and How I Finally Slept: Complications in Maxillofacial Trauma** – Encompasses a range of complications OMSs could encounter and methods to correct them.

## ■ Master Classes

Select from 15 in-person sessions on Sept. 20 and 34 on-demand options. A few of the courses include: Trends in Office-Based Surgical Orthodontics, Current Management of MRONJ, Office Anesthesia and Illegal Drug Use, Protecting the Facial Nerve in TMJ Surgery, Updates in Trigeminal Nerve Microsurgery and The Evolution of Office-Based Anesthesia Records in OMS: 1954 to 2025.

## ■ Practice management sessions

Choose from 25 on-site and 15 on-demand sessions related to coding, team-building, technology and safety, such as AI in Oral Surgery: Benefits and Avoiding Liability, Incorporating Mock Drills into Your Busy OMS Practice, Pharmacology for the Oral Surgical Assistant, Cybersecurity and HIPAA: Responding to a Ransomware Attack, Path to Practice Ownership and Maximizing Effective Collections in the Oral Surgery Office.

## ■ Hands-on learning (in-person only)

These hands-on learning opportunities require a separate ticket and offer in-depth instruction into topics:

- **Zygoma Implants: Pearls and Pitfalls** – This course aims to provide the practitioners with a comprehensive case-driven overview on the placement of zygoma implants and includes an off-site lab.
- **AAOMS National Simulation Program: Office-Based Emergency Airway Management (OBEAM) Module** – Eight sessions of the simulation module will give OMSs the opportunity to practice critical anesthesia situations and master techniques for opening an airway, sedation monitoring and bag mask ventilation.
- **Advanced Cardiovascular Life Support (ACLS)** – This course includes lectures, skills stations and interactive case-based scenarios based on the emergency evaluation

*continued on next page*



## 107th AAOMS Annual Meeting, Scientific Sessions and Exhibition

### *The Patients We Serve*

*Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons*

**When:** Sept. 15 to 20

*Offered both in-person with on-demand access and on-demand only.*

**Where:** Washington, D.C.

### Housing information

Special housing rates are available exclusively for AAOMS members through Orchid Events, the only official housing agent for the AAOMS Annual Meeting. Reservations can be made by visiting [AAOMS.org/AMHousing](https://AAOMS.org/AMHousing). Group rates are available until Aug. 25 for the Marriott Marquis Washington, DC, the Westin Washington DC Downtown and the Grand Hyatt Washington.

**[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)**

### Register for discounts before July 31 deadline



AAOMS members and fellows can take advantage of early-bird discounts:

- Register by July 31: \$150 off on-site general registration

AAOMS allied staff and professional staff also are eligible for discounts:

- Register by July 31: \$50 off general registration

Those who register by July 31 will receive their registration packets in late August, which include meeting badges, badge holders and any purchased tickets. Registrants who have received their badges and tickets do not need to stand in line to check in on-site.

Additional information and registration are available at [AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting).

## 2025 AAOMS ANNUAL MEETING *(continued)*

and management of adult patients. Upon successful completion of skills testing and a written exam, the participant will be issued an ACLS provider card.

- **Pediatric Advanced Life Support (PALS)** – This course includes lectures, skills stations and interactive case-based scenarios based on the emergency evaluation and management of pediatric patients. Upon successful completion of skills testing and a written exam, the participant will be issued a PALS provider card.
- **Anesthesia Assistants Skills Lab** – This course requires anesthesia assistants to rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and mini-code.
- **Advanced Full-Arch Implant Rehabilitation for the Atrophic Maxilla: Solving Serious Problems Using Zygomatic, Pterygoid, Transnasal and Transpalatal Implants** – *Sold out, wait list available*
- **Digital Full-Arch Techniques for Predictable Implant Outcomes Using Intraoral Scanning, Photogrammetry, 3D Printing and Milling Without Using an Outside Lab** – *Sold out, wait list available*

### ■ Other learning opportunities

- **Research Open Forum: The Proceedings From the 2025 Clinical Trials Methods Course** – Learn from group leaders and representatives about their proposals from the 2025 Clinical Trials Methods Course. *(in-person only)*

## Keynote

The Keynote Lecture – Leadership Lessons From the White House – will be delivered by Michael Beschloss, an award-winning presidential historian and bestselling author of 10 books. He will share unforgettable stories that illuminate the behind-the-scenes lives of American presidents and explore the leadership skills essential to every kind of success. His notable works include two volumes on Lyndon Johnson's secretly recorded tapes, *The Conquerors: Roosevelt, Truman and the Destruction of Hitler's Germany, 1941-1945*, and *Jacqueline Kennedy: Historic Conversations on Life with John F. Kennedy*.



*Attendees have access to the Exhibit Hall for two full days at the Annual Meeting.*

- **Beyond the Basics Coding Workshop** – Addresses coding guidance for the full scope of oral and maxillofacial surgery. An additional ticket is required. *(in-person only)*
- **Faculty Section Educational Session: Navigating the Crossroads: Ensuring the Future of Oral and Maxillofacial Surgery Education Amid Uncertainty** – Discuss residency pipeline, assessments and more. *(in-person only)*
- **Industry Symposiums** – Hear about the latest technology from industry leaders in four sessions. *(in-person only)*
- **Resident and dental student sessions** – Prepare for a career and life after residency in the Residents Transitions into Practice Mini-Session: Preparing for Post-Residency Life. Hear from the experts in 2025 Disasters From the Masters: Trauma. Dental students can attend a Dental Student Educational Session. *(in-person only)*

### ■ Preconference sessions

Arrive on Sept. 17 for in-depth discussions on the latest in anesthesia, cleft and craniomaxillofacial care and teaching practices. Additional registration is required for each of the following preconference sessions:

- **Anesthesia Update: The Patients We Serve** – Covers everyday challenges faced by OMSs in an office anesthesia practice, including management of cardiac and obese patients and serotonin syndrome. *(available in-person and later on-demand)*
- **Controversies and Challenges in Cleft and Craniomaxillofacial Care: Right Surgery, Right Patient** – Addresses topics such as bone grafting, craniosynostosis repair, Le Fort vs. distraction and Pierre Robin sequence management. *(in-person only)*



## AAOMS President's Event

Friday, Sept. 19

7 - 10 p.m.

International Spy Museum



### An evening of intrigue awaits

This year's President's Event – hosted by Dr. J. David Morrison and his wife, Jenny – will take place at the International Spy Museum, where attendees will have private access to exhibits, food and entertainment.

The International Spy Museum showcases the tradecraft, history and modern role of espionage and is home to the world's largest public collection of international espionage artifacts.

Early-bird pricing for tickets is \$160 for adults and \$100 for children under 21 years old until July 31. The price includes admission to the museum, food, beverages, entertainment and transportation to and from the venue. After July 31, the price for an adult ticket increases to \$185.



International Spy Museum

The International Spy Museum (SPY) will provide a night of fun at the President's Event Sept. 19.

- **Educators Summit** – Offers full-time OMS faculty a platform to discuss teaching practices to ensure the ongoing quality of OMS education and training. (*in-person only*)

#### ■ Spotlight Sessions

- **Chalmers J. Lyons Memorial Lecture** – Delivered by prosthodontist Stephanie W. Yeung, DDS, on From Scan to Smile: A Paradigm Shift in Complete-Arch Implant Rehabilitation, this lecture will delve into advanced methodologies to achieve predictable and high-quality outcomes.
- **Global Health Café** – Presented by the International Association of Oral and Maxillofacial Surgeons (IAOMS), this session brings together experts from across the world to discuss the latest cutting-edge innovations and global trends.
- **How I Do It sessions** – Taught by colleagues, these short presentations provide highlights on topics such as facial scar management, transnasal SARPE and osteoradionecrosis.

- **International Expert Forums** – Hosted by the Mexican Association of Oral and Maxillofacial Surgery (AMCBM), the Latin American Association of Oral and Maxillofacial Surgery and Traumatology (ALACIBU) and IAOMS, these sessions will feature international speakers providing expertise on topics such as rhinoplasty in cleft lip and palate and personalized surgery.

### Explore networking opportunities

Reconnect with familiar faces and forge new professional relationships. Options include:

#### ■ Sept. 17

- **Keynote Lecture** – Delivered by Michael Beschloss, an award-winning presidential historian and bestselling author of 10 books, on Leadership Lessons From the White House.
- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Honors dozens of OMS innovators and colleagues for research, advocacy, education and other areas.

*continued on next page*

## 2025 AAOMS ANNUAL MEETING *(continued)*

- **Welcome Reception** – All are welcome to celebrate award honorees at this complimentary social event.

### ■ Sept. 18 and 19

- **Exhibit Hall** – Explore the latest technological advancements, innovations and products in the field from an expected 100-plus exhibitors. Don't forget to play the AAOMSopoly game by scanning QR codes at participating booths and answering questions for a chance to win prizes.
- **CIG/SIG Meetings** – Attend lunchtime meetings of Clinical Interest Groups and Special Interest Groups. On Sept. 18, the Anesthesia, Cosmetic Surgery, Global Surgery, Orthognathic Surgery and Sleep-Related Breathing Disorders, and Trauma CIGs and the Women in OMS SIG will meet. The Sept. 19 CIG meetings include Neurology, Pathology and Reconstruction, Pediatric Surgery, Predoctoral Education and Temporomandibular Disorders.
- **Complimentary Attendee Lunch** – Grab a meal in the Exhibit Hall on Thursday and Friday.
- **Eat, Drink and Be Industry-Educated sessions** – Learn about the latest technologies in the OMS field during morning, lunch and afternoon breaks.

## Chat with Dr. Byte

Meet Dr. Byte, an online AI chatbot for the AAOMS Annual Meeting.

Dr. Byte is available to answer questions like "Where is the registration desk located?" or "What is the weather in D.C. today?"

Access Dr. Byte at [AAOMS.org/AMprogram](https://AAOMS.org/AMprogram) or via text by scanning the QR code.



- **Professional headshots** – Don't miss the opportunity to have professional headshots taken in the Exhibit Hall.

### ■ Sept. 19

- **AAOMS Career Fair** – Find the right match at the Career Fair hosted by AAOMS CareerLine and Health eCareers from 3:30 to 5 p.m. at Booth 461. Job seekers looking for new opportunities are encouraged to bring resumes.
- **Faculty Section Business Meeting** – Faculty are invited to provide feedback on policy and education.
- **President's Event** – Join friends and family at the International Spy Museum for a night of food,

## Join in OMS Foundation and Alliance activities

The OMS Foundation is offering the following activities for those attending the 2025 AAOMS Annual Meeting in person:

- **Donor Appreciation Reception** – Open to all current Foundation donors on Sept. 19 at the BeerLab at the Marriott Marquis Washington, DC.
- **Poster Session Wine and Cheese Reception** – Attendees can discuss findings with poster authors and enjoy a wine-and-cheese reception at 2:30 p.m. Sept. 18 in the Exhibit Hall.



- **Foundation-sponsored lunch for faculty** – Hear from speaker Jonah Peranson, vice president of National Matching Services Inc., as he opens Faculty Section Educational Session discussions on Sept. 18.

The OMS Foundation Alliance is hosting the following events:

- **Luncheon and FUNraiser for GIVE** – Enjoy lunch while raising money for the Global Initiative for Volunteerism and Education (GIVE) on Sept. 18. Registration is required at [OMSFoundation.org/Alliance-events](https://OMSFoundation.org/Alliance-events).
- **Health Walks and Networking Breakfasts** – The Health Walks will be held at 7:30 a.m. Sept. 17, 18 and 19 with each day featuring a different route with its own sightseeing stops. The walks on Sept. 17 and 19 will be followed by breakfast. Registration is available at [OMSFoundation.org/Alliance-events](https://OMSFoundation.org/Alliance-events).



entertainment and intrigue. Roundtrip transportation will be provided from the Marriott Marquis Washington, DC, the Westin DC Downtown and the Grand Hyatt Washington.

- Review the full schedule and build a personal itinerary on the AAOMS Events App.
- Connect with the Dr. Byte AI chatbot to find answers to frequently asked questions.
- Pack business cards.

## Before you go...

- Visit [AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting) for updates and materials.
- Finalize transportation and lodging arrangements.

Explore the complete list of programming and networking opportunities by visiting [AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting). ■



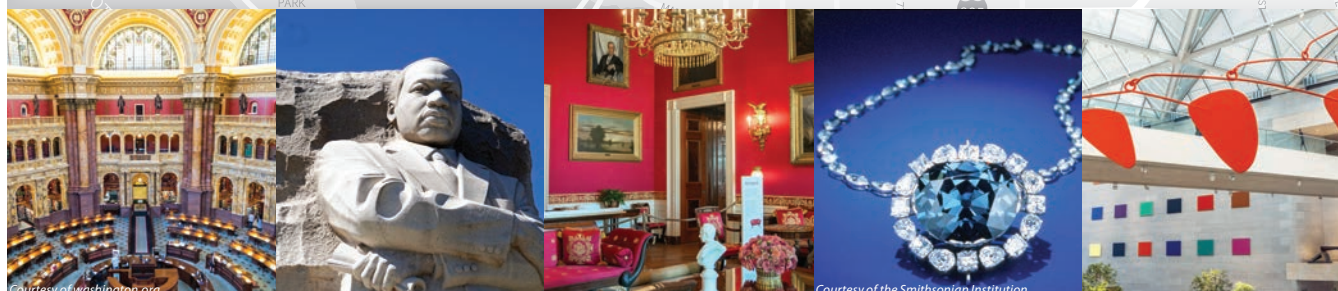
## Discover the landmarks, legacy and culture of nation's capital

The Annual Meeting headquarters in the heart of Washington, D.C., is within two miles of numerous iconic monuments, museums and Capitol Hill. Enhance the AAOMS Annual Meeting by visiting some of these sites that are free to the public:

- **National Mall** – America's most visited national park features the Washington Monument; the Abraham Lincoln, Thomas Jefferson and Martin Luther King Jr. memorials; Ford's Theatre National Historic Site; and the Korean War Veterans, Vietnam Veterans and World War II memorials.
- **Smithsonian Institution** – The world's largest museum and research complex includes 19 museums and galleries and the National Zoological Park.
- **Library of Congress** – The collection comprises millions of cataloged books and other print materials in 470 languages, millions of manuscripts, North America's

largest rare book collection and the world's largest collection of legal materials, films, maps, sheet music and sound recordings.

- **National Archives** – The Declaration of Independence, the U.S. Constitution and the Bill of Rights are housed here, along with more than 3 billion other records.
- **National Gallery of Art** – Must-see pieces include works by Mary Cassatt, Georgia O'Keefe, Pablo Picasso and Leonardo da Vinci.
- **White House** – Tours include the public rooms in the East Wing and the Residence. Note: Tour requests should be submitted through the congressional office representing the visitor's home district between seven to 90 days in advance of the requested date.



# 2025 AAOMS ANNUAL MEETING EDUCATION PROGRAM-AT-A-GLANCE



## THURSDAY, SEPT. 18

	Track	Track	Other Sessions				
7 a.m.			Industry Symposiums (GCF1, GCF2, GCF3 and GCF4)				
7:30 a.m.							
8 a.m.							
8:30 a.m.	Anesthesia Plenary: Ambulatory Anesthesia in the Modern Day (GP1a)	OSA Plenary: Modern Diagnosis and Management of Obstructive Sleep Apnea (GP2a)	Practice management sessions (PM01, PM02 and PM03)	Chalmers J. Lyons Lecture (GS01)		Begins 7:30 a.m.	Office-Based Emergency Airway Management (OBEAM) (XSIM1A)
9 a.m.							
9:30 a.m.							
10 a.m.							
10:30 a.m.	Networking break in Exhibit Hall			Research Open Forum (SOF1) Ends 11 a.m.	Advanced Full-Arch Implant Rehab for Atrophic Maxilla (XH01)		Breakfast & Learn (GPT1)
11 a.m.	Anesthesia Track: Hot-off-the-Press and Abstract Session (GP1b)	OSA Track: Hot-off-the-Press and Abstract Session (GP2b)	Practice management sessions (PM04, PM05, PM06 and PM07)	Across Borders (GS02)			Office-Based Emergency Airway Management (OBEAM) (XSIM1B)
11:30 a.m.							
Noon	CIG/SIG meetings noon to 12:30 p.m. in room 151A						
12:30 p.m.	Complimentary Networking Lunch in the Exhibit Hall 11 a.m. to 1:15 p.m.						Lunch & Learn (GPT2)
1 p.m.							
1:30 p.m.	Trauma Plenary: What Kept Me Awake at Night and How I Finally Slept: Complications in Maxillofacial Trauma (GP1c)	Orthognathic and Cosmetic Plenary: Finding the Balance: Esthetic Considerations in Orthognathic Surgery (GP2c)	Practice management sessions (PM08 and PM09)	Faculty Section Educational Session (SF1)	OMSNIC Anesthesia Patient Safety (GS03)		Office-Based Emergency Airway Management (OBEAM) (XSIM1C)
2 p.m.							
2:30 p.m.							
3 p.m.							
3:30 p.m.	Networking break in Exhibit Hall						
4 p.m.							
4:30 p.m.	Trauma Track: Hot-off-the-Press and Abstract Session (GP1d)	Orthognathic and Cosmetic Track: Hot-off-the-Press and Abstract Session (GP2d)					
5 p.m.				CAOMS on TMJ (GS04)			Snack & Learn (GPT3)

## FRIDAY, SEPT. 19

	Track	Track	Other Sessions				
7 a.m.			Industry Symposiums (GCF5, GCF6 and GCF7)				
7:30 a.m.							
8 a.m.							
8:30 a.m.	Dental Implant Plenary: Navigating the Complexities of Implant Dentistry: Innovations, Choices and Complications (GP3a)	Pathology and TMJ Plenary: Update on the Diagnosis and Management of Temporomandibular Joint Pathology (GP4a)	Practice management sessions (PM12, PM13 and PM14)	ACS Update (SOF2)	Global Health Café (GS05)		Office-Based Emergency Airway Management (OBEAM) (XSIM2A)
9 a.m.				Begins 8 a.m.			Oral Abstract Session One (SA1)
9:30 a.m.				Anesthesia Assistants Skills Lab (XASL01)	Dental Student Educ Session (SR1)		
10 a.m.							
10:30 a.m.	Networking break in Exhibit Hall						Breakfast & Learn (GPT4)
11 a.m.	Dental Implants Track: Hot-off-the-Press and Abstract Session (GP3b)	Pathology and TMJ Track: Hot-off-the-Press and Abstract Session (GP4b)	Practice management sessions (PM15, PM16, PM17 and PM18)		Digital Full-Arch Techniques for Predictable Implant Outcomes (XH02)		Office-Based Emergency Airway Management (OBEAM) (XSIM2B)
11:30 a.m.							
Noon	CIG/SIG meetings noon to 12:30 p.m. in room 151A						Lunch & Learn (GPT5)
12:30 p.m.	Complimentary Networking Lunch in the Exhibit Hall 11 a.m. to 1:15 p.m.						
1 p.m.							
1:30 p.m.	Dentoalveolar Plenary: Office-Based Management of the Challenging Patient (GP3c)	Reconstruction and Head & Neck Plenary: Update on Reconstruction of the Temporomandibular Joint (GP4c)	Practice management sessions (PM19 and PM20)	Anesthesia Assistants Skills Lab (XASL02)	Intl Expert Forum (GS07)		Office-Based Emergency Airway Management (OBEAM) (XSIM2C)
2 p.m.							
2:30 p.m.							Oral Abstract Session Two (SA2)
3 p.m.							
3:30 p.m.	Networking break in Exhibit Hall						Snack & Learn (GPT6)
4 p.m.	Dentoalveolar Track: Hot-off-the-Press and Abstract Session (GP3d)	Reconstruction and Head & Neck Track: Hot-off-the-Press/Abstract Session (GP4d)					
4:30 p.m.							
5 p.m.							AAOMS Career Fair
5:30 p.m.							
6 p.m.							

## SATURDAY, SEPT. 20

8 a.m.	Pediatric Outpatient Anesthesia: Are You Prepared? (SS01)	Do We Under-Advance the Maxilla? Pearls on Achieving Max Movement (SS02)	Trends in Office-Based Surgical Orthodontics (SS03)	How I Do It Session (SS04)	Ameloblastoma From A to Z (SS05)	Oral Abstract Session Three (SA3)	Practice management sessions (PM22 and PM23)	Office-Based Emergency Airway Management (OBEAM) (XSIM3A)	
8:30 a.m.									
9 a.m.	Diagnosis and Mgmt of Vascular Malformations in Children (SS06)	Neurostimulation for Obstructive Sleep Apnea: Multidisciplinary Team Appr (SS07)	Elevating Facial Esthetics With CO2 Laser Innovations: Techniques (SS10)	How I Do It Session (SS09)					
9:30 a.m.									
10 a.m.									
10:30 a.m.	Maxillofacial Tissue Engineering 101: From Pediatrics to Geriatrics (SS11)	Updates in Trigeminal Nerve Microsurgery (SS12)	Residents: From Reluctance to Researchers (SS13)	Delivery of Major Surgery (SS14)	Advancements in Cleft Orthog Surgery (SS15)				
11 a.m.									
11:30 a.m.		Decision-Making in Treatment of Orbital Fractures (SS17)	Update on Antibiotic Therapy for Oral and Maxillofacial Infections (SS18)	Protecting Facial Nerve in TMJ Surgery (SS19)	Current Mgmt for MRONJ: An Evidence-Based Appr (SS20)				
Noon									
12:30 p.m.									Ends 5:30 p.m.

## ON-DEMAND SESSIONS (available Sept. 15 to Jan. 31)

33 Master Classes	15 Practice management sessions	1 Team-based session
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## Resources help employers, job seekers connect

Whether seeking a new position or looking to hire, Annual Meeting attendees can access a range of tools and resources to support their professional goals.

### Career Fair

For a second year, AAOMS will host an in-person Career Fair from 3:30 to 5 p.m. Sept. 19 in the Exhibit Hall. The event – organized by AAOMS CareerLine in cooperation with Health eCareers – will encourage job seekers to explore opportunities in a variety of different practice models, including academic institutions, private practices, group practices and dental support organizations.

Job seekers may register either in advance at [AAOMS.org/CareerFairJobs](https://AAOMS.org/CareerFairJobs) or on-site.

Employers who wish to participate in the Career Fair should email [info@healthcareers.com](mailto:info@healthcareers.com) or call 888-884-8242 for information.

### CareerLine

AAOMS CareerLine, the official online job board for the specialty at [AAOMS.org/CareerLine](https://AAOMS.org/CareerLine), will be on-site at the Annual Meeting. Attendees are encouraged to visit the AAOMS Membership Services / CareerLine booth in the Exhibit Hall to:

- Chat in-person with an AAOMS CareerLine representative.
- View or post openings on the physical job board.
- Request a complimentary resume review.



Welcome  
to the  
**AAOMS  
CAREER  
FAIR!**

### AAOMS Career Fair

Friday, Sept. 19

3:30 - 5 p.m.

Exhibit Hall



AAOMS CareerLine links oral and maxillofacial surgeons with hiring organizations throughout the year.

- **Job seekers** – More than 250 job listings from top OMS organizations are posted online, with users able to create job alerts that match search criteria, explore enhanced profiles to learn more about employers before applying and access services such as resume/CV review, contract negotiation assistance and a cover letter generator. CareerLine also features career advice, industry news and e-newsletters.
- **Hiring organizations** – Employers have access to hundreds of qualified OMS candidates and a comprehensive resume database. CareerLine offers personalized customer support to streamline job posts and refine hiring strategies.

AAOMS CareerLine's Annual Meeting promotion offers a 20 percent discount off all job postings from Aug. 20 to Sept. 20. Beginning Aug. 20, visit [AAOMS.org/CareerLine](https://AAOMS.org/CareerLine) to post a job online and enter AAOMS2025 at checkout to receive the discount. For help posting an open job position, call 888-884-8242 or email [info@healthcareers.com](mailto:info@healthcareers.com). ■

### Advertise job openings in AAOMS Today

The *AAOMS Today* classifieds section offers a platform to share faculty, practice and fellowship openings with all of AAOMS membership. For ordering forms, see page 75.

# Migraines and malocclusion to ‘total relief’: How

*To recognize the 2025 AAOMS Annual Meeting theme of The Patients We Serve, each issue of AAOMS Today during AAOMS President Dr. J. David Morrison’s term will feature an article about unique and impactful oral and maxillofacial surgery cases. The stories will highlight the importance of the individual care that OMSs give to their patients and the effect treatment has on patients’ lives.*

Victoria Batchelor had been experiencing pain in her jaw and side of her face for years by the time she finally saw an oral and maxillofacial surgeon. When she initially brought it up to her dentist, they didn’t have any suggestions besides shaving down her teeth.

“My dentist was not listening to me at all. I was like, something’s not right here. So I took it into my own hands and found someone,” said Batchelor, now 32.



Dr. Bouloux

At the time, she had heard about the temporomandibular joint but did not know that it could be the cause of her pain. So when a Google search about facial pain pointed her to an oral and maxillofacial surgeon, she made an appointment to see what the issue might be.

Batchelor would undergo two surgeries and move several

states away before she found relief for her symptoms. Her third surgery – a total TMJ replacement with Gary F. Bouloux, DDS, MD, FRACDS, FRCS, MDSc, FACS – was what finally did the trick.

“It was immediate relief after the surgery. It was a complete 180. There was muscle pain because they had to go in through the muscle and under it to get to the joint and put it in, but besides that, the joint was not hurting at all. It was amazing compared to the fact that I had been having so much pain for so long,” Batchelor said.

## The lead-up

Prior to moving to Georgia, Batchelor saw an OMS in Alabama, who performed an arthroscopy procedure in 2020. Dr. Bouloux said that this is always his first line of attack when it comes to TMJ pain, as the procedure cannot only help address the pain but also assess its cause.

The arthroscopy did not fix her issue, which Dr. Bouloux said is the case for about 30 percent of patients who undergo arthroscopy for TMJ pain.

Her joint continued to degenerate, and Batchelor eventually developed an open bite. To address it, she first had braces installed, which she wore for several months. She then underwent orthognathic surgery. Afterward, she wore rubber bands on her braces to fix the malocclusion.

While the surgery seemed to fix the problem of her open bite, Batchelor was still experiencing pain in her TMJ. The pain progressed until she began developing migraines, and she would often feel pain in her neck and the rest of the face from clenching her jaw.

*“Twenty years ago, we wouldn’t have done this. We would have done arthroscopy. We would have done open surgery on the joint to try and repair whatever is in there, maybe done another surgery on the joint to try and repair.”*

*– Dr. Gary F. Bouloux*

When she told her OMS that she was moving to Atlanta, Ga., to attend nursing school at Emory University, he referred her to Dr. Bouloux for next steps in addressing her pain.

“I didn’t know what the next step would be, or even if I needed something. I just knew that it was really bothering me, and I was not getting any relief after the past two surgeries so I needed to figure something out,” Batchelor said.



## a TMJ replacement relieved a patient's pain

Dr. Bouloux said his first priority when seeing a patient with facial pain is determining an accurate diagnosis. There are hundreds of sources of facial pain, so assessing the patient to choose the “right procedure at the right time for the right patient” is vital, Dr. Bouloux said. Diagnosis also is the hardest part of the treatment process, he said, and it relies mainly on taking a thorough history of the patient. For Dr. Bouloux, the imaging is just “icing on the cake” that can help corroborate the history.

He compared taking a history of facial pain to taking a history of chest pain. “Some of the questions you ask really will enable you to make a diagnosis of whether they’re having a heart attack; it’s similar here. They’re very specific and standardized questions that get asked of every patient every time. And depending on the answers, that really provides great insight into whether the pain is coming from within the joint or coming from somewhere else,” Dr. Bouloux said.

Dr. Bouloux diagnosed Batchelor with intra-articular pain and dysfunction (IPD) after taking her history, assessing her MRI and ordering a CT scan, which showed appreciable right-side osteoarthritis. Typically, Dr. Bouloux would first recommend over-the-counter remedies to IPD patients, such as icing, eating a softer diet and taking anti-inflammatories and muscle relaxants, but most patients – like Batchelor – have already tried these methods when they come for their initial assessment.

The next step would be to perform an arthroscopy, which has therapeutic benefits for about 70 percent of patients, Dr. Bouloux said. Because Batchelor had already had an arthroscopy from a trusted oral and maxillofacial surgeon, Dr. Bouloux felt comfortable moving her straight to the total joint replacement. The fact that she had not had an open-joint surgery prior made her chances of success higher, Dr. Bouloux said.

Batchelor was not enthused about the idea of doing a third surgery, but knew the total joint replacement was essentially her last resort.

“At that point, there just wasn’t any other option. It wasn’t that it was an easy choice. I really didn’t want to go into another surgery, especially because I was hoping jaw surgery number



*Left: Victoria Batchelor after her total joint replacement surgery. She is currently studying to become a nurse practitioner.*

one would have fixed everything. Once you’ve had multiple surgeries, you don’t want to go back in. Plus, there’s always the risk of when they’re starting to cut in your face, some of the risk is potential nerve issues,” Batchelor said.

Dr. Bouloux assured her that while he does occasionally and infrequently see facial nerve damage, he does all he can to limit the risk of complications, which also include infection.

“There was a lot of confidence in him doing the procedure, because it’s something he does a lot. He was very reassuring. It was easy to work with him. Any questions I had, he answered. He was there when I needed to call,” Batchelor said.

### Patient-specific implant and surgery

To make a new TMJ for replacement, Dr. Bouloux sends the CT scan he took to Stryker, whose team uses it to build a three-dimensional model of the skull. Then, an engineer at Stryker and Dr. Bouloux get on a video conference call and design a prosthesis and decide what areas of bone need to be removed. Within 10 weeks of the call, they create and ship the final joint replacement to Emory.

“From the CT scan being completed to the virtual surgery planning to the shipping of the joint to the hospital of choice is probably 12 weeks. That’s probably the fastest it can be right now,” Dr. Bouloux said.

*continued on next page*



Batchelor waited until she had a break from school in August 2024 to undergo the total joint replacement. While the surgery only takes about two hours to complete, patients are kept overnight so antibiotics can be administered intravenously both before and after the procedure to help lower the risk of infection.

Batchelor said she felt immediate relief after the surgery, besides the general surgical pain. She also noted that the recovery was easier than her first two surgeries, which required her to follow a soft food and no-chew diet. After the total joint replacement, she could eat whatever she wanted, and she didn't have to do as many of the exercises or stretches she was prescribed following the first two procedures.

"Out of all three of the surgeries, it was the easiest. Even though the bone was removed, and a new joint was completely placed in, because I could immediately go back to eating," she said. "It's kind of a hard pain to describe if you've not felt it, but the joint itself didn't hurt."

### The benefits of a more 'aggressive' approach

Dr. Bouloux said that Batchelor is a good example of the benefits of being more aggressive with treatment from the start, and for utilizing TMJ replacement more readily. Emory performs more TMJ replacements than any other institution in the country; Dr. Bouloux estimates about 100 per year, in addition to about 300 arthroscopies.

The approach to TMJ disorders has changed significantly over the years, particularly due to the invention and eventual improvement of the total joint replacement. The very first TMJ total joint replacement was performed at Emory in 1997, Dr. Bouloux said, but even in the decade before and after, the standard of care leaned more toward minimally invasive procedures such as arthrocentesis or arthroscopy, depending on an OMS's level of training. Because there often was not one standardized procedure that all OMSs were capable of doing, there was never one standardized approach to TMJ, Dr. Bouloux said.

"Twenty years ago, we wouldn't have done this. We would have done arthroscopy. We would have done open surgery







on the joint to try and repair whatever is in there, maybe done another surgery on the joint to try and repair. And then at some point make a decision to do total joint replacement because it's the end of the road. We've moved a lot now to being a little bit more aggressive and doing the total replacement initially because the outcomes are just so much better," Dr. Bouloux said.

The argument for a direct approach from arthroscopy to TMJ replacement is strengthened by the fact that TMJ surgery is not as invasive as it used to be and does not require long recovery times. By jumping straight to total joint replacement after arthrocentesis or arthroscopy, patients can often bypass other issues that may arise from a damaged TMJ, such as malocclusion, in Batchelor's case.

"It became more the standard when the predictability of the total joint came around and we were doing enough of them, when we got experience with it and there was more acceptance that putting a total joint in a patient wasn't overly aggressive but maybe just a better decision," Dr. Bouloux said. Now, the philosophy Dr. Bouloux follows is to perform a minimally invasive procedure, such as arthrocentesis or

*For me, it ended up being a really good decision. If I get this left side done, I will definitely go back to Dr. Bouloux, and I know that that should take care of everything.*

*– Victoria Batchelor, patient*

arthroscopy, followed if necessary by an open procedure – which he argues should be a total joint replacement in many instances.

Dr. Bouloux highlights Batchelor as a patient who experienced discomfort for an extended period of time, noting that it took her more than four years from initially asking a healthcare professional about the TMJ pain to eventually getting relief. He hopes to provide shorter timelines for his patients.

"You really should be able to get everybody within six months from onset to resolution. You can't help every single patient because pain is complicated and the causes of pain are complex, but that really should be a better timeline. I think she's a good example of someone who did well but probably could have done better sooner," he said.

Another issue of shortening that timeline, Dr. Bouloux said, is ensuring dentists are knowledgeable about TMJ disorders and have experienced oral and maxillofacial surgeons to whom they can refer patients. He posited that when average people in America go to a dentist or doctor to talk about TMJ pain, they often are unsure if they have found the right practitioner.

"They can be lost in the system for years before finally working out where to go, which is sad," Dr. Bouloux said.

Batchelor is now working in an intensive care unit and studying to become a nurse practitioner. Her migraines have disappeared, and the day-to-day tasks of eating and talking have become easier since her surgery.

Batchelor still experiences some pain on her left side and is considering having another total joint replacement on that side in the future.

"For me, it ended up being a really good decision. If I get this left side done, I will definitely go back to Dr. Bouloux, and I know that that should take care of everything," Batchelor said. ■



*Victoria Batchelor's left temporomandibular joint was degenerating when she first saw Dr. Gary F. Bouloux at Emory University. The bottom middle and right scans show the patient-specific implant utilized in her total joint replacement surgery.*



# Invite referring dentists to improve communication,

Every successful dental implant case relies on a network of skilled collaborators. Oral and maxillofacial surgeons drive success by forging strong referral relationships that power each phase of the implant journey – selecting the right patients, crafting precise treatment plans, performing surgery and delivering seamless restorations. The AAOMS Dental Implant Conference plays a vital role in fostering this collaboration, offering OMSs and their restorative partners an opportunity to learn together and strengthen their team-based approach.

“The educational offerings at the 2025 AAOMS Dental Implant Conference cater to a diverse audience, which is why one in three AAOMS members attends with a restorative team. Hearing the same clinical guidance reinforces each person’s role and strengthens the implant team,” said AAOMS President J. David Morrison, DMD.

“When attending the Conference together, OMSs and their team members gain a shared understanding of the latest clinical developments, improve communication and better coordinate care for their patients,” Dr. Morrison said. “Additionally, OMSs and general dentists can deliver more seamless, effective care when they share knowledge and treatment plans.”

Scheduled Dec. 4 to 6 at the Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online, the 32nd Conference

will focus on team-based implant care – combining surgical expertise with restorative precision to improve outcomes. This year’s theme underscores the value of clinically proven, research-backed innovations tailored for real-world practice and implemented through a coordinated team approach.

Attendees will explore surgical-restorative coordination, digital workflows, clinical techniques and communications strategies to enhance efficiency across the referral network. Expert-led sessions, interactive case discussions and hands-on training will create a collaborative environment for OMSs and their trusted dental partners to learn side by side – elevating patient care through shared knowledge and aligned treatment planning.

## Reinforce referral trust through education

This spirit of collaboration is brought to life through the experiences of OMSs and their referring dentists, who strengthen their professional bonds and deepen mutual trust by learning together at the Conference.

Over the years, AAOMS member Jeffrey S. Dean, DDS, MD, FACS, of Dakota Dunes, S.D., developed a strong collaboration with Iowa general dentist Charles Kiple, DDS, of Sioux City. “We work together well in developing treatment plans for his implant patients. I can trust him with the restorative aspects of implants,” Dr. Dean said.

This mutual trust and Dr. Kiple’s commitment to ongoing education are why Dr. Dean has twice invited his colleague to the AAOMS Conference. “We learn together, and we become better at treating our patients,” Dr. Dean said.



**The Office-Based Emergency Airway Management (OBEAM)** module, part of AAOMS’s National Simulation Program, will be offered exclusively to members of the Association offsite at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill., on Dec. 4. OMSs can expect to master techniques for administering and monitoring the office-based delivery of anesthesia through intensive, real-life experiences. Visit [AAOMS.org/OBEAM](https://AAOMS.org/OBEAM) to learn more.



Top right: Chi Viet, DDS, MD, PhD, FACS, presents at the 2024 Dental Implant Conference. Above: The Anesthesia Assistants Skills Lab will be offered at the Dental Implant Conference on Dec. 5 and 6 this year.

# collaborate on surgical and restorative approaches

Dr. Dean said the AAOMS Dental Implant Conference stands out due to its focus on understanding implant complications and treatment options.

AAOMS member Douglas M. Galen, DDS, of Beverly Hills, Calif., also values the collaborative approach the Conference emphasizes. Last year, he invited his California colleagues Peter L. Sheerin, DMD, a general dentist in Los Angeles, and Dean L. Ramus, DDS, a prosthodontist in Beverly Hills. Dr. Galen describes them as highly qualified dentists with a strong focus on implant dentistry in a multidisciplinary setting.

"Having them beside me at the Dental Implant Conference, we discuss the surgical and prosthodontic concepts that are being presented. They are interested in seeing the surgical approaches that help them understand what can and cannot be accomplished from a surgeon's eye, and I am able to see what can and cannot be accomplished from a restorative dentist perspective," Dr. Galen said.

After the sessions, the three gather to discuss their ideas for academic understanding. "What is nice at the AAOMS Conference is the alternating approach between restorative and surgical presentations," he said.

Dr. Sheerin said the joint learning enhances their collaboration. "We can troubleshoot our shared patient cases, employing what we have heard earlier in the lecture hall," Dr. Sheerin said.

He praised the 2024 Dental Implant Conference as the most valuable continuing education he experienced all year. "This Conference is the best CE around," Dr. Sheerin said.

According to Dr. Sheerin, the value lies in the lecturers being clinicians. "It's wonderful to hear that the lecturer shares the same frustrations. It's their workarounds and solutions that are the pearls," he said.

The AAOMS Dental Implant Conference has become a yearly must for Matthew Matuszak, DDS, a general dentist in Brighton, Mich., who was invited by AAOMS member Fredric L. Bonine, DDS, MS. "In 29 years, I think I missed four," Dr. Matuszak said.

He finds the Conference very informative. "I enjoy seeing people from around the world and catching up on the latest upgrades and procedures," Dr. Matuszak said.



## Plan ahead for the 2025 Dental Implant Conference

**When:** Dec. 4 to 6

**Where:** Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online

**Who:** OMSs and the entire restorative team

**Registration/Information:** Visit [AAOMS.org/DIC](https://AAOMS.org/DIC).

**Access:** Registrants will have access to all general sessions as archived recordings for 60 days after the event.

### » Register by Oct. 31:

» **\$100 off** for AAOMS fellows/members, general dentists and other dental professionals

» **\$50 off** for AAOMS resident members, AAOMS allied staff and professional staff

## Exclusive discounts for referring dentists

AAOMS members can invite referring dentists and staff to attend the Conference at a discounted rate. These exclusive promotional codes are designed to support interdisciplinary team learning and encourage ongoing referral relationships.

Visit [AAOMS.org/DICspecial](https://AAOMS.org/DICspecial) for more information. Registration is now open.

"Inviting the full implant team to the AAOMS Dental Implant Conference is a step toward delivering more unified, patient-centered care," said Dr. Morrison. "And by attending together, OMSs and their restorative partners can align on the latest clinical advancements, strengthen communication and enhance treatment coordination, ultimately leading to improved outcomes." ■



# 100-plus members met in nation's capital to

More than 100 AAOMS members convened in Washington, D.C., in March for the 24th Annual Day on the Hill, making this year's gathering one of the most attended to date. Participants educated members of Congress and their staff about the specialty of oral and maxillofacial surgery and advocated for the Association's federal legislative priorities: Medicare physician payment cuts, student loan repayment reform, drug and supply shortages, and health insurance coverage for patients with congenital craniofacial anomalies.

A total of 86 OMSs and 21 residents – including 49 first-time attendees – met with 180 congressional offices. This year's event drew members from the District of Columbia and 40 states, the largest number of states represented since AAOMS began consistent tracking in 2013.

AAOMS President J. David Morrison, DMD, thanked attendees for their participation. "Your presence here makes a real difference, and AAOMS couldn't achieve this important work without you," he said. "I know it's not easy to step away from your families and patients – especially for those who traveled across the country. Your dedication does not go unnoticed. On behalf of the AAOMS membership and Board of Trustees, I want to express our deep appreciation for your participation."



## Calling to halt Medicare payment cuts

Physicians, including OMSs, began incurring a 2.83 percent cut on Medicare payments on Jan. 1, which comes on top of a 1.69 percent cut in 2024. According to an American Medical Association analysis of Medicare Trustees data, when adjusted for inflation, Medicare payments to clinicians have declined by 33 percent since 2001, and physicians also are the only Medicare provider group that does not receive an inflationary update. Congress has the statutory authority to intervene to prevent this cut; however, it failed to do so before adjourning at the end of last year.

Attendees urged Congress to act quickly to halt the cut by passing the bipartisan Medicare Patient Access and Practice Stabilization Act (HR 879), introduced by Reps. Greg Murphy, MD, (R-N.C.) and Jimmy Panetta (D-Calif.). The bill would halt the existing 2.83 percent payment cut and provide a 6.62 percent payment update through the end of the year to offset the cut's impact and address inflationary pressures. More than 30 House members have cosponsored the bill since Day on the Hill. Attendees further urged Congress to reform the Medicare physician payment system to prevent the annual threat of cuts and provide long-term sustainability to the program for patients and reimbursement stability for providers.



(Left to right) Rep. Herb Conaway, MD (D-N.J.) and his staffer Laney O'Shea meet with Orville Morales, Director of Advocacy and Health Affairs at the New Jersey Dental Association, and Dr. Anayo Adachie.





# advocate for the OMS specialty's top priorities

## Increasing support for the REDI Act

Attendees discussed the significant student debt OMSs face and its impact on their practice decisions. A 2024 student loan survey of AAOMS members who completed residency within the last five years found that 75 percent had student debt of \$300,000 or more upon finishing residency. Additionally, 72 percent said their debt affected where and how they practice. Attendees advocated support for the Resident Education Deferred Interest (REDI) Act (S 942/HR 2028). The bipartisan, bicameral legislation was recently reintroduced by U.S. Sens. Jacky Rosen (D-Nev.) and John Boozman (R-Ark.) as well as

U.S. Reps. Brian Babin, DDS, (R-Texas) and Chrissy Houlahan (D-Pa.) and is supported by nearly 40 other medical and dental provider organizations.

Since 2012, medical and dental residents have accrued interest on their federal student loans, even if they qualified to defer the payments during residency. The REDI Act – initiated by AAOMS and first introduced in 2019 – would restore the ability for medical and dental residents to defer their federal student loans interest-free while serving in a medical or dental internship or residency program, saving thousands of dollars of additional interest over the course of the loans.

*continued on next page*



*Top photo: Rep. Robert Aderholt (R-Ala.) (center) meets with (left to right) Drs. Chris Bannon, Mark McIlwain, Warren Arrasmith and Kenneth Zouhary. Middle photos: (Left to right) Drs. Donald Johnson, Joel Funari, David Baughman, and Bryant Jones gather in Washington, D.C. Bottom photo: Andrew E. Bertagna, DMD, MD, (left) meets with Rep. Raja Krishnamoorthi (D-III.)*

Nearly 40 House and three Senate members have agreed to cosponsor the REDI Act since Day on the Hill.

### **Prioritizing drug and supply shortages**

OMSs continue to face shortages of critical medications (e.g., IV fluids, sedatives and emergency rescue drugs) despite past legislative and regulatory prevention and mitigation efforts. This past year, natural disasters created additional shortages, underscoring the need for solutions. During their congressional meetings, attendees shared personal challenges in delivering quality patient care due to the temporary or long-term absence of essential medications. They highlighted several bills aimed at preventing drug and supply shortages, introduced in the last Congress and supported by AAOMS, and encouraged Congress to reintroduce these bills in the 119th Congress.

### **Advocating for ELSA**

AAOMS has been advocating alongside a coalition of patients and medical and dental providers for the reintroduction of the Ensuring Lasting Smiles Act (ELSA) that passed the House in 2022 during the 117th Congress but did not advance in the Senate. First introduced in 2018, ELSA would close health benefit plan loopholes to ensure all group and individual health plans cover provider-directed medically necessary services – including dental procedures – for congenital craniofacial anomalies such as cleft lip and palate or hypodontia.

ELSA was last reintroduced in 2021 in the 117th Congress by U.S. Sens. Tammy Baldwin (D-Wis.) and Joni Ernst (R-Iowa) as well as former U.S. Reps. Drew Ferguson, DDS, (R-Ga.) and Anna Eshoo (D-Calif.). During Day on the Hill meetings, attendees communicated that the sponsors expected a new bill to be introduced within a few weeks and pledged to follow up with congressional offices to seek cosponsorship. ELSA was reintroduced in the 119th Congress in early May.

### **Advocacy engagement**

Resident participation was robust at Day on the Hill. Six of the 21 residents in attendance received the Dr. Gerald Gelfand Day on the Hill Scholarship from OMSPAC to help cover their travel expenses. The scholarship program honors the late oral and maxillofacial surgeon of Woodland Hills, Calif., who passed away in 2013 and was a supporter of AAOMS advocacy resident causes throughout his career.

“This was my second year attending Day on the Hill,” said John Law, DDS, a resident at the University of Kentucky and scholarship recipient. “It is truly an incredible opportunity to not only connect with your colleagues but also advocate for the future of our profession. The programming is designed to make first-time attendees feel confident speaking with legislators by providing informational sessions about the bills and the meeting process. I would encourage every OMS to make this event an annual priority.”

To ensure advocates of all experience levels were ready for their congressional visits, the Day on the Hill program kicked off with a session to prepare first-time attendees for their meetings. AAOMS Committee on Governmental Affairs Chair Erik D. Warren, DDS, MD, and staff conducted a mock congressional meeting to illustrate protocols for a successful congressional visit. Dr. Warren, joined by AAOMS lobbyists, emphasized the importance of participation from all 50 states and by multiyear Day on the Hill attendees to build long-term relationships with members of Congress and congressional staff who trust and rely on their expertise.

AAOMS and OMSPAC, the Association’s political action committee, cohosted a cocktail reception and dinner featuring political analyst Charlie Cook, founder of the independent, nonpartisan Cook Political Report and whom the Wall Street Journal once called “the Picasso of election analysts.” He discussed the current dynamics shaping the federal political climate and answered questions on a wide range of political topics from the audience.

Dr. Morrison presented U.S. Rep. Kim Schrier, MD, (D-Wash.) with one of two 2025 AAOMS Outstanding Legislator of the Year Awards for her support of Medicare physician payment reform efforts, ELSA and the Dental and Optometric Care (DOC) Access Act, which would prohibit Employee Retirement Income Security Act of 1974 (ERISA) plans from capping fees on services they do not otherwise cover. Rep. Schrier, a pediatrician, spoke about bipartisan efforts to address the impact of Medicare physician payment cuts, the potential threat of Medicaid cuts and her commitment to serve as the lead House Democrat on ELSA upon its reintroduction in the 119th Congress.

Attendees heard from Rep. Gabe Evans (R-Colo.), a freshman member of Congress and a new member of the House Committee on Energy and Commerce, which has jurisdiction over many healthcare issues. Rep. Evans spoke about his journey to Congress and how he is looking forward to working on addressing important healthcare issues, including those impacting the specialty.





Attendees also had the opportunity to ask questions of AAOMS's Washington, D.C.-based lobbyists from Polsinelli PC on AAOMS's legislative priority issues as well as the best way to ask congressional offices for their support.



OMSPAC Board of Directors Chair Steven M. Roser, DMD, MD, FRCSEd, FACS, highlighted OMSPAC's role in AAOMS's advocacy efforts and promoted participation in OMSPAC's Day of Giving campaign. Later in the day, AAOMS President-Elect Robert S. Clark, DMD, and Vice President Charles A. Crago, DMD, MD, FACS, presented Rep. Jeff Van Drew, DMD, (R-N.J.) with the second AAOMS Outstanding Legislator of the Year award in his office on Capitol Hill in recognition for his support of ELSA, the REDI Act and the DOC Access Act as well as the Rolling Active Pharmaceutical Ingredient and Drug (RAPID) Reserve Act and the Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act, two bills from the 118th Congress that would address drug and supply shortages and increase dentist participation in Medicaid by improving the credentialing process, respectively.

## Attendee perspectives

Both new and returning participants said Day on the Hill is an impactful grassroots advocacy event.

First-time attendee Meredith A. Blitz, DDS, of Pompton Plains, N.J., said the process was "beyond organized and the team was so supportive throughout the experience. Learning the inner workings of Capitol Hill was a fantastic experience and one I will never forget. I really think every AAOMS member should volunteer at least once in their career to see the work that



*Clockwise from top: Jeffrey S. Brown, DMD, of Mississippi, meets with Sen. Cindy Hyde-Smith (R-Miss.) and staff; AAOMS President-Elect Robert S. Clark, DMD, (left) and Vice President Charles A. Crago, DMD, MD, FACS, (right) present Rep. Jeff Van Drew, DMD, (R-N.J.), the 2025 AAOMS Outstanding Legislator of the Year Award; AAOMS President J. David Morrison, DMD, presents Rep. Kim Schrier, MD, (D-Wash.), the 2025 AAOMS Outstanding Legislator of the Year Award.*

AAOMS does to ensure our success in the heart of government. Now more than ever, strong representation is needed."

Christopher J. French, DDS, of Asbury, Iowa, said he has participated in Day on the Hill for over 10 years and enjoys "the camaraderie with colleagues from around the country. Establishing relationships with legislators is key for us as a specialty to make sure we have a voice in policy that affects our patients." ■

**Join AAOMS colleagues in Washington, D.C., for next year's Day on the Hill, scheduled for March 17 and 18.**



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James R. Hupp, DMD, MD, JD, MBA,  
FACS  
AAOMS Today Editor

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*“The refusal to see patients after-hours spans all generations. It just seems to be becoming more prevalent.”*

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*Please email me at [jhupp@aaoms.org](mailto:jhupp@aaoms.org) with your comments, questions and suggestions. I look forward to hearing from you.*

## FOR WHAT IT'S WORTH

### Quest for work-life

A Wall Street Journal article<sup>1</sup> that recently caught my eye starts with the story of a 63-year-old Florida surgeon who is on call for the local emergency room five to seven nights each month. He shares this responsibility with a few other surgeons of similar age, while younger, more specialized surgeons are exempt from these on-call duties. In the story he laments, “All us old guys are taking ER call, and you got guys in their 30s at home every night. It’s just a sore spot.” Conversely, a 40-year-old hospitalist works scheduled shifts so she can finish her workday at a designated time. “We have to take care of ourselves in order to take care of other people,” she is quoted saying, adding that many in her generation are juggling responsibilities involving their young children and aging parents.

During my education and training and then into my career, being a doctor was clearly a calling to me. That was the expectation of my faculty during professional school and residency training and of my colleagues across the country. While in training, we were engaged in patient care for long hours with relatively little time off. And even when it was our time to leave, we would stick around longer to make sure the person taking over fully understood the patients’ situations and the care we were managing to help minimize the effects of the doctor transition.

During my training years and then in academic practice, being on a hospital staff was necessary to practice much of the scope of our specialty, as was true of other types of surgeons. That included taking on night and weekend call responsibilities on a regular basis. The same was true for my private practice colleagues. Of course, some OMSs would grumble about call duty but felt it was part of fulfilling their societal role as doctor caregivers.

The notion that being a doctor was a sacred duty was unquestioned and supported in popular culture by television shows and films (think “Marcus Welby, M.D.,” “Ben Casey,” “Dr. Kildare” and even “M\*A\*S\*H”). Patients expected and appreciated their doctor’s dedication to their care and became distressed when they learned another doctor would be taking over their treatment. This commitment by health professionals garnered doctors to be held in high esteem and highly valued members of society. Doctors were put on a pedestal, some would say.





# balance reshaping hospital call duties

## Times are changing

However, things are changing, as is stated in the WSJ article. For decades, doctors simply accepted long working hours with punishing schedules, believing it was their duty to make such sacrifices in the name of patient care. They did so, recognizing that their colleagues prided themselves on following the same practice. But a younger generation of doctors is questioning that culture, much to the chagrin of more senior practitioners.

Newer graduates of residency programs have developed a different attitude toward their life priorities. It is unclear, to me at least, when this occurred. Clearly it wasn't overnight or a generalized phenomenon. But many young surgeons began seeking more work-life balance, which might be a "I know it when I see it" term. Author and work-life balance expert Joan R. Kofodimos defines it as "a satisfying, healthy and productive life that includes work, play and love, that integrates a range of life activities with attention to self and to personal and spiritual development, and that expresses a person's unique wishes, interests, and values."<sup>2</sup> Well, who could argue that's not a nice aspiration for life? Sure, it is. However, for doctors in general, and surgeons in particular, some might say it conflicts with the concept of placing the patient's interests above one's own. But does it?

In a 2021 editorial for the *Journal of Oral and Maxillofacial Surgery*, I wrote about how a surgeon cannot be at their best professionally if the surgeon is not well in both mind and body. Beyond that, a surgeon's mental well-being can

be compromised if a member of their family or close friend is having problems. This might be extrapolated to say if surgeons feel tired and overworked or worry they are not providing support to family and friends, they cannot deliver optimal patient care.

## Work-life balance?

Does that mean those of us who worked long hours for decades and missed important moments in our personal lives were chumps or gave patients less than our best? I don't believe that for a second. Do I regret missing some important events in the lives of my kids? To some extent. Do I wish I could go back and have more work-life balance in my career? Only if more hours could have been magically added to each day. I'm satisfied the four kids my wife and I raised received enough of my time to be happy and successful. Sure, my golf game suffered badly and never really blossomed. But I gladly accept that trade-off. Why? Because I did feel a duty to my patients and profession that I worked hard to fulfill.

Some members of our specialty claim the new generation lacks the sense of duty that once existed. I highly doubt that. Perhaps their sense of duty is tempered by their set of priorities and life vision, seeking more balance between their calling as a surgeon and obligations to personal well-being and the well-being of loved ones. I believe the key word here is "balance." My concern is that some younger OMSs may overly prioritize the "life" side of the equation at the expense

*continued on next page*





of the “work” side. (As an aside, I never considered my career as work. I enjoyed every aspect of what I did and still do. Some might find that hard to believe, but for me it’s true. So maybe a better term should be “career/personal-life balance.”)

Some individual OMSs might overly emphasize the need to generate a high income. That is often said to be due to the need to pay off student debt. But once that debt is satisfied, do the OMSs lessen their income expectation? It is doubtful because many now need that income to sustain their lifestyle expectations. Do I begrudge making a good income as a reasonable goal? No way. What worries me is the expectation of greater income while refusing to work longer hours or take night and weekend calls in the name of career/personal-life balance. I fear this could harm our reputation as dutiful, caring professionals.

It is already a problem in large parts of the United States. The waits to just get an appointment for simple healthcare-related procedures are ridiculous and getting worse. This, I’m told, is due in part to the corporatization of medical practices where doctors now work for corporations in defined shifts. Some say this trend also stems from rules on the length of resident duty hours, giving newer generations of doctors the idea that healthcare is actually just a job with shifts. Don’t be mistaken; I don’t have any illusions that this trend is confined to younger doctors. The refusal to see patients after-hours spans all generations. It just seems to be becoming more prevalent.

Recently I was involved in some legislative activity that included OMSs needing to testify before a legislative committee. Although it wasn’t the main issue, there was a comment about the poor availability of OMSs in the ER. I was heartened to hear a couple of younger surgeons explain how they cover ERs, but it seems many hospital ERs lack any OMSs on-call. I know ABOMS requires Diplomates to have a hospital appointment, but that does not include taking call. Many hospitals no longer require call duties for medical staff membership. Should ABOMS mandate hospital call duties for Diplomates? That would be unwise, since it’s likely to prompt an exodus of many board-certified surgeons at their next annual board registration.

## Sharing the workload

An OMS colleague of mine recently shared that a promising prospect turned down a wonderful offer to join the surgeon’s highly successful private practice due to the

expectation that all associates take night and weekend calls. This same colleague also noted that few OMSs in the area work on-call, leaving those OMSs who do to handle a disproportionate number of hospital emergency calls.

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*If all OMSs shared ER call duties in their region, the burden would be evenly distributed and less concentrated on a few OMSs.*

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If all OMSs shared ER call duties in their region, the burden would be evenly distributed and less concentrated on a few OMSs. In my colleague’s words, my good behavior is being punished while the bad behavior of other surgeons is “rewarded.” This discounts the satisfaction of providing care for those in great need and being the dedicated doctor society needs and expects. But that satisfaction can only go so far if it makes one feel unfairly taken advantage of by others. For surgeons who believe call duties interfere with their work-life balance, maybe they chose the wrong profession.

Is being a doctor a job or a calling? Should our specialty take any steps to address the issue? Those key questions must wait until my next column. ■

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OMS Foundation Chair

## \$2 million gift sparks new Millionaire Society

In a landmark act of generosity and vision, 2004-2005 AAOMS President Daniel J. Daley Jr., DDS, MS, and his wife, Mrs. Rosie Daley, made a transformational \$2 million donation to the OMS Foundation. This historic gift not only strengthens the future of the specialty but also serves as the catalyst for a prestigious new donor recognition program: The Daniel J. Daley Millionaire Society – Elevating Excellence: Honoring Visionary Philanthropists.

The Daniel J. Daley Millionaire Society was established to honor individuals who demonstrate exceptional generosity and a profound belief in the mission of the Foundation. As the founding donor of the Society, Dr. Daley embodies visionary leadership, excellence in practice and a legacy of giving back.

The hope of Dr. Daley is to inspire others to donate. This elite recognition program will celebrate those who invest \$1 million or more in the future of the specialty, acknowledging their role in elevating oral and maxillofacial surgery to new heights. Through their philanthropy, these individuals will ensure future generations of surgeons have the resources, training and support they need to advance patient care and research.

The recent gift from Dr. Daley is not the first \$1 million-plus donation to the OMS Foundation. Former Foundation Chairman Dr. Gerald E. Hanson made a \$1 million gift upon his death in 2009, establishing a precedent for transformative giving within the specialty.

### A message of gratitude and inspiration

Dr. Daley's incredible gift is a powerful reminder of what one visionary can accomplish. He has set a new standard of giving, showing that true leadership extends beyond the



Dr. and Mrs. Daniel J. Daley Jr.

*Dr. Daley's incredible gift is a powerful reminder of what one visionary can accomplish.*

operating room. This Society will not only honor him but also inspire others to follow in his footsteps.

His generosity will have a lasting impact on countless lives – from young surgeons beginning their careers to patients benefiting from innovative care and treatment. The Daniel J. Daley Millionaire Society is more than a recognition program; it's a movement to honor the past, empower the present and shape the future of oral and maxillofacial surgery.

As the OMS Foundation celebrates this remarkable contribution, it does so with deep gratitude and renewed commitment to its mission – knowing that, thanks to Dr. Daley and those who will join him in the Millionaire Society, the future is brighter than ever. ■





# AAOMS advocates for legislative initiatives

**A** AOMS has been active on several important advocacy fronts – helping reintroduce a key federal legislative priority, weighing in on proposed federal deregulation and funding cuts, and addressing state-level issues affecting OMS training, insurance, anesthesia and access to care.

## Federal level

Congress was largely consumed this spring with Republican efforts to advance a major legislative package aligned with President Donald Trump's priorities. Using budget reconciliation, the package can avoid the 60-vote filibuster in the Senate. As of early June, the package, which impacts Medicaid, student loan reform and tax reform, passed the House and is awaiting action in the Senate. AAOMS has weighed in on the package to several committees as well as House and Senate leaders.

Also of interest to the OMS specialty:

■ **Ensuring Lasting Smiles Act (ELSA)** – Sponsored by U.S. Sens. Tammy Baldwin (D-Wis.) and Jodi Ernst (R-Iowa) with U.S. Reps. Neal Dunn, MD (R-Fla.) and Kim Schrier, MD (D-Wash.), ELSA (S 1677/HR 3277) was reintroduced in the 119th Congress. One of AAOMS's 2025 federal priorities, ELSA would correct inequities in health insurance coverage for the treatment of patients with congenital craniofacial anomalies. This legislation was first introduced in the 117th Congress, passing in the House in April 2022. In preparation for its reintroduction in the 119th Congress, AAOMS worked with bill sponsors and a broad coalition of provider and patient-advocacy organizations to incorporate congressional feedback and strengthen ELSA's language.

■ **Medicare expansion** – U.S. Sen. Bernie Sanders (I-Vt.) and U.S. Rep. Lloyd Doggett (D-Texas) reintroduced legislation (S 939/HR 2045) that would expand access to dental, hearing and

vision care for Medicare recipients. With Republicans in control of Congress and the White House, the bill is unlikely to advance.

On the regulatory side, the Trump administration has moved quickly to carry out initiatives of interest to the specialty:

■ **Fluoride recommendations** – In April, HHS Secretary Robert F. Kennedy Jr. announced plans to direct the CDC to stop recommending that state and local governments add fluoride to public drinking water. He also intends to form a task force to reevaluate the health impacts of fluoride. This announcement coincided with the U.S. Environmental Protection Agency's decision to review new scientific information on potential health risks associated with fluoride consumption to inform any changes to the national standards.

■ **Fiscal year 2026 budget request** – The Trump administration in May released a FY2026 budget request seeking \$95 billion for HHS – a \$32 billion decrease from 2025. The proposal includes major funding cuts across nearly all HHS agencies, with NIH facing the largest reduction of about \$18 billion. It also details significant reorganization, consolidating 27 institutes into eight. For example, the National Institute of Dental and Craniofacial Research would be absorbed under the National Institute on Neuroscience and Brain Research. The proposal also reorganizes and combines several agencies, such as the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration, into the newly established Administration for Healthy America. The Indian Health Service is the only major agency to receive a funding increase. Others would receive no funding, including the Office for Civil Rights and the Administration for Strategic Preparedness and Response. The budget remains a proposal as Congress determines final appropriations.

■ **Higher education executive orders** – President Trump issued two executive orders related to higher education. The





first, issued in March, outlines plans to dismantle the U.S. Department of Education, raising concerns about implications for OMS program accreditation and federal student loan management. The second, issued in April, seeks to reform the higher education accreditation system, criticizing DEI-related standards and calling for reforms that promote academic freedom, transparency and increased competition among accreditors. AAOMS is monitoring these developments closely for their potential impact on OMS residency training. Meanwhile, the Office of Federal Student Aid resumed collections on defaulted federal student loans in May, ending a nearly five-year COVID-19 pandemic-era pause. Delinquent borrowers may face wage garnishment and other penalties.

■ **Deregulation agenda** – As part of the Trump administration’s broader deregulation agenda, the U.S. Treasury’s Financial Crimes Enforcement Network in March eliminated the requirement for U.S. entities to report beneficial ownership information under the Corporate Transparency Act, following a prior enforcement pause. HHS and the FDA have issued a request for information to identify outdated or unnecessary healthcare regulations, supporting President Trump’s goal of eliminating 10 regulations for every new one. Stakeholders can submit deregulatory suggestions via a dedicated portal on Regulations.gov through July 14. An April 9 memo from President Trump further directed federal agencies to fast-track the repeal of potentially unlawful regulations, allowing them to bypass public comment under the “good cause” exception.

■ **ERISA** – The U.S. Solicitor General recommended on May 28 that the U.S. Supreme Court deny the petition for review of *Mulready v. the Pharmaceutical Care Management Association (PCMA)*. AAOMS signed onto an amicus brief with the ADA in 2024 asking the Court to review an appellate court’s decision on this case, which interpreted ERISA to have broad preemptive power and effectively stripped states within the district of authority over self-funded plans. The decision conflicted with a 2020 U.S. Supreme Court ruling – *Rutledge v. PCMA* – that narrowed the scope of ERISA preemption to matters related to plan administration (e.g., scope of benefits and eligibility). The Supreme Court had asked the Solicitor General for input, likely because the case pertains to a federal statute. While the Solicitor General’s recommendation carries significant weight, the Court is not bound by it. The Court has no set timelines to decide whether to grant or deny the petition.

## State level

States and national organizations continue to pursue legislative and regulatory changes impacting oral and maxillofacial surgery:

■ **AAPD model anesthesia regulations** – The AAPD released model anesthesia regulations in April for state adoption, focused solely on moderate sedation.

■ **NCOIL** – The National Council of Insurance Legislators (NCOIL) is drafting a bill to limit facility fees. AAOMS submitted a letter highlighting OMS operating room access concerns and the importance of the Healthcare Common Procedure Coding System (HCPCS) G0330 code. This letter is available on AAOMS.org.

■ **Arkansas** – SB 347 increases Medicaid rates for anesthesia services and raises the adult special needs cap to \$1,000. HB 1840 mandates sedation dentistry coverage under both medical and dental claims.

■ **Colorado** – The state legislature recently adopted SB25-194, reauthorizing the state’s Dental Practice Act for an additional nine years. Among other provisions, the bill addresses itinerant surgical practice and mandates the inclusion of an OMS on the Dental Board, provisions championed by the Colorado Society of Oral and Maxillofacial Surgeons.

■ **New Hampshire** – The Joint Legislative Committee on Administrative Rules approved revised rules requiring deep sedation/general anesthesia permit holders to show experience sedating 20 pediatric patients (age 8 and under) within 24 months or use alternate providers. Practitioners who fail to meet this requirement must use a separate anesthesia provider when treating patients in this age group or file a form with the dental board when related to an emergent case. The package was negotiated in part by the New Hampshire Society of Oral and Maxillofacial Surgeons.

■ **New Mexico** – A new law (SB 78) allows certified registered nurse anesthetists to practice independently. Despite opposition from the New Mexico Society of OMS and New Mexico Society of Anesthesiologists, the bill passed with minimal dissent.

■ **North Dakota** – Gov. Kelly Armstrong (R) signed bills setting a 75 percent dental loss ratio (HB 1481), limiting prior authorization delays and allowing voluntary insurer-provider negotiations (SB 2375).

Visit [AAOMS.org/TrackingMap](https://AAOMS.org/TrackingMap) for the status of bills being tracked by AAOMS.

## OMSPAC

In advocacy news:

- OMSPAC raised \$298,838 from 11.37 percent of the membership as of April 30. Contributions for the election cycle include \$76,000 to 26 federal candidates.
- Visit [OMSPAC.org](https://OMSPAC.org) for details on member contribution totals and a list of candidates financially supported by OMSPAC. ■



## Communication breakdown leads to defense challenges for OMS

A patient was referred by an orthodontist to an OMSNIC-insured OMS for an orthognathic surgery consultation. Following the exam, the OMS notified the referring orthodontist via email of the plan to perform a Le Fort I with bilateral mandibular osteotomies after orthodontic preparation. When the patient presented to the OMS for surgery six months later, the OMS found the preparation was not as expected. The procedure was performed, but subsequent revision surgeries were required. It was later revealed that the orthodontist was unaware the patient was scheduled for surgery.

Read the OMSNIC Closed Claim Summary at [OMSNIC.com/guardian/vol36-no3-2025](https://OMSNIC.com/guardian/vol36-no3-2025) to learn how limited provider-to-provider communication before and after a Le Fort I procedure led to defense challenges.



■ **Oracle breach** – The Cybersecurity and Infrastructure Security Agency (CISA) issued new guidance for Oracle Cloud users after reports of unauthorized access to a legacy system. Although Oracle denies a breach of its cloud infrastructure, CISA urges organizations to reset credentials, remove embedded passwords and enforce phishing-resistant multifactor authentication to reduce risk. Organizations should report incidents and anomalous activity to CISA's 24/7 Operations Center at [report@cisa.gov](mailto:report@cisa.gov) or 888-282-0870.

■ **ASTP** – The Assistant Secretary for Technology Policy (ASTP) released the 2025 Safety Assurance Factors for EHR Resilience (SAFER) Guides, updating documents healthcare organizations use to assess and optimize the electronic health record (EHR) system safety. The update blends clinical and informatics experience, providing new tools and revised practices for safer EHRs. Reflecting 21st Century Cures Act advancements, the guides cover artificial intelligence use, device data integration and cybersecurity, supporting healthcare organizations in self-assessment, adherence scoring and continuous EHR safety improvement. Additional information is available at [HealthIT.gov/topic/safety/safer-guides](https://HealthIT.gov/topic/safety/safer-guides).

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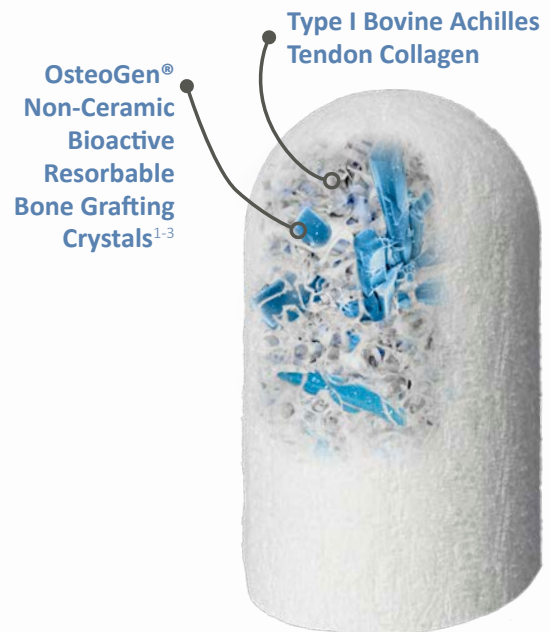
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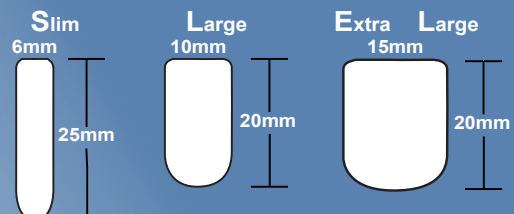
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## Proper inventory management saves time, money

Commonwealth Oral & Facial Surgery opened its doors in 1956. Since then, the practice has grown to six offices employing nine OMSs. Michelle Smith serves as office manager for two of these locations and knows first-hand the importance of proper inventory management and how it contributes directly to the success of the practice. She plays a key role in ensuring her providers always have the products they need and use on a regular basis.

**Q What information is helpful to know when ordering products and medications for multiple practice locations? What are your everyday must-have items?**

**A** Having the prior year's purchase history is very beneficial when planning ahead for inventory needs. Practice staff can use it to determine what they purchased most often and determine what they will likely need to purchase again. Your supplier may be able to provide this information to you in a readable file. The products we use most often and/or daily include anesthetics, sutures, sterilization items and disposables.

**Q As the office manager, what kind of challenges have you faced with supply and inventory management?**

**A** With multiple locations and providers, it is essential to always know what products and medications you have on-hand. When the shelves get low on products, that can impact patient care and the productivity of the practice. Office managers wear many hats, and while inventory management is a critical component of running a practice, it is only one piece of the puzzle. Having systems to manage supply and ensure your providers never run out of the items they need to deliver top-level patient care is paramount.

**Q What has your practice done or implemented to offset the challenges of maintaining supply and managing inventory?**

**A** We have automated ordering and delivery of products and medications to our practice locations. Using our previous year's purchase data, we are able to determine a reasonable frequency of delivery. Our mindset is such that if we purchased four or more of an item each month, then those became



weekly delivery items. If we ordered two of an item in any given month, we set that item for biweekly delivery. Items we order once a month became monthly items, and so on. Depending on the time of year, the practice may be busier – in which case, we adjust our auto-deliveries. When we added another OMS to our practice earlier this year, we adjusted our inventory needs accordingly.

**Q What is the biggest benefit of automating your supply orders and delivery?**

**A** It saves staff time, allowing you to set your orders up in advance and focus your time and energy on other practice needs, including patient care. ■

*ACE SOUTHERN – an AAOMS Advantage partner – offers scheduled deliveries for products used on a regular basis through its Replenish Program. Replenish customers receive a 3 percent discount on items set up for delivery. Learn more at [ACESOUTHERN.com/lp/replenish](https://acesouthern.com/lp/replenish).*





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# Serving patients well in 'experience economy'

By Debra Engelhardt-Nash

*Co-founder, Nash Institute for Dental Learning*

In oral and maxillofacial surgery, much attention is given to clinical excellence, surgical precision and technological advancements. Yet, a vital component of serving patients well is customer service – the patient-facing aspect that significantly impacts outcomes, reputation and long-term success.

This experience economy, which continues to evolve in 2025, refers to a market where businesses create memorable events and experiences for their customers, often leveraging technology and personalization. This shift applies to healthcare in that patients today want efficiency, affordability and a positive and memorable experience. Affordability is subjective because it depends on each person's financial situation, priorities and values. The experience economy is about engaging patients (customers) emotionally and creating value through experiences rather than just selling services.

While oral and maxillofacial surgery involves procedures ranging from third molar removal to corrective jaw surgery and facial trauma treatment, the patient journey begins well before the first incision and extends long after the final suture and surgical postoperative visit. In today's market, exceptional customer service is no longer just a nicety; it is a necessity. The connection between patient and practice should be focused on relationships rather than transactions.

## The frontline experience

A patient's journey typically begins with a referral or phone call. The tone, warmth and efficiency of the reception team sets the foundation for the patient's first impression. Whether patients are in acute pain, anxious about a procedure or confused about insurance logistics, the initial contact can either alleviate or amplify those feelings.

Highly trained administrative and patient care receptionists are equipped with more than scheduling software knowledge and practice protocols training. They also have soft skills such as empathy, clear communication

and active listening. These front desk team members must translate complex medical information into understandable language while conveying confidence and compassion. They know how to avoid sounding "officious" or policy-driven by using the right tone and words. They know how to transform a potentially ominous environment into a welcoming one, which is essential for practices where patients may already feel vulnerable.

Once the appointment is set, preoperative communication becomes crucial. Customer service during this phase revolves around education and reassurance. The clinical team and treatment coordinators need to work together to ensure patients are well-informed about what to expect, how to prepare and what the recovery process will look like. It also is the time when the team endorses the doctor(s) – their care and compassion and exceptional abilities.

Effective customer service means:

- Answering questions clearly and thoughtfully – even if the same question is asked multiple times. Remember, this is the patient's first time asking these questions.
- Providing written and digital resources that are easy to access and understand.
- Offering above-and-beyond service in preoperative calls and consults to review instructions and address last-minute concerns. Extra reassurance is always welcome.

This phase is where trust is solidified. A practice that is proactive in reaching out, responsive to concerns and considerate of patient emotions will instill a sense of confidence and calm – key ingredients for surgical success. Most patients don't judge their care by the clinical skills of the surgeon but rather how they feel while they are in an OMS's care.

## The compassion factor

Unlike routine dental care, oral and maxillofacial surgery procedures often involve sedation or general anesthesia, invasive techniques and recovery periods. Naturally, these factors bring anxiety, fear and uncertainty to the surface for many patients. The OMS team needs to recognize the emotional side of patient treatment. The team should be trained to spot signs of anxiety and know how to

*continued on next page*

respond in a way that is both compassionate and professional. This might include giving patients time and space to express fears without feeling rushed or embarrassed.

Providing outstanding comfort amenities can help patients experience thoughtful care. Warm blankets or music-guided relaxation during procedures may add to positive impressions. An environment for the patient's escort to work or relax with refreshments might be an added feature.

Sharing positive outcomes and testimonials from past patients also can be helpful in validating the exceptional care and customer service of the practice.

Every point of contact becomes an opportunity to reduce stress. Collaboration from the entire team to make the environment soothing and supportive can lead to more positive experiences and ultimately better health outcomes and increased patient satisfaction.

### Applying technology

Today's offices are embracing technology not just for surgical innovation, but also to improve the customer service experience. Through online scheduling to digital patient portals and simplified payment options like text-to-pay, technology allows for greater convenience, transparency and efficiency.

Key tech-driven enhancements include:

- Automated appointment reminders sent via text or email.
- Preregistration forms completed online to save time in the office.
- Secure messaging systems that let patients ask follow-up questions or request medication refills.
- Virtual consultations, which are especially helpful for postoperative check-ins or for patients in rural areas.

By leveraging these tools, practices can reduce administrative burdens while empowering patients with greater control over their care. The real magic happens when technology is combined with the human touch, such as a personalized follow-up text from a team member (or OMS) checking in after surgery.



### Financial considerations

Few things can erode trust faster than unexpected costs. In oral and maxillofacial surgery, where procedures can be expensive and insurance coverage can be complex, clear and compassionate financial communication is one of the most important pillars of customer service.

Treatment coordinators and billing specialists should approach financial discussions with clarity, honesty and empathy. This includes:

- Having a clear and thoughtful conversation about insurance, breaking down estimated insurance allowances and the patient's financial responsibility.
- Offering payment plans or financing options when possible.
- Being available and responsive to billing questions.

When patients feel supported in understanding and managing costs, they are more likely to complete treatment plans and recommend the practice to others as well as feel better about their treatment outcomes.

### Importance of training

Excellent customer service doesn't happen by accident. It is the result of intentional hiring, training and culture-building. Practices that prioritize patient experience invest in ongoing staff development around:

- Communication skills and bedside manner.
- Conflict resolution and de-escalation techniques.
- Cultural competency and inclusive language.
- Team-based care and cross-functional coordination.



Leadership plays a key role in modeling service excellence – how surgeons communicate with the team and build their practice culture. A positive internal culture translates directly into better patient interactions. When team members feel respected, empowered and valued, they are far more likely to extend the same to patients.

## Turning negative feedback into opportunities

No practice is immune to mistakes or misunderstandings. What sets the best offices apart is how they handle complaints and turn negative experiences into positive ones.

Handling feedback positively involves:

- Listening without defensiveness.
- Apologizing sincerely when appropriate.
- Offering solutions or accommodations quickly. Avoid answering with, “I’m sorry, but that’s our policy.” This is not helpful or thoughtful.
- Using feedback to improve systems and training.

When patients feel their concerns are taken seriously and acted upon, their trust in the practice can increase. In many cases, how a practice responds to a challenge leaves a more lasting impression than the challenge itself.

## Continuing the service journey

Customer service doesn’t end when the surgery is over. Postoperative care is a crucial stage where follow-up, accessibility and responsiveness can dramatically impact patient recovery and satisfaction.

Best practices include:

- Providing personalized follow-up calls or texts from the surgical team.
- Supplying 24/7 emergency contact availability for urgent postop concerns.

- Giving easy-to-understand recovery instructions with visual guides and/or videos.
- Scheduling follow-up appointments before the patient leaves the office.
- Sending a follow-up thank-you note expressing appreciation for the opportunity to serve the patient.

Patients who feel forgotten after their procedure are more likely to become somewhat dissatisfied. Those who feel supported and monitored often report higher levels of trust, lower anxiety and smoother recoveries.

Oral and maxillofacial surgery sits at the intersection of medicine and dentistry, but at its heart, it is a human service. Surgical expertise may bring patients to an OMS’s website and into the practice, but it’s the customer service side of care that helps them choose an OMS’s care – and inspires them to refer friends, leave glowing reviews and become advocates for the practice.

From the first phone call to the final postop check, every interaction is an opportunity to build trust, alleviate fear and create a seamless patient experience. In a field where technical skill is a given, customer service becomes a true differentiator.

Although increasingly driven by patient reviews, online reputations and word-of-mouth referrals, OMS practices that embrace the full spectrum of the patient journey – clinical and emotional – will thrive. Making the patient experience relational, rather than transactional, will ensure continued practice success. ■

*Debra Engelhardt-Nash is a dental practice management consultant, coach and seminar speaker. Visit [debraengelhardtnash.com](http://debraengelhardtnash.com) or call 704-895-7660.*



*This is number 204 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).*

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# Alveoloplasty and extraction coding: Smoothing

**A**lveoloplasties and teeth extractions are among the most common procedures performed in an OMS office.

An alveoloplasty involves recontouring supporting bone, sometimes to prepare for a prosthesis or with treatments such as radiation therapy and transplant surgery. It also is performed to address sharp or irregular bony areas of the alveolus bone, often when significant bone recontouring is required after an extraction.

Both Current Procedural Terminology (CPT<sup>®</sup>) and Current Dental Terminology (CDT<sup>®</sup>) have distinct criteria for determining when an alveoloplasty is warranted when performed with extractions. An alveoloplasty may be reported only when there is need for bone recontouring and not just the lesser procedure of minor smoothing of facial and septal alveolar bone, which is included when performing an extraction.

## CPT and CDT codes for alveoloplasties

CDT defines the procedure of alveoloplasty by quadrant, dividing dental arches into four equal sections. Each quadrant begins at the midline of the arch and extends distally to the last tooth. The quadrant is subdivided into two parts: four or more teeth or tooth spaces and one to three teeth or tooth spaces. This allows coding to be specific to the areas of bone treated.

There are four codes available to report alveoloplasties with or without extractions. CDT codes D7310 and D7311 are used when the alveoloplasty is performed in conjunction with an extraction, and D7320 and D7321 are reported when performed without extractions. All four codes specify in their descriptors that an alveoloplasty is a distinct and separate procedure from an extraction.

These four codes describe the anatomical area of bone encompassed for the alveoloplasty and may be reported in addition to the appropriate extraction code(s) when supported by documentation.

**D7310** alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

**D7311** alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

**D7320** alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant

**D7321** alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

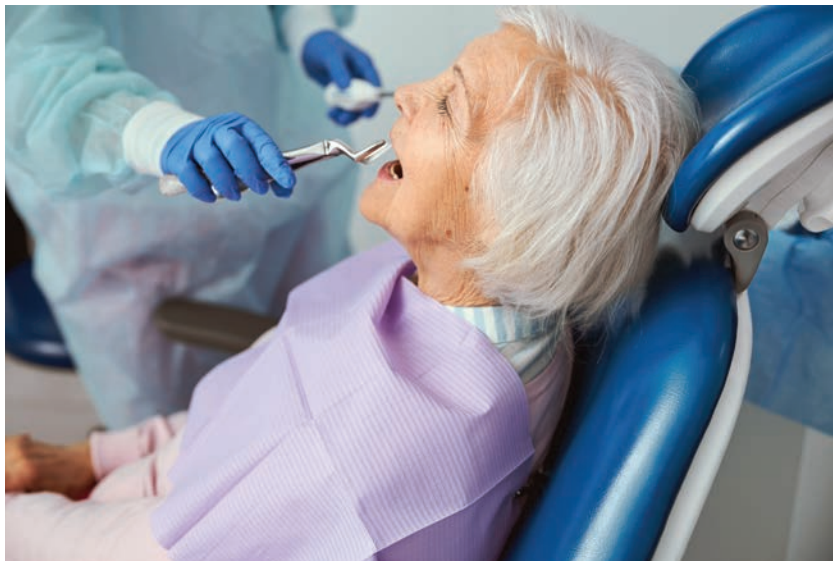
CPT defines an alveoloplasty in the code descriptor by “each quadrant” and has a limit of reporting only four units on the same date of service as indicated by CMS National Correct Coding Initiative (NCCI) edit.

**41874** alveoloplasty, each quadrant (specify)

CPT code 41874 is commonly reported with MRONJ patients when they experience exposed, sharp necrotic bone and smoothing or recontouring is necessary to relieve discomfort and improve oral function.

## Documentation and payer policies

Many medical payers consider alveoloplasties medically necessary when a different diagnosis of a separate procedure (e.g., extractions) is accurately identified and supports the need for the service. An alveoloplasty





## out the challenges

is a distinct procedure performed independently of other related surgical procedures and should be documented as such in the patient's chart, which may include a detailed description of the physician's work involved in the procedure. Failure to document the need for the alveoloplasty and provide specific details may result in a denial from a third-party payer.

Some payer policies state that when performed concurrently and in the same location as another surgical procedure – such as a surgical tooth extraction or removal of an impacted tooth – the alveoloplasty is considered inherent to or bundled with the surgical procedure and not separately reimbursable by the payer. Although the presence of a diagnostic code for an alveoloplasty or any other procedure code does not guarantee payment for these services, it is crucial for the OMSs and/or professional staff to reach out to individual payers for clarification to determine coverage and whether the service is deemed billable to the patient. ■

<sup>^</sup>CDT® is a registered trademark of the American Dental Association.

<sup>\*</sup>CPT® is a registered trademark of the American Medical Association.

*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 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® copyright 2024 American Medical Association. ^Current Dental Terminology® copyright 2024 American Dental Association. All rights reserved.*



### Medicare alert: Diagnosis codes now required on dental claims

Effective July 1, dental claims submitted for a Medicare-covered service must include a diagnosis code to support the medical necessity of the treatment or procedure. Since 2023, CMS has expanded Medicare coverage and payment for certain dental services inextricably linked to, and substantially related and integral to the clinical success of, certain covered medical services. OMSs enrolled in Medicare who are submitting Medicare-covered services on a dental claim form should contact their state's Medicare Administrative Contractor (MAC) to ensure claim acceptance, as the process may involve electronic data interchange enrollment and mandatory claims testing.

AAOMS provides resources on the latest Medicare policy changes, serving as a comprehensive guide for OMSs and professional coding and billing staff. Resources include a series of Medicare FAQs and online articles featuring the latest on Medicare dental policy, OMS enrollment, opting-out procedures and the use of the Advance Beneficiary Notice of Non-coverage (ABN). To learn more about ICD-10-CM coding and Medicare billing, visit [AAOMS.org/CodingBilling](https://AAOMS.org/CodingBilling) to register for the ICD-10-CM for OMS and the Medicare 101 for OMS coding courses.

# How to effectively manage coordination of

The process of coordination of benefits (COB) exists to prevent overpayments and duplication of benefits when a patient is covered by more than one medical or dental plan. Medical and dental insurance often have distinct rules that may not align. Also, factors such as the surgeon's participation status, state insurance laws and the type of benefits purchased can complicate coordination.

## General coordination of benefits rules

When managing COB and navigating various scenarios, consider these key points:

- **Overpayment prevention:** COB ensures the total payment from all plans does not exceed the actual cost of services, avoiding duplication or overpayment.
- **Dependent children coverage:** When both parents provide coverage, the "birthday rule" assigns the plan of the parent whose birthday occurs first in the year as primary. For divorced or separated parents, the custodial parent's plan is usually primary unless a court order dictates otherwise.
- **Employer-sponsored vs. individually purchased coverage:** For actively employed patients, their employer-sponsored plan is typically primary. Self-funded plans may have limited or no COB provisions, and individually purchased policies often do not coordinate with others. Whether these plans are HMOs or PPOs and whether the doctor is in network or out-network may further complicate the COB process. For retired patients covered under a spouse's plan:
  - *Employers with 20+ employees:* The employer plan remains primary over Medicare.
  - *Employers with fewer than 20 employees:* Medicare becomes the primary payer.
- **Medicaid as payer of last resort:** Medicaid only pays after all other insurance plans have fulfilled their obligations.
- **Other scenarios:** COBRA or retiree coverage is generally secondary to active employer-sponsored insurance. Liability insurance, such as workers' compensation, always pays before health insurance.

- **State-specific rules:** Thirty-three states have coordination of benefit laws, but only Nevada addresses coordination between medical and dental benefits. Some state laws may mandate that plans without COB provisions act as the primary insurer or set timelines for recouping overpayments.

## COB best practices

Efficient and accurate COB in a healthcare setting involves the following best practices:

- **Collect accurate information:** Obtain detailed insurance information from the patient, including all the names of all medical and dental benefit plans and the order of benefits (primary, secondary, tertiary, etc.).
- **Verify and confirm benefits:** If available, use online portals or real-time systems to confirm eligibility, coverage, co-pays, deductibles and pre-authorization requirements. If these tools are not available or the information provided lacks granularity, contact insurers directly for details on overlapping medical and dental coverage, exclusions or carve-out provisions.
- **Educate staff:** Train office staff on COB procedures, coverage overlaps and managed care contract terms. This helps staff guide patients on expected costs and manage contract adjustments or refunds efficiently.
- **Follow proper order of benefits:** Submit claims to the correct insurer first to avoid overpayments or denials. When plans lack coordination, the nature of the condition may determine the primary payer. For instance, a jaw fracture typically falls under medical coverage, whereas a biopsy may be billed to both medical and dental; if the plans do not coordinate, billing medical first may be appropriate.
- **Contract adjustments and overpayments:** Managed care contracts often restrict doctors from collecting more than the payer's allowed amount specified in the agreement. Overpayments may occur if a surgeon is contracted with multiple plans and the plans do not coordinate. The total to which the surgeon is entitled may default to the lesser of the contracted rates unless the contract explicitly permits payment above the allowed amount from a different insurer.





# benefits to prevent overpayment and errors

Mismanagement of these adjustments can result in accusations of fraud or violation of contract terms. To address this, providers' contracts may outline refund protocols and timelines. It is essential to know contract terms and the payer's overpayment processes and thoroughly document all interactions, timelines and attempts to obtain payer instructions before issuing refunds.



## Common COB mistakes

Be mindful of these common pitfalls to ensure accurate billing in the COB process:

- **Failing to verify insurers:** Not confirming the primary insurer can lead to claim denials or delays.
- **Double dipping:** Sending claims to primary and secondary insurers at the same time can be considered fraudulent and can lead to denial of claims, cancellation of policies, repayment demands, hefty fines or even criminal charges.
- **Submitting claims out of order:** Sending claims to the secondary insurer before the primary insurer processes the claims may result in rejection or complications.
- **Overlooking plan exclusions:** Skipping a review of coverage details can cause misunderstandings about what each plan covers.
- **Neglecting preauthorization:** Failing to secure required prior approvals can lead to claim denials.
- **Using incorrect codes:** Inaccurate or incomplete procedure coding can lead to claim delays, denials or underpayments. Ensure codes submitted accurately and appropriately reflect the services provided.
- **Assuming automatic coordination:** Do not assume medical and dental plans will automatically coordinate benefits. Clarify responsibilities with insurers proactively.
- **Ignoring documentation requirements:** Provide all necessary documents to payers, such as an operative report or narrative when applicable, or provide the

explanation of benefits (EOB) to secondary payers to avoid slowing down claims.

- **Skipping communication:** Failure to contact insurers for clarification on complex cases – like overlapping medical and dental coverage – can lead to errors or missed benefits.
- **Not educating patients:** Patients often misunderstand their benefits, resulting in confusion over out-of-pocket costs. Clear communication helps prevent surprises.
- **Lacking a standard workflow:** Practices without a defined process for verifying eligibility, submitting claims and managing COB are more prone to errors and inefficiencies.

For additional resources, refer to the Coordination of Benefits Billing paper at [AAOMS.org/publications/position-papers/coding-billing-papers](https://AAOMS.org/publications/position-papers/coding-billing-papers) and the webpage Coordinating Your Patient's Benefits at [AAOMS.org/practice/practice-management/coding-reimbursement/reimbursement](https://AAOMS.org/practice/practice-management/coding-reimbursement/reimbursement). ■

# Enhance estate plan using charitable strategies

By Jeff Wherry, CFP, ChFC, CLU

Director of Planning and Research

MAI Capital Management

MSs can optimize their estate plans through various charitable contribution strategies, such as charitable remainder trusts, private foundations and gifting appreciated property.

Charitable remainder trusts (CRTs) are excellent vehicles for charitably inclined taxpayers who want to create an income stream for a period of years or life, defer their income taxes, create an income tax deduction and reduce federal estate tax exposure. CRTs are tax-exempt entities, so assets held in these trusts are not subject to income tax. The two types of CRTs to consider are charitable remainder annuity trusts (CRATs) and charitable remainder unitrusts (CRUTs). CRATs provide a fixed annuity payment to the non-charitable beneficiary, and CRUTs provide a fixed percentage payment based on the fair market value to the non-charitable beneficiary.

The charitable lead trust (CLT) can be thought of as the reverse of the CRT because the charitable organization receives the income payments, and the remaining amount is distributed to the non-charitable beneficiary. CLTs are ideal vehicles for charitably inclined individuals who do not need a current income stream from the contributed assets and are looking to provide a current benefit to a charity, generate an income tax deduction, reduce federal estate tax exposure and ultimately pass the assets onto certain non-charitable beneficiaries.

A private foundation is a nonprofit charitable entity created and controlled by the donor. The donor is tasked with ensuring that the foundation follows IRS regulations to maintain its nonprofit status. Private foundations are required to make an annual distribution equal to roughly 5 percent of their prior year's average net investment assets. Unlike a public foundation – which receives its funding from the general public – a private foundation usually has one source of funding, typically an individual, family or corporation.

Funding a private foundation will provide a charitable income tax deduction for any amount contributed up to 30 percent of the donor's adjusted gross income. Any amount above this limit can be carried over for five years. In addition, donors also may be able to avoid paying capital gains taxes by donating highly



appreciated assets to a private foundation. Additionally, when assets are contributed to a private foundation, they are excluded from the donor's estate and are not subject to either federal or state estate taxes.

Rather than gifting cash to a charitable organization, a more tax-advantageous strategy is to donate appreciated stock to avoid capital gains tax that would be due on the sale of the stock. For example, assume a donor wishes to make a \$100,000 gift to charity. The donor has a stock that was purchased for \$20,000 and is now worth \$100,000. If the donor sold this stock, they would incur \$80,000 of taxable gains income. If the donor gifts this stock to charity, they will avoid the capital gains tax entirely. The limit on a charitable deduction for stock held more than one year is 30 percent of adjusted gross income. Any amount above this limit can be carried over for five years.

Many studies show that donors are not primarily motivated by tax benefits. Yet federal income, gift and estate tax laws do support America's charitable contribution tradition by providing significant tax benefits to donors. As plans are being made for the future, it is important to take these possibilities into consideration and to work with a trusted professional to maximize the impact to the estate. ■

*MAI Capital Management, LLC, and Treloar & Heisel, LLC, are affiliated companies of Galway Holdings, LP. Investment advice offered through MAI Capital Management, LLC, an investment adviser registered with the Securities and Exchange. Insurance products offered separately through Treloar & Heisel, LLC, and Treloar & Heisel Property and Casualty. MAI Capital Management does not provide legal advice. TH-25-004*



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## Contribute to next generation of certified OMSs

The ABOMS Examination Committee plays a vital role in the Board Certification process. Responsibilities include serving as Examiners, preparing cases for the Oral Certifying Examination and submitting items for the Qualifying Examination (QE) and the Oral and Maxillofacial Surgery In-service Training Examination (OMSITE). Examination Committee members are selected by the Board of Directors at each spring meeting.

### Why join the Examination Committee?

ABOMS values the dedication of its Examination Committee members. Serving on the Examination Committee offers Diplomates an opportunity to collaborate with colleagues, build camaraderie and enrich the specialty.

As committee members, Diplomates give back to the field of oral and maxillofacial surgery by contributing to the next generation of certified professionals.

### What will I do as a committee member?

Newly appointed Examiners begin as item writers for the ABOMS computer-based examinations and Certification

Maintenance processes. Junior Examiners are given the opportunity to participate in the Oral Certifying Examination based on their performance after two years of item writing.

### Am I eligible to apply?

Applicants must:

- Be an active Diplomate in good standing for at least three years (those certified in 2022 or earlier are encouraged to apply).
- Maintain confidentiality.
- Demonstrate current knowledge of oral and maxillofacial surgery.
- Submit an application with a referral form from two current or previous Examination Committee members (no current Board members).
- Have no former or pending actions against any dental or medical license.

Applications open in late summer/early fall. Email [info@aboms.org](mailto:info@aboms.org) to learn more. ■



## AAOMS National Simulation Program

### Office-Based Emergency Airway Management (OBEAM) Module

Sign up to participate in advanced simulation training of anesthesia techniques through intensive, real-life experiences.

#### Upcoming sessions:

- **Sept. 18 and 19** at Annual Meeting in Washington, D.C.: 8 a.m., 10:30 a.m. and 1:30 p.m.
- **Sept. 20** at Annual Meeting in Washington, D.C.: 8 a.m. and 10:30 a.m.
- **Oct. 18** at AAOMS headquarters in Rosemont, Ill.: 8 a.m., 11 a.m. and 2 p.m.
- **Dec. 4** at AAOMS headquarters in Rosemont, Ill.: 8 a.m., 11 a.m. and 2 p.m.

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Visit [AAOMS.org/OBEAM](https://AAOMS.org/OBEAM) to view the schedule and register

### ANESTHESIA



#### Register anesthesia assistants online for DAANCE certification program

The Dental Anesthesia Assistant National Certification Examination (DAANCE) has updated the application process to better serve AAOMS. Each assistant enrolling in the program must complete an individual application online at [Test-Takers.PSIexams.com/AAOMS](https://Test-Takers.PSIexams.com/AAOMS). Allow PSI 10 business days to process the application and email study materials. Credit cards and PayPal are accepted (no cash payments).

The DAANCE is a two-part continuing education program comprised of approximately 36 hours of self-study material and quizzes and a standardized, computer-based exam. This exam is designed for oral and maxillofacial

surgery assistants or assistants employed by other dental professionals with valid anesthesia permits. Upon successful completion of the final examination, the assistant will receive proof of certification and a program completion lapel pin.

Visit [AAOMS.org/DAANCE](https://AAOMS.org/DAANCE) for the online application and more information. Questions? Call PSI at 833-333-4755 (refer to the AAOMS DAANCE program) or email [daanceinquiries@aaoms.org](mailto:daanceinquiries@aaoms.org) to reach AAOMS staff.

### 2026 ANNUAL MEETING

#### Applications to speak due Sept. 24

Speaker applications are open for the 2026 Annual Meeting, scheduled Sept. 28 to Oct. 3 in Seattle, Wash. Submissions on various clinical and practice management topics are welcome. Apply by Sept. 24 at [AAOMS.org/Speakers](https://AAOMS.org/Speakers).

### AAOMS GOVERNANCE



#### Keep current on Board actions

All Association members are encouraged to review the quarterly Actions of the Board of Trustees, available on [AAOMS.org/about/governance/resources](https://AAOMS.org/about/governance/resources).

### MEMBERSHIP



#### Final dues notices mailed

Final dues notices for the 2025 membership year were sent to those who did not renew. Professional staff previously sponsored for allied staff membership were included in the first and second notices for OMS members. Staff memberships not renewed by Feb. 28 were dropped. Members can renew at [AAOMS.org/MyAccount](https://AAOMS.org/MyAccount). Email [membership@aaoms.org](mailto:membership@aaoms.org) for more information or to receive another copy of the annual statement.

### PRACTICE MANAGEMENT



#### Protect against cyberthreats

With the rise in data breaches and cyberthreats in healthcare, practice owners and managers should take preventive steps to protect their data and patient information. AAOMS recommends using multifactor authentication, password management, vulnerability scanning tools, antivirus software and cybersecurity training. Visit [AAOMS.org/Cybersecurity](https://AAOMS.org/Cybersecurity) for more information, including a list of AAOMS cybersecurity webinars, AAOMS On the Go podcasts and *AAOMS Today* articles.



## MEMBERSHIP



### Office Anesthesia Evaluation recertification deadline is July 31

Members who last completed the Office Anesthesia Evaluation (OAE) or exemption in 2019 (or 2018 for those practicing in Delaware and New Jersey) are advised that their recertification is now due.

OAS state societies should send confirmation of successful OAE re-evaluations to AAOMS by July 31. Note: Member noncompliance with the OAE Program will result in the discontinuation of AAOMS membership at the 2025 AAOMS Annual Meeting.

Those who have scheduled a re-evaluation, face difficulties in scheduling or experienced a change in practice status should email [membership@aaoms.org](mailto:membership@aaoms.org) or call 800-822-6637.

Members are encouraged to use the AAOMS Anesthesia App on their tablets to enhance the re-evaluation process. Scan the QR code to download the app.



## ONLINE CE



### Access MATE Act courses

AAOMS is offering complimentary courses targeted toward the eight hours required by the Medication Access and Training Expansion (MATE) Act for members until the end of 2025. More information on the MATE Act requirements and eligible webinars can be found at [CEonline.AAOMS.org/MATEAct](http://CEonline.AAOMS.org/MATEAct).

## ONLINE CE



### Register now for webinars

On July 16 at 6 p.m. CDT, Dr. Gary Bouloux will present The Contemporary Management of Patients with Temporomandibular Joint Intra-articular Pain and Dysfunction (IPD).

On Aug. 13 at 6 p.m. CDT, Dr. Patrick Louis will present Preventing and Managing Complications in Dentoalveolar Surgery.

Each webinar offers 1.0 CDE/CME credit. Registrants will have access to the recording for 60 days. Register at [AAOMS.org/Webinars](http://AAOMS.org/Webinars).

## ANESTHESIA



### Facilitate OBEAM training

AAOMS is looking for fellows and members to share their time and knowledge to facilitate OBEAM courses while helping others strengthen their emergency preparedness. Opportunities are available both at AAOMS headquarters in Rosemont, Ill., and at off-site locations throughout the country. Multiple 2025 dates remain open, including during the Annual Meeting in Washington, D.C., on Sept. 18, 19 and 20. Facilitators earn CE credit, receive an honorarium, refine their leadership skills, network with peers and engage with AAOMS members. Visit [AAOMS.org/Simulation](http://AAOMS.org/Simulation) to learn more. Questions? Email [jscofield@aaoms.org](mailto:jscofield@aaoms.org).

## COMMUNICATIONS



### Follow AAOMS on LinkedIn

Keep up with the latest AAOMS news by following the Association on LinkedIn. AAOMS regularly posts about events, *JOMS* articles, AAOMS Store product discounts, advocacy and continuing education opportunities. Visit [LinkedIn.com/company/AAOMS](https://www.linkedin.com/company/aaoms) to stay updated.

## COMMUNICATIONS



## Catch up on latest AAOMS On the Go podcast episodes



AAOMS On the Go is the award-winning member-facing podcast for OMSs and anyone interested in the specialty.

Podcasts feature conversations on a variety of topics related to the specialty

and Association initiatives. Members can access episodes at [AAOMS.org/Podcast](http://AAOMS.org/Podcast) or on any of the popular listening platforms: Apple Podcasts, iHeart, Pandora, Podcast Mirror, Spotify or TuneIn.

Among the new episodes are:

- **Inside the State Dental Board: The Role, Impact and Challenges** – Drs. Robert McNeill, Mark Roszkowski and Scott Van Dam share their experiences serving on state dental boards and why OMSs play a key role.
- **Helping Patients After Hours: The Importance of Communication and Documentation** – Colleen Maguire of MedXCom explains why having documented communication with patients when the practice is closed is vital.
- **Oral, Head and Neck Cancer Awareness: Hosting an Oral Cancer Screening Event** – Dr. Deepak Kademani details how to successfully host an oral cancer screening event and provides insights on the importance of early detection.
- **JOMS Forum: Insights from the Surgical Oncology and Reconstruction Section Editor** – Dr. Michael R. Markiewicz discusses his role as *JOMS* section editor and what the *Journal* is looking for in submissions.

## MEMBERSHIP



## Share story with Member Spotlight

AAOMS members are invited to share their knowledge and life experiences by participating in the Member Spotlight. This digital profile on [AAOMS.org](http://AAOMS.org) highlights the diverse talents and accomplishments of AAOMS members both inside and outside the practice.

Visit [AAOMS.org/MemberSpotlight](http://AAOMS.org/MemberSpotlight) to view current and previous participants and download the application. Forward the completed application and a photo to [membership@aaoms.org](mailto:membership@aaoms.org).

## ONLINE CE



## Access CE subscription 24/7

AAOMS offers a Clinical CE Subscription service allowing OMS members access to all clinical on-demand courses 24/7, 365 days a year. This includes over 140 hours of content, with new courses added annually. Most recently, 30 new courses were added to the subscription. The Clinical CE Subscription is \$299 per year and does not automatically renew. Visit [AAOMS.org/CEsubscription](http://AAOMS.org/CEsubscription) to learn more.

## ONLINE CE



## Store and upload CE credit

A transcript feature automatically stores credit earned through AAOMS CE Online and allows users to upload externally earned CE. The tool provides a convenient and accurate transcript process. Visit [CEonline.AAOMS.org/my-dashboard](http://CEonline.AAOMS.org/my-dashboard) to learn more.

## INFORMATIONAL CAMPAIGN



### Harness complimentary AAOMS tools to promote practice, educate patients

Members have access to over 300 complimentary promotional materials as part of the national AAOMS Informational Campaign. The award-winning campaign features a wide range of resources, including:

- **Podcasts** – The award-winning public-facing podcast OMS Voices: An AAOMS Podcast regularly releases episodes on topics such as dental implants, MRONJ, jaw surgery and bone grafts. OMSs can download these episodes and embed them on their websites to help patients understand the procedures they might need. New episodes include:
  - **Milestones Met: Healthy Teeth Set** – Dr. Jasjit Dillon and AAOMS President Dr. J. David Morrison discuss the new AAOMS Milestones public oral health campaign.
  - **Wisdom Teeth Care: The Power of Digital Imaging in Modern Dentistry** – Dr. Nicole Eisenberg explains how and why X-rays and CBCT imaging are used to assess wisdom teeth and plan surgery.
  - **Impact of Tobacco, Alcohol, and Marijuana on Pre and Post-Surgical Outcomes** – Dr. Kathryn Powell discusses how utilizing certain substances can increase risk of anesthesia complications in surgery.



- **Videos** – An expansive library of AAOMS-produced videos is available for members to download and use at no cost on their websites and social media. These videos include patient testimonial videos, animated explainer videos, promotional videos, PSAs, educational videos and OMS Experts videos.
- **Infographics** – Covering the entire OMS scope of practice, this series of 24 infographics offer a way to communicate statistics and information visually. Members can download the PDFs to use on their websites and social media. All of the infographics also are available in Spanish.
- **Ads and fliers** – Downloadable ads and fliers can help members promote their practice to other dental professionals and potential patients.



- **MyOMS.org Find a Surgeon** – The Find a Surgeon search tool on MyOMS.org helps connect potential patients to providers. Keeping profile information current allows patients to easily find an OMS. Visit AAOMS.org/Login and click MyOMS.org Directory Profile to update information. Visit AAOMS.org/InfoCampaign to learn more and access these complimentary resources.



## ONLINE CE



### Sharpen coding, billing skills

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance that can be accessed immediately through [AAOMS.org/CEonline](http://AAOMS.org/CEonline). Courses include:

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

## OMS FACULTY



### Residents can learn with SCORE

The Surgical Council on Resident Education (SCORE) for OMS is a learning management system for residency programs. The system improves the education of surgical trainees through a standardized, peer-reviewed curriculum. Developed by the AAOMS Committee on Education and Training, a SCORE Subcommittee and the OMS Faculty Section, OMS-specific content includes more than 85 modules and 300 questions. The learning system includes a This Week in SCORE sequence with associated module topics. Residents also have direct access to select chapters of Dr. Raymond Fonseca's *Oral and Maxillofacial Surgery* three-volume set. Visit [SurgicalCore.org](http://SurgicalCore.org) to learn more.

## COMMUNICATIONS



### Subscribe to receive AAOMS news

Members who do not receive AAOMS emails may have removed themselves from the email distribution list. To receive AAOMS emails, which detail the latest news and alerts affecting the Association and the specialty, these members must resubscribe. Visit [AAOMS.org/Subscribe](http://AAOMS.org/Subscribe) and select "All communications" or choose among individual topics:

- AAOMS Advantage
- Educational offerings
- Important member alerts
- Member benefits and opportunities
- OMS advocacy and government affairs
- Other regular newsletters (e.g., Faculty E-News, Resident E-News)
- President's letters

## ONLINE CE



### Save by bundling webinars

AAOMS offers some of its most popular coding and billing webinars in bundles priced at \$495 each, a savings of more than 35 percent over buying them individually. Each bundle includes three webinars:

- **Common OMS Coding Questions Answered** – Learn about anesthesia coding, mastering modifiers, and coding for orthognathic surgery and OSA.
- **Master OMS Reimbursements** – Gain an understanding of contracting and credentialing, medical and dental coordination of benefits and non-covered services, and strategies for efficient claim processing.

Visit [AAOMS.org/CEonline](http://AAOMS.org/CEonline) to learn more.

## PUBLICATIONS



### Recommend an OMS to feature

AAOMS Today Editor James R. Hupp, DMD, MD, JD, MBA, FACS, would like to feature more OMSs and their personal stories in upcoming issues of the award-winning member magazine. Know of someone who fits any of the topics below? Email [communications@aaoms.org](mailto:communications@aaoms.org).

- **Ironman athletes** – Looking for OMSs who have completed Ironman triathlons.
- **Families of OMSs** – Looking for families with multiple generations of OMSs.
- **Careers before residency** – Looking for OMSs who had non-healthcare careers (e.g., teacher, engineer, skilled laborer) before entering residency.
- **Interesting hobbies** – Looking for OMSs who enjoy unusual or creative pastimes.
- **Unique patient stories** – Looking for impactful stories about groundbreaking procedures and life-changing surgeries.

## ONLINE CE

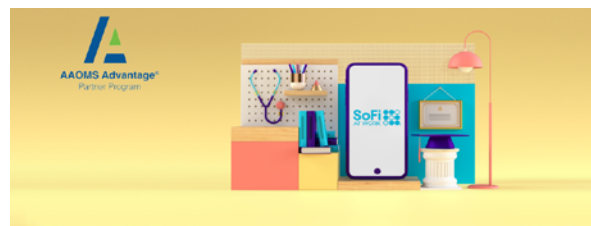


### CE options to fit any schedule

AAOMS members have access to a curated selection of top courses designed to enhance knowledge and skills. Formats include:

- **Bite-Sized Wisdom** – These micro-CE sessions are 30 minutes or less and are designed for on-the-go learning. Most courses cost \$25.
- **Podcast CE** – Complimentary CE credit is now available for select podcasts from the AAOMS On the Go podcast library, which also is available to members at no cost.
- **Free Quarterly Course** – Each quarter, AAOMS selects a course from its on-demand library for members to enjoy at no cost.

Visit [AAOMS.org/CEonline](http://AAOMS.org/CEonline) to learn more.



All signs point to increases in federal interest rates this year. As an **AAOMS member**, leverage exclusive SoFi's resources to take control of your student loans before rates rise:

**AAOMS members receive an exclusive 0.25% rate discount\* when refinancing their student loans with SoFi**

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

#### 1 Serious savings.

Save thousands of dollars thanks to low fixed and variable rates. Plus, if you set up auto monthly payments from any bank account, you will get an additional 0.25% interest rate reduction.\*

#### 2 No hidden fees.

No application or origination fees, and no prepayment penalties—ever.

#### 3 Easy and online.

Online pre-qualification in just two minutes. Know if you're qualified before you complete the full application. Get started at [SoFi.com/AAOMS](http://SoFi.com/AAOMS).

#### 4 Member benefits.

Get help by speaking to a financial planner or a dedicated student loan support team—at no cost with your SoFi benefit.

SoFi is the leading student loan refinancing provider.

**\$117B**  
in funded loans

**11M**  
SoFi members

**98%**  
would recommend SoFi to a friend!

### Have questions?

Reach out to customer service by calling  
(833)277-7634.

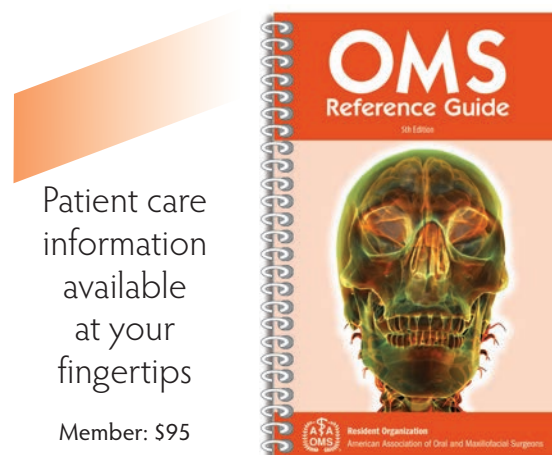


\* Additional terms and conditions apply. If you apply and are approved, the interest rate shown in the first disclosure statement will include a 0.25% rate discount or an additional welcome bonus because of your involvement with a SoFi partner company at the time of loan origination. Offer good for new customers only. Cannot be combined with other rate discounts, with the exception of the 0.25% Autopay rate discount. SoFi reserves the right to change or terminate the Rate Discount Program to unenrolled participants at any time with or without notice.

## Secure OMS Reference Guide, 5th Edition

Find answers for questions that arise during treatments. Updates to the 5th edition include:

- Revised dental implant information
- Current medical procedure images
- Dozens of updated graphics and charts



Patient care information available at your fingertips

Member: \$95



[AAOMSstore.com](http://AAOMSstore.com)

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## AAOMS Opportunities

**2025**

**Sept. 15–20**

### **107th AAOMS Annual Meeting, Scientific Sessions and Exhibition**

Walter E. Washington Convention Center in Washington, D.C., with on-demand access  
[AAOMS.org/AnnualMeeting](https://AAOMS.org/AnnualMeeting)

**Oct. 18 and Dec. 4**

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

Daniel M. Laskin Institute for OMS Education and Innovation  
 AAOMS headquarters in Rosemont, Ill.  
[AAOMS.org/OBEAM](https://AAOMS.org/OBEAM)

**Dec. 4–6**

### **Dental Implant Conference**

Sheraton Grand Chicago Riverwalk in Chicago, Ill., and online  
[AAOMS.org/DIC](https://AAOMS.org/DIC)

## Regional & State Society Meetings

*The following regional and state society meetings were planned as of press time. Each meeting website is listed for updates.*

**2025**

**Aug. 1–3**

### **Georgia Society of OMS Summer Meeting**

The Cloister at Sea Island in Sea Island, Ga.  
[GA-OMS.org](https://GA-OMS.org)

## AAOMS Summer Caucuses

*2025 Annual Meeting Delegates and Alternates are asked to attend their District Summer Caucus. Fellows and members from their respective Districts also are invited to witness Caucuses on a space-available basis and should contact the Caucus Chair to participate. Chair email addresses are provided.*

**Aug. 2**

### **AAOMS District IV Caucus**

AAOMS headquarters in Rosemont, Ill.  
[malou.sabino@gmail.com](mailto:malou.sabino@gmail.com)

### **AAOMS District V Caucus**

Hilton Austin Airport in Austin, Texas  
[bjordan@wt.net](mailto:bjordan@wt.net)

**Aug. 9**

### **AAOMS District I Caucus**

Marriott Hartford/Windsor Airport in Windsor, Conn.  
[jawbreaker65@cox.net](mailto:jawbreaker65@cox.net)

### **AAOMS District II Caucus**

Pier 5 Hotel in Baltimore, Md.  
[Imgorzelnik@gmail.com](mailto:Imgorzelnik@gmail.com)

### **AAOMS District III Caucus**

Porsche Experience Center Atlanta in Atlanta, Ga.  
[glenm@jawsoms.com](mailto:glenm@jawsoms.com)

### **AAOMS District VI Caucus**

UNLV School of Dental Medicine in Las Vegas, Nev.  
[libbyk@seattleoralsurgeon.com](mailto:libbyk@seattleoralsurgeon.com)



# 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 helps 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).

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



**AAOMS Advantage®**  
Partner Program

*Look for this logo on a company's advertisement.*

## 3 reasons to use AAOMS Advantage Partners

### 1 Reviewed and approved by AAOMS Advantage

The first step is to evaluate whether the company has a desirable product or service for AAOMS member practices. If the answer is yes, the potential Partner undergoes a rigorous review. All Partners also must offer a special discount to AAOMS members and provide royalties based on member usage. Information about the potential Partner is reviewed by the ASI Special Projects Committee and ASI Board of Directors. Once approved, the company becomes an AAOMS Advantage Partner. Visit [AAOMSAdvantage.org](http://AAOMSAdvantage.org) to view more details about Partner Programs.



### 2 Find insights

Read reviews from colleagues to see how they use AAOMS Advantage Partners to enhance their practice. Visit [AAOMSAdvantage.org](http://AAOMSAdvantage.org) and click the **Reviews** tab at the top of the page.

### 3 Prize opportunities

**Share-the-Savings Contest** – Share your experience about one or more of the AAOMS Advantage Partners in your practice and become eligible to receive FREE registration to an AAOMS Annual Meeting. Visit the **Share-the-Savings** page at [AAOMSAdvantage.org](http://AAOMSAdvantage.org) for more information on how to submit an entry.



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

To check out all AAOMS Advantage Partners, visit

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

## Faculty Positions

### New Jersey

The Department of Oral and Maxillofacial Surgery is searching for a full-time faculty member at the rank of Assistant, Associate or Full Professor, Non-Tenure Track. Responsibilities will include staffing of predoctoral and resident clinics, involvement with the didactic teaching program and participation in the intramural faculty practice, including on-call activity, at our teaching hospital. Requirements for this position include, but are not limited to, dental degree and surgical training from a CODA approved residency training program and ABOMS eligibility/certification. The candidate must be licensed to practice dentistry in New Jersey. 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 Health, along with the New Jersey Medical School, Graduate School of Biomedical Sciences, School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an Affirmative Action/Equal Opportunity employer. All final candidates will be required to successfully pass a criminal background check and have valid NJ license prior to beginning employment. Interested candidates should apply online at <https://jobs.rutgers.edu/postings/246952>. Any additional questions can be directed to: Vincent B. Ziccardi, DDS, MD, FACS, Professor and Chair Department of Oral and Maxillofacial Surgery, 110 Bergen St., Room B-854 Newark, NJ 07103-2400, 973-972-7462, [ziccarb@sdm.rutgers.edu](mailto:ziccarb@sdm.rutgers.edu).

### New York

The Department of Oral and Maxillofacial Surgery at the University at Buffalo invites applications for two full-time faculty positions; one will be a broad scope trained OMFS (i.e.: interests in TMJ, cosmetic, dental implant, dentoalveolar and/or trauma surgery), and the other requires fellowship training in head and neck and microvascular reconstructive surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. These positions are both clinical and academic, and candidates should have an interest in building and fostering a practice and conducting research. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Fellowship training required for head and neck position. Candidates must have ABOMS Diplomate or Candidate status. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: [mrm25@buffalo.edu](mailto:mrm25@buffalo.edu). The University at Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of

race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

### New York

Part-time Attending Position at One Brooklyn Health System, Brooklyn, N.Y. Supervision of OMS residents in dental center, OR, teaching, call for ABOMS. Salaried position. Contact Dr. Keith Murtagh at [kmurtagh@bhmcny.org](mailto:kmurtagh@bhmcny.org).

### Ohio

University Hospitals Cleveland Medical Center invites applicants for a full-time faculty position in oral and maxillofacial surgery. Opportunity Highlights: Excellence in teaching should be demonstrated with evidence of scholarly activity, including clinical pursuits and research. Responsibilities for the position include clinical and didactic teaching of residents and dental students, scholarly activity, research and service. A specific emphasis in trauma surgery, TMJ surgery and orthognathic surgery is desirable. The University Hospitals Health System includes 18 hospitals throughout Northeast Ohio as well as the UH Cleveland Medical Center, adjacent to the campus of Case Western Reserve University. Compensation is highly competitive, with productivity incentives, travel and clinical support teams available. Qualifications: Candidates must be American board-certified or an active candidate for board certification. Qualifications for this position include completion of accredited oral and maxillofacial surgery residency program. Active Ohio dental license. Interested applicants should submit a curriculum vitae to: Andy Bailey, MHA, FACHE, University Hospitals, [andrew.bailey@uhhospitals.org](mailto:andrew.bailey@uhhospitals.org).

## Fellowships CODA

### Louisiana

OMFS HEAD/NECK MICROVASCULAR/RECONSTRUCTION FELLOWSHIP 2025-2026. LSU Health Shreveport - Head & Neck/Oncology/Microvascular Reconstruction Fellowship provides advanced training within a dynamic clinical environment. Required completion of CODA accredited OMFS Residency and interest in head/neck oncology/research. LSUHSC-Shreveport is an equal opportunity employer. Contact: [david.kim@lsuhs.edu](mailto:david.kim@lsuhs.edu).

## Fellowships Non-CODA

### Calgary

Every year the Calgary OMFS section accepts one fellow for a year-long advanced orthognathic fellowship. The fellow will gain extensive exposure to the consultation, diagnostic and treatment planning processes, and surgical correction of dentofacial disorders, maxillofacial pathology and TMJ disorders. The fellow will participate in approximately 250 orthognathic surgeries with our teaching faculty, with a significant volume of reconstruction, total joint replacements and full-arch implant rehabilitation. Salary expectations >\$100k/year. Please forward your curriculum vitae, letter of intent and 2-3 letters of recommendation to [graham.cobb@albertahealthservices.ca](mailto:graham.cobb@albertahealthservices.ca). [southcalgaryoralsurgery.com/education](http://southcalgaryoralsurgery.com/education).

### Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2026-27: Sponsored by the Oral Facial Surgery Institute ([ofsinstitute.com](http://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 1 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 S. New Ballas Rd., 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 [ofsinstitute.com](http://ofsinstitute.com).

### New York

Stony Brook University School of Dental Medicine and Stony Brook Medicine sponsor this one-year fellowship program. The hospital-based component at Stony Brook University Hospital, a level 1 trauma center on Long Island, provides extensive experience in orthognathic, temporomandibular joint, reconstructive and maxillofacial trauma surgery. Dentoalveolar and implant surgical experiences are at the School of Dental Medicine's outpatient facility. Candidates must be eligible for a New York State dental or medical license and must have completed a CODA-accredited OMFS residency. Application Instructions: Evaluation of applications will begin immediately. Candidates should submit a personal statement that delineates professional qualifications for the position, along with curriculum vitae and three professional references. Three letters of recommendation will be required



for final candidates. For questions regarding this position, please contact Rosie Casaceli (rosemarie.casaceli@stonybrookmedicine.edu) at 631-638-7965.

## Oregon

The Head and Neck Institute (HNI) offers a 12-month fellowship in advanced craniomaxillofacial and trauma surgery. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore., and covers advanced training in head and neck surgery, maxillofacial trauma, airway management, sleep surgery (upper airway stimulation) and craniofacial surgery. More detailed information about our fellowship can be found at [head-neck.com/hn-institute/craniofacialtraumafellowship](http://head-neck.com/hn-institute/craniofacialtraumafellowship). If interested, please inquire at [chenga@head-neck.com](mailto:chenga@head-neck.com).

## Michigan

The University of Michigan offers a one-year OMS fellowship providing extensive experience in TMJ and orthognathic surgery, new technologies, team-based care, and research. Applicants must be Michigan license-eligible. Contact [saronovi@med.umich.edu](mailto:saronovi@med.umich.edu) and [kendahl@med.umich.edu](mailto:kendahl@med.umich.edu).

## Illinois

The ORIGINAL Saint Louis Oral and Maxillofacial Surgery Fellowship, founded by Dr. Michael W. Noble and Dr. Patrick R. Morris in 2005 is back for 2025-2026. Now sponsored by Maxillofacial Oral Surgery and Implant Center (MOSAIC), while still operating at Mercy Medical Center and additionally at the nationally recognized Washington University and Barnes Hospital/Siteman Cancer Center. This advanced program is a year of hospital and outpatient-based surgical care in state-of-the-art facilities. Several hospital-based, regionally dominant oral and maxillofacial surgeons have joined the team to expand the original full-scope emphasis. Complex implantology, bone grafting and total jaw reconstruction will now be performed with a digital workflow to prosthetic completion, with board-certified prosthodontists involved in treatment. Full facial cosmetic surgery, TMJ arthroscopy, joint replacement and orthognathic surgery will also be a focus. Candidates must have completed an accredited OMS residency, Missouri/Illinois dental and/or medical license is required. Salary, benefits and continuing education allowance are included. Internural practice opportunities may allow significant salary enhancement. Please address curriculum vitae and letters of interest to Program Director, Dr. Patrick Morris, Attention: Scott Graham at [scott@mosaicimplant.com](mailto:scott@mosaicimplant.com), visit our website at [mosaicimplant.com](http://mosaicimplant.com).

## Available Positions

### Alabama/Georgia

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, four-surgeon practice located near Birmingham, Ala. Emphasis on dentoalveolar, dental implants, bone grafting, pathology and some orthognathic. Limited trauma call. CV to [joshua.everts@gmail.com](mailto:joshua.everts@gmail.com).

### Arizona

Looking for an excellent opportunity to join a unique, long-standing, successful and respected, busy oral surgery practice with a focus on wisdom teeth and implants but with the potential for whatever is desired? Experienced and dependable staff. A partner wishing to matriculate to ownership is desired. Seeking a motivated, full-time and personable candidate who is a Diplomate of ABOMS or has ABOMS candidate status. Actively growing area of Northwest Phoenix. Wonderful area to practice and raise a family. Competitive salary/benefits. Send inquiries to [mdallard2017@gmail.com](mailto:mdallard2017@gmail.com).

### Arizona

Well-established, busy, OMS-owned, two-office practice in the Phoenix area seeking a skilled, personable associate or partner. Please send resume to [petern739@gmail.com](mailto:petern739@gmail.com).

### California

Well-respected, busy and established oral surgery practice in search of a Diplomate of ABOMS or OMS who has ABOMS candidate status. Must be a motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area. Our office provides a full scope of oral and maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have California 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

Rare opportunity! Bay Area, Marin County, respected solo practitioner looking for a Diplomate of ABOMS or one who has ABOMS candidate status oral and maxillofacial surgeon for a full-time position, unless part-time at this point is preferred. This arrangement

will lead to a partner position and potential buyout situation. All traditional aspects of oral surgery are currently being performed. This is a two-site practice, with each office located in a conveniently desirable area of Marin County. This practice enjoys a committed loyal referral base. Please email [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Box A-0430.

### Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in South Florida looking for a graduating resident, board-certified or board eligible associate with an opportunity for partnership. The area is rapidly growing, and our associate will have a full schedule in a short time. The area is nice for raising a family and the associate will have a lucrative practice. Send resume, CV or inquiries to AAOMS classified Box A-07302024.

### Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in Tampa Bay area. We provide close contact with our robust referral base and regularly provide CE courses as part of our study club. State-of-the-art offices with CBCT, digital impression scanner, operating rooms and full anesthesia equipment and other state-of-the-art technology. Perform a full scope of OMS procedures with a heavy emphasis on dental implants and dentoalveolar surgeries, full-arch teeth-in-a-day implant-supported fixed prosthesis treatment, zygomatic and pterygoid implants, soft- and hard-tissue grafting, reconstructive and orthognathic surgeries, facial plastic and cosmetic surgeries (willing to teach), office-based IV sedation and general anesthesia. Searching for a motivated, hardworking and personable OMS for associate position leading to partnership. Very competitive salary and bonus structure plus a comprehensive benefit package. We are in a nice area for raising a family and at the same time the associate will have a lucrative practice. Please send CV to [facial97@gmail.com](mailto:facial97@gmail.com).

### Illinois

Full-scope private OMS in Lake County seeking an OMS associate leading to partnership. Must be a Diplomate of ABOMS or have ABOMS candidate status. Excellent compensation and benefits. Paid Level 1 hospital call and opportunity for FACS. Third molars, implants, orthognathic surgery and full facial trauma. Reply to [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention: AAOMS Classified Box A-0311.



## Available Positions

*continued from previous page*

### Michigan

Seeking a dedicated oral and maxillofacial surgeon with Diplomate or Candidate ABOMS status for our thriving practice in southeast Michigan. Join our state-of-the-art facility with digital workflow, laser surgery and in-house surgical center. Enjoy a supportive team, excellent work-life balance, competitive compensation, production-based incentives and partnership potential. We focus on full-scope surgery, including dentoalveolar, implant, TMJ, orthognathic, cosmetic and trauma. Located near Ann Arbor, Detroit and East Lansing, with great schools and affordable cost of living. Send inquiries/resumes to [dreidson@truformfaces.com](mailto:dreidson@truformfaces.com).

### Michigan

A well-respected OMS practice in southwest Michigan searching for an oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status for a full-time position. Our practice was established over 40 years ago and has grown to be the premier oral surgery practice in Southwest Michigan. We are a full-scope practice, which allows you to guide how you want to practice oral and maxillofacial surgery. We have four surgeons, two offices and a strong referral base. Southwest Michigan is known for its beautiful inland lakes, ski slopes, walking/hiking/ biking trails, hunting and fishing. Each season has something to offer the outdoor enthusiast! We are about a 40-minute drive from Lake Michigan beaches including South Haven and St. Joseph. Academics are important to this location as well. Kalamazoo is home to Western Michigan University and the distinguished Kalamazoo College, a private liberal arts university with an outstanding reputation for academics. We are also home to the Stryker Corporation, Pfizer, Bronson Health Group and Borgess Hospital. The most impressive thing about Southwest Michigan is our community. It offers a great family atmosphere and a wonderful place to raise a family. Kalamazoo is a smaller community which offers a lower cost of living, affordable housing and ease of travel from home to the office and the hospital. This is a great location to perfect your career in oral and maxillofacial surgery. For additional information please email at [dwilson@kaloms.com](mailto:dwilson@kaloms.com).

### Minnesota

Excellent opportunity for an OMS with ABOMS Diplomate or Candidate status in the northeast Minneapolis/St. Paul suburbs. We're ready to add a third surgeon following the unexpected loss of a partner – expect a full schedule immediately. Our three modern offices feature CBCT, EMR and intraoral scanners. We're supported by outstanding clinical and business teams. Our practice also hosts the region's only Seattle Study Club chapter,

with doctor and hygiene groups. For information, please contact [jmorch@truenorthoralsurgery.com](mailto:jmorch@truenorthoralsurgery.com). We appreciate your interest and look forward to connecting.

### New Jersey

A well-established and respected OMS practice with two locations in central New Jersey (close to New York City and Philadelphia – with their illustrious educational, cultural and recreational offerings), seeking a well-trained, highly-motivated candidate with excellent surgical and interpersonal skills for full-time and part-time associate positions with partnership track. Board-certified or active candidate for board certification preferred. There is an opportunity for full-scope practice at both locations. Both office locations are state-of-the-art, modern and well-equipped facilities. We offer a competitive compensation package with great benefits. Please email CV to [dr.edkozlovsky@gmail.com](mailto:dr.edkozlovsky@gmail.com).

### New York

All County Oral Surgery is currently looking for an Oral Surgeon to join our growing team! We are looking for a surgeon that will provide comprehensive patient care and that wants to advance their career with a competitive opportunity. Current opportunity will predominantly be for New Hyde Park and Jericho locations. The right candidate will have opportunity to join partnership, will receive medical benefits and potential to join retirement plan. All County has 6 locations and will continue to grow; the surgeon will provide care in every location and will work with a professional team. If you enjoy being part of a great team with exponential growth while making a difference in the lives of others, then we want to talk to you! Contact Amy O'Keefe, 631-752-1033 x504 or [amy@acomfs.com](mailto:amy@acomfs.com).

### New York

Join an OMFS practice as a full partner. This practice had two surgeons and two offices. One recently retired. Both offices are located in the suburbs of Rochester, N.Y. Can attend at University of Rochester Department of OMFS. Contact [omfseric@aol.com](mailto:omfseric@aol.com). 585-223-1200. 6800 Pittsford-Palmyra Road, Suite 120, Fairport, NY 14450.

### North Dakota

Face & Jaw Surgery Center is offering an outstanding opportunity for an oral surgeon who is a Diplomate or ABOMS or has candidate status to join our busy six-doctor practice as an associate with the option for early partnership. We operate out of five state-of-the-art facilities with the latest technology. Face & Jaw has a broad and dedicated referral base already established for the new surgeon. \$100,000 signing bonus plus full benefits.

Starting salary \$500,000 with earning potential up to \$1,000,000. Please email CV/inquiries to [pcarlson@faceandjawsurgery.com](mailto:pcarlson@faceandjawsurgery.com).

### Ohio

Outstanding opportunity to join a growing and productive PRIVATE PRACTICE on the west side of Cleveland. We are searching for an associate/employee who has Diplomate or Candidate ABOMS status to join our practice. We have multiple locations and are on staff at local hospitals. Our practice focuses on excellent patient care in broad scope oral and maxillofacial oral surgery. Most of the surgeons are primarily office-based, but there is ample opportunity for hospital-based surgery. The new associate/employee will be eligible for an exceptional salary/benefits/sign on bonus package. Minimum salary of \$450k and/or net collection percentage of up to 38 percent. Earning potential of \$750k to \$1 million annually. 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. Contact [jeffrey@cleoms.com](mailto:jeffrey@cleoms.com).

### Ohio

The MetroHealth System in Cleveland, Ohio, Department of Dental Medicine is seeking an oral and maxillofacial surgeon with Diplomate or Candidate ABOMS status to join our dynamic team. Applicants must be eligible for licensure in Ohio. We offer a competitive compensation package, health insurance, paid time off, liability insurance, an academic appointment to the Case Western Reserve School of Medicine faculty at a rank commensurate with experience, CME opportunities, malpractice coverage and an impressive pension program with a generous employer match through the Ohio Public Employees Retirement System (OPERS) and ability to participate in the State of Ohio's 457 Deferred Compensation Plan. DMD or DDS from a school accredited by the Commission on Dental Accreditation (CODA) with a preference for a dual degree with an MD. If you would like to be a part of our team, please send cover letter and CV to the attention of: Eloy Vazquez, Provider Recruitment [evazquez@metrohealth.org](mailto:evazquez@metrohealth.org). To apply: [careers.metrohealth.org/Search/JobDetails/oral-maxillofacial-surgeon/f845f7e0-1768-42c2-a807-624c6ad9509e](https://careers.metrohealth.org/Search/JobDetails/oral-maxillofacial-surgeon/f845f7e0-1768-42c2-a807-624c6ad9509e).

### Ohio

Thriving private practice in Central Ohio is seeking a full-time oral and maxillofacial surgeon to join our two-surgeon, three-location team. This is an immediate associateship opportunity with a clear and defined path to equal partnership. We have a robust referral base, state-of-the-art facilities and a



highly trained, dedicated staff focused on delivering outstanding patient care. Generous salary and benefits package to include 401(k) with employer contributions, malpractice insurance, continuing education and relocation assistance if needed. The ideal candidate is self-motivated, hardworking and personable with a commitment to clinical excellence and team collaboration. For more information or to apply, please contact: [ericac@nwofs.com](mailto:ericac@nwofs.com).

## Oregon

Two-doctor practice needs energetic, patient-focused, personable oral and maxillofacial surgeon to join our busy, well-established practice as associate/future partner who is a Diplomate of ABOMS or has ABOMS candidate status. We have two locations in the beautiful southern Oregon Cascades. This is a city that functions as a hub for regional healthcare. Hiking, camping, golfing, 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, continuing ed and relocation assistance. Please contact [alicer@aomsurgery.com](mailto:alicer@aomsurgery.com).

## Pennsylvania

Oral and maxillofacial surgeons with ABOMS Diplomate or Candidate status. St. Luke's University Health Network (SLUHN) seeks passionate oral and maxillofacial surgeons for our OMS Center for Oral Surgery in the Lehigh Valley, Pa. Conveniently located near NYC, Philadelphia and Newark Airport, we are ranked top 1% nationally in dental implant surgery, specializing in "All-on-4," 3D virtual treatment planning and complex bone grafting. The practice is affiliated with a Level 1 trauma center offering facial trauma, orthognathic, TMJ and cosmetic surgeries. Benefits include: Competitive compensation, rich benefits package, team-based care with dedicated support staff and professional growth opportunities. About SLUHN: A nonprofit network with 20,000 employees and 15 campuses, serving 11 counties in Pennsylvania and New Jersey. Contact: Skye Billig Physician Talent Acquisition Specialist, SLUHN [skye.billig@sluhn.org](mailto:skye.billig@sluhn.org).

## Tennessee

Full- or part-time surgeon needed for a high-volume, full-scope practice in Jackson and East Memphis, Tenn. The practice is privately owned and will not sell to equity. This practice has a very high income potential and quick opportunity for partnership. For more information, please contact Matthew McLaughlin at [mclaughmw@gmail.com](mailto:mclaughmw@gmail.com) or 615-418-0301.

## Texas (North Houston)

Opportunity for a pathway to partnership with an established and well-respected, doctor-owned (non-DSO) oral surgery group practice located north of Houston, Texas. We are seeking a Diplomate or Candidate of ABOMS or recent graduate candidate. The practice consists of eight board-certified oral surgeons who practice the full scope of OMS in six offices. Serving the area for over 45 years, the practice has successfully grown by maintaining long-standing referral relationships and providing excellent care to the patients in our communities. The city and suburbs are experiencing incredible growth and are great places to live and raise a family. We offer a competitive base compensation and bonus package, 401(k), family medical insurance, malpractice insurance, CE allowance and generous paid vacation. Contact our Practice Administrator, Donna Kotsios, at [dkotsios@nwoms.net](mailto:dkotsios@nwoms.net).

## Virginia

Exciting opportunity to join an established, self-owned group practice. Primary office in Charlottesville (home of the University of Virginia) with a satellite office in Culpeper. One-year associateship with clear terms to partnership thereafter. Applicants must be a Diplomate of ABOMS or have ABOMS candidate status. Seeking applicants who are dedicated to maintaining the strong referral network across central Virginia. Excellent work-life balance with majority dentoalveolar surgery and minimal hospital call. Candidate to start as soon as possible. For more information, please email resume to [ldelbridge@cvofs.com](mailto:ldelbridge@cvofs.com).

## Washington

Pacific Northwest lifestyle! Wonderful opportunity to practice oral surgery with work-life balance. Well-established, highly respected oral surgery practice in Vancouver, Wash., is seeking a part-time qualified oral and maxillofacial surgeon. Candidate must be personable, possess excellent surgical skills, with the ability to establish and maintain relationships with existing and new referring doctors. Board certification is preferred. Please send inquiries to [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Classified Box A-061124.

## Practices for Sale

### Florida

Own a thriving OMFS practice in a prime coastal location! This 3,100+ sq. ft. facility has four fully equipped operatories, new CBCT, and \$1MM+ revenue on four days/week. Real estate available for purchase. Excellent opportunity with great growth potential! Reply to [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention: AAOMS Classified Box S-0321.

## Georgia

OMS practice in popular city with real estate available to purchase. Spacious office, excellent cashflow, huge growth potential. Strong referral base with prime location. Mostly FFS. Owner transitioning to academia. Contact Stan Halpern: 404-680-6177 or [stan@uniteddentalbrokers.com](mailto:stan@uniteddentalbrokers.com).

## New Mexico

Are you looking to own a well-established, highly profitable OMS practice located in a prime area of Albuquerque? Look no further! This is a unique opportunity to acquire a successful 1,950 sq. ft. OMS practice with a solid referral base. The provider is ready to retire and is willing to stick around if wanted. This modern updated practice has a great support staff, 48 percent office overhead, \$1.9 million in collections, Carestream PMS, CS9300 CBCT and excellent cash flow for any buyer. Contact: Scott Graham ([scott@omspracticesales.com](mailto:scott@omspracticesales.com)) for more information.

## New York (Western)

Elevate your career and lifestyle with a highly profitable oral maxillofacial surgery practice in upstate New York's tranquil countryside. Boasting low competition and a high volume of implant procedures, this solo practitioner office promises not just success, but a life enriched with outdoor adventures –boating, fishing, hiking, skiing right at your doorstep. Operating with a stellar \$2.8 million in production over 4.5 days weekly, it offers an unparalleled balance of work and play. Transition seamlessly, available immediately up to two years. Don't miss this rare chance to own not just a practice but a dream lifestyle. Act now! Visit [westernnyoms.com](http://westernnyoms.com) for more details. Your future awaits!

## New York

Complete Oral Surgery Equipment for two operating rooms, one consultation follow-up room, an N2O/O2 delivery system, ceiling-mounted lights on track, PA X-rays, hand instruments, implant drills and equipment, monitoring systems, etc. Please contact Dr. M. B. Rad at 518-369-6624 for detailed information. The equipment is located in the Albany, N.Y., area.

## New York

Long-established Westchester County, N.Y., solo practice. Two locations with Dexis/Panorex CBCT. Integrated computer system (WinOMS). Strong referral base emphasis on dentoalveolar surgery, bone grafts, implants, oral pathology/medicine, TMJ and general anesthesia. Willing to stay for smooth transition. Please email [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Box S-0321.



## Practices for Sale

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### New York

Solo practice in desirable Lower Westchester County. Office-based dentoalveolar and implant surgery. Three treatment rooms, CBCT, integrated EMR. Motivated seller, will facilitate smooth transition. Please email [classifieds@aaoms.org](mailto:classifieds@aaoms.org) attention AAOMS Box S-031025.

### Oklahoma

Two-provider, two-location OMS practice for immediate sale in the greater Oklahoma City area. Practice has diverse revenue sources and has capacity for growth in both locations. Both locations have been in operation for many years and have strong referral sources. Sellers are willing to stay on for a reasonable period to ensure auspicious practice goodwill transfer and buyer effectively matriculates into working the practice. Buyer will have a full schedule as soon as they want it. Please send inquiries to [austin.leavitt@omsp.com](mailto:austin.leavitt@omsp.com).

### Texas

OMS practice for sale outside of Dallas with excellent growth opportunity. Only OMS practice in the city / surrounding community. Provider is retiring. Carestream digital PMS with CS9300 CBCT. Experienced staff / low overhead / small office ready to expand. Excellent opportunity for recent grad or satellite office. Contact Jeremy Haseloff: [jeremy.haseloff@henryschein.com](mailto:jeremy.haseloff@henryschein.com) / 806-777-4732.

### Virginia

2400 sq. ft. fully equipped and stocked OMFS office space digital workflow in underserved high-end market. Third molars/implants booked three months out. \$1.7M last two years on four-day work week. Available immediately. Williamsburg, Va. Reply to [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention: AAOMS Classified Box S-0424.

## Seeking Position

### New York

Board-certified OMS, with extensive training and many years of experience, seeking 1-2 days per week of dentoalveolar surgery while based in Long Island, N.Y. I can commute for the right opportunity. Please contact: [oralsurgeon310@gmail.com](mailto:oralsurgeon310@gmail.com).

## Practice Transitions

### New York

Modern, established, private dentoalveolar practice (potential full-scope) in midtown Manhattan seeks half-/full-time associate for fast-track partnership. Ideal opportunity to maintain a stable presence in the city. Reply to [classifieds@aaoms.org](mailto:classifieds@aaoms.org), attention: AAOMS Classified Box A-0124.

## Classified Advertising Deadlines

**Nov/Dec 2025 issue:** Sept. 5, 2025

**Jan/Feb 2026 issue:** Nov. 7, 2025

**Mar/Apr 2026 issue:** Jan. 9, 2026



# CAREERLINE

→ **20% off job postings placed  
Aug. 20 to Sept. 20 with code  
AAOMS2025**

## Looking for a new career in OMS?

Search job postings for FREE!

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## Access to OMS jobs at your fingertips!

Now optimized for easy use from your mobile device.

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**AAOMS Faculty Classified Advertising Order Form**

☐ **AAOMS Box Number requested**  
(No additional cost)

☐ **This is a confidential ad.**

Contact only the following staff members  
with 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: **1-40 words: \$0 41-80 words: \$300 81-120 words: \$600 121-160 words: \$900**  
**Every 40 words thereafter: additional \$300**

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

☐ Check enclosed Amount \_\_\_\_\_ Check # \_\_\_\_\_

**General / Fellowship Classified Advertising Order Form**

Ad type:

☐ Fellowship

☐ CODA Accredited

☐ Non-CODA Accredited

☐ Position Available

☐ Practice for Sale

☐ Position Wanted

☐ Practice Transitions

☐ Miscellaneous

☐ **AAOMS Box Number requested**  
(No additional cost)

☐ **This is a confidential ad.**

Contact only the following staff members  
with 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 / Fellowship Classified Ad Costs:

**1-40 words: \$300 41-80 words: \$600**

**81-120 words: \$900 121-160 words: \$1,200**

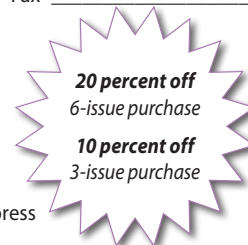
**Every 40 words thereafter: additional \$300**

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

☐ Check enclosed Amount \_\_\_\_\_ Check # \_\_\_\_\_

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Or email form to [classifieds@aaoms.org](mailto:classifieds@aaoms.org)

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**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).

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Mar/Apr 2026 issue: **Jan. 9, 2026**



# Invisible Dental Support Organizations (IDSO)

become your *silent* partner by  
purchasing 51% to 80% of your  
practice for millions in cash

## Silent Partners Buy Part of Your Practice

IDSOs purchase 51% to 80% of practices for millions in cash now at low tax rates. Doctors retain ownership with significant value increases over time. Some LPS clients have achieved 3x to 7x equity returns in only three to five years.

## Long-Term Wealth Building Partnership

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- ✓ Monetize 51%-80% of your practice value
- ✓ Millions in cash now at low tax rates
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- ✓ Increase the value of your retained ownership
- ✓ Choose the best offer from multiple bidders
- ✓ **No-cost, no-obligation practice valuation**

## Six or More Choices in Partnership

LPS clients typically have 6 to 10+ qualified bidders. LPS is the largest advisor in the U.S. which enables our clients to achieve record values that the little advisors cannot match.

## Your Value in Today's Consolidation Frenzy

You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs often leave millions on the table and do not get to consider ALL of their options.

**Large Practice Sales** is the largest transaction advisor in the U.S., completing over \$1 Billion of IDSO partnerships for GP and all specialties in the last 24 months.

## ***"I am ecstatic!"***

*You guys got me **DOUBLE** the best offer I could get on my own! Have any doctor call me and I'll tell them you can't go wrong with LPS. Use my name. I am referring all my friends." - T.J., DMD*

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