

# ***JOMS* | Guide for Authors** (updated 1/2025)

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## About *JOMS*

*Journal of Oral and Maxillofacial Surgery (JOMS)* is a monthly publication that offers comprehensive coverage of new techniques, important developments, and innovative ideas in **oral-maxillofacial surgery (OMS)**. Practice-applicable articles help develop the methods used to manage **dentoalveolar surgery, facial injuries, and deformities, TMJ disorders, oral cancer, jaw reconstruction, anesthesia, and analgesia**. The journal also includes specifics on new instruments and diagnostic equipment, and modern therapeutic drugs and devices. *JOMS* is recommended for first or priority subscription by the Dental Section of the Medical Library Association.

While the Journal considers all submissions, the Editors encourage original research, meta-analyses, perspectives, and letters to the editor addressing published *JOMS* articles. Case reports, mini-case series, narrative reports including systematic reviews without meta-analyses, and pilot studies are classified as low levels of evidence, add little new information of significance to the literature, or risk introducing spurious findings into the published, citable literature.

*JOMS* is a peer-reviewed scientific journal. It is an official publication of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the American Academy of Craniomaxillofacial Surgeons, and the Canadian Association of Oral and Maxillofacial Surgeons.

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## Choosing to submit to *JOMS*?

*JOMS* has an international scope and is well-regarded as the leader in scientific thought for the OMS specialty. It maintains a diverse and international editorial board; the section editors are recognized leaders in their areas of expertise. In 2024, *JOMS* received submissions from over 75 countries. It reviews 1000-1300 manuscripts annually with an approximate acceptance rate of 11-15%. The average turnaround from submission to first peer-reviewed decision averages around 14 days.

*JOMS* provides many benefits to authors, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications, and much more. Please click here for more information on [author services](#).

If you require any further information or help, please visit the [Support Center](#).

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## **Before submitting a manuscript**

*JOMS* publishes articles that reflect a wide range of ideas, results, and techniques provided they are original, contribute new information, and meet the journal's standards of scientific thought, rational procedure, and literary presentation.

The goal of the *JOMS* Guide for Authors is to assist authors in preparing a clear, comprehensible manuscript that aligns with generally acceptable parameters for reporting research. Good research within the scope of *JOMS* and drafted in accordance with the Guide for Authors will increase the chances of being accepted and decrease the number of revisions prior to acceptance. Manuscripts that do not follow the Guide for Authors will be returned for revision prior to being assigned for peer reviewed.

To facilitate wide international readership of *JOMS*, articles require flawless English usage and grammar. Authors who are not fluent in American English are strongly advised to consult with a American, native English-speaking editor, ideally a clinician, who is familiar with clinical and scientific terminology, to support manuscript preparation. This will improve the chance of acceptance and greatly reduce the time until publication of the article is accepted. The publisher, Elsevier, maintains a resource for those who wish to seek [translation and English-editing services](#).

*JOMS* recommends the following resources:

- [The EQUATOR Network | Enhancing the QUALity and Transparency of Health Research](#) for those seeking guidelines for reporting health research.
- [Writing a Scientific Paper is Not Rocket Science!](#) (JOMS.org) for assistance in how to draft a clinical research paper
- The OHStat Guidelines for Reporting Observational Studies and Clinical Trials in Oral Health Research: [Manuscript Checklist](#) and [Explanation and Elaboration](#)

*JOMS* uses an online, [electronic submission system](#) for uploading manuscripts for review. [EditorialManager](#)® will guide the author through the submission process and manage all follow-up and revisions through publication. For best results, please review all instructions and guidelines and gather all required materials before you begin. Submissions that do not meet the minimum requirements or are incomplete will not be reviewed.

All correspondence regarding the Editor's decision and requests for revision will be via e-mail.

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## **JOMS publishing policies**

Upon submitting a manuscript for review and publication, the author assigns all copyrights to the American Board of Oral and Maxillofacial Surgery (AAOMS). Articles submitted for publication in *JOMS* must not have been published in another journal, or submitted for consideration or accepted for publication elsewhere. Articles must not reproduce previously copyrighted material, in whole or part, without express permission from its publisher.

*JOMS* requires compliance with the [World Medical Association Declaration of Helsinki](#) on medical research protocols and ethics.

*JOMS* requires **institutional review board (IRB) approval** of the study protocol for all studies that involve humans or human tissues. Authors must provide evidence that the study was granted an exemption by an IRB from the author's institution, or that the study was approved in accord with local IRB standards. Private practice does not exempt an author from the responsibility to seek ethical approval of study protocols involving humans or human tissue. Authors without institutional affiliation should seek commercial or independent IRB services

*JOMS* requires that a statement of IRB approval or exemption, and associated documentation (granting institution, IRB number) be provided in the **Methods** section of the manuscript.

For studies involving animal subjects, the *JOMS* requires confirmation that the research was approved by the appropriate animal care and use committee with appropriate documentation (granting institution and approval number). This must be stated in the **Methods** section of the manuscript.

Who can be an author? Authors listed must have made substantive intellectual contributions to the manuscript and be prepared to accept full responsibility for publication of the work. Generally, editing a manuscript or permitting access to patients or their records are not considered substantive intellectual contributions and do not qualify for authorship.

### **Guidelines for use of the variables 'sex' and 'gender'**

*JOMS* supports initiatives to engender best practices, standardize terminology, improve precision, promote inclusion, and reduce the risk of language misuse. Language and its usage can be fluid, and by working with our publisher, we begin a natural process of educating all the stakeholders involved with the journal's publication. The main principles are based on the SAGER guidelines with additional content to address accuracy and inclusivity based on our evolving knowledge of sex and gender.

In line with Elsevier's efforts to improve diversity, equity, and inclusion in publishing, we are striving to improve the reporting of sex-and gender-based analysis in research. To do so, we have clear guidelines on how authors should use "sex," and when to use "gender." Sex and gender should never be used interchangeably.

For example, if you are measuring sex or gender, define the variable and explain how it is measured or coded. Sex is a biologic characteristic and classified as male, female, or intersex. Gender is a complex of sociocultural attitudes and behaviors related to self-image and -expression and may appear in a range of values.

## **The use of AI and AI-assisted technologies in scientific writing**

Where authors use artificial intelligence (AI) and AI-assisted technologies in the writing process, these technologies should only be used to improve readability and language of the work. They should never be used to replace key researcher tasks, such as producing scientific insights, analyzing or interpreting data, or drawing scientific conclusions. Applying the technology should be done with human oversight and control. Authors should carefully review and edit the result, because AI can generate authoritative-sounding output that may be incorrect, incomplete, or biased. The authors are ultimately responsible and accountable for the contents, integrity, and originality of the work that bears their names.

Authors should disclose in their manuscript the use of AI and AI-assisted technologies. A statement of AI use will appear in the published work. Declaring the use of these technologies supports transparency and trust between authors, readers, reviewers, editors, and contributors, and facilitates compliance with the terms of use of the relevant tool of technology.

Authors should not list AI and AI-assisted technologies as an author or co-author, nor should they cite an AI-generated piece as a reference. Authorship implies responsibilities and tasks that can only be performed by and attributed to humans. Each (co-)author is accountable for ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authorship demands the ability to approve the final version of the work and to agree to its submission. Authors are also responsible for ensuring that the work is original, that the stated authors qualify for authorship, and that the work does not infringe third party rights. All authors should familiarize themselves with [the Ethics in Publishing](#) policy before submitting a manuscript.

## **Building Citations and References**

Please make sure that within your manuscripts, all citations appear in numerical order. We recommend that you use the “references” features within Word, or other add-on software, to assist in the dynamic management citations during the creation and revision of your manuscript. A citation should be properly formatted as a superscript (not a number in brackets) and placed after the punctuation.

*JOMS* uses the [ISO4 format](#) for referencing journal titles. The ISO4 standard abbreviation for *JOMS* is **J Oral Maxillofac Surg**.

Similarly, Tables and Figures should be cited within the paper in numerical order.

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**Contact *JOMS***

**Editor-in-Chief:** Thomas B. Dodson, DMD, MPH, FACS, Professor and Chair, Oral-Maxillofacial Surgery, University of Washington School of Dentistry, Seattle, Washington

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Correspondence: Authors may send queries concerning the submission process, manuscript status, or journal procedures to the Editorial Office at [joms@aaoms.org](mailto:joms@aaoms.org). All correspondence, including the Editor's decision and requests for revisions, will be delivered via e-mail.

Manuscripts may not be submitted via email. Please submit manuscripts online using [Editorial Manager](#)<sup>®</sup>. *JOMS* does not solicit or pre-approve manuscripts or topics.

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## Knowing the Article Type

ARTICLE TYPE	DESCRIPTION	REQUIREMENTS
<b>Research</b> <a href="#">[full detailed info]</a>	May include basic science, clinical trial, cohort, case-control or cross-sectional studies, survey, economic study of diagnostic or screening tests, or other observational study	$\leq 6$ authors Structured abstract, $\leq 350$ words IRB References-no limit Tables in Word® Figures in individual files
<b>Narrative Review</b> <a href="#">[full detailed info]</a>	Narrative summary that address important clinical problems or conditions, or topics related to education, policy, economics, or practice	$< 6$ authors Structured abstract, $< 150$ words
<b>Systematic Review</b> <a href="#">[full detailed info]</a>	Systematic reviews of current, relevant literature without meta-analyses that address important clinical problems or conditions, or topics related to education, policy, economics, or practice	$< 6$ authors Structured abstract, $< 350$ words Table that rates quality of the study or evidence Structured abstract Conforms to EQUator Reporting Guidelines
<b>Meta-analysis</b> <a href="#">[full detailed info]</a>	A systematic review with statistical analysis that quantitatively aggregates the data contained within multiple studies in order to measure a similar outcome as a single combined or summarized estimate.	$\leq 6$ authors Structured abstract— $\leq 350$ words
<b>Technical/surgical innovation</b> <a href="#">[full detailed info]</a>	Technical or non-clinical topics of interest to the OMS	$\leq 4$ authors Unstructured abstract required $\leq 150$ words Subheadings required as specified
<b>Case Report</b> <a href="#">[full detailed info]</a>	Must contain new information about a disease process, diagnostic technique or maneuver, treatment, or operative approach, OR contain information that needs to be reinforced periodically, OR includes a comprehensive review on a topic requiring an updated review, OR is an extremely unusual case. Other considerations include hypothesis	$\leq 4$ authors Unstructured abstract required $\leq 150$ words

	generation, recognition of sentinel events, outcomes of rare diseases or new treatments.	
<b>Perspectives</b> <a href="#">[full detailed info]</a>	Succinct opinion pieces, survey results and other shorter contributions that address topics of relevance to OMSs. May include public policy, patient safety, education, healthcare or surgical trends, government actions, and commentaries on other subjects. Perspectives accepted for publication do not necessarily represent the views of the AAOMS or the editorial staff.	≤1400 words ≤3 tables/figures ≤5 references Subject to review and acceptance by AAOMS Board of Trustees
<b>Letter to the Editor</b> <a href="#">[full detailed info]</a>	Must address a specific article or editorial published by <i>JOMS</i> with the last 8 weeks.	≤500 words ≤5 references 1 figure permitted Submission within 8 weeks of publication
<b>Sections</b>	DS dentoalveolar surgery AFP anesthesia/TMJ/ facial pain DI dental implants PTH pathology CTR craniomaxillo-facial trauma CDD craniofacial deformities, SOR surgical oncology and reconstruction LTE letter to the editor OTH perspectives, special contributions, resident education, or other topics of interest	When uploading a manuscript into Editorial Manager, the author will be asked to designate a Section for review.
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<b>RESEARCH</b>	Full-length article (FLA)
<b>Title</b>	Crafting a title is a matter of style. In as few words as possible, state the findings rather than the process. Consider asking an intriguing clinical question or use a declarative sentence to summarize the key finding. The study design may be in the title, although it adds length and will appear in the abstract.
<b>Structured abstract</b>	<p><i>Sections should be written in complete sentences.</i></p> <p><b>Background:</b> Describe in 1-2 sentences the clinical (or other) importance of the study purpose.</p> <p><b>Purpose:</b> State clearly the study purpose or question. If there is more than one study objective/question, make clear which question is primary and secondary.</p> <p><b>Study design, setting, sample:</b> Specify the study design of the study (eg, randomized clinical trial, cohort, cross-sectional, case-control, case series, survey, meta-analysis, bibliometric analysis.) Be sure to state whether study was retrospective or prospective.</p> <ul style="list-style-type: none"> <li>• Describe the location and setting: outpatient clinic, multicenter, population-based hospital</li> <li>• Define the study sample by summarizing the clinical disorder/condition being studied and eligibility criteria.</li> </ul> <p><b>Predictor variable:</b> Describe and define the predictor variable.</p> <p><b>Main outcome variable(s):</b> Describe and define the primary outcome variable and if indicated, secondary outcome variables.</p> <p><b>Covariates:</b> List other study variables (covariates) that were collected. Organize the covariates into logical categories, eg, demographic, operative, radiographic, perioperative, physiologic, staging.</p> <p><b>Analyses:</b> Briefly describe the planned data analyses and set the level of statistical significance, eg, <math>P</math>-value <math>\leq 0.05</math>.</p> <p><b>Results:</b> Report the size of the eligible study participants and the final sample size. Summarize the demographic information (eg, age, sex, etc.). Report the main study results using quantitative, not qualitative, measures and appropriate measures of variability, for example 95% confidence intervals. Reporting <math>P</math>-values alone is insufficient.</p> <p>For most studies, <math>P</math>-values should follow the reporting of comparisons of absolute numbers or rates and measures of uncertainty (0.8%; 95% CI -0.2% to 1.8%; <math>P = 0.13</math>). Surveys should include response/participation rates.</p> <p><b>Conclusions and Relevance:</b> Provide study conclusions directly supported by the results. Provide a statement that summarizes the relevance of the study findings as it relates to clinical care or health policy.</p>

## Body of the manuscript

### Introduction

- The introduction should be only as long as necessary. A manuscript is not a thesis. Given a specialty audience, most introductions can be completed in < 2 pages, double-spaced.
- Summarize the three research elements: 1) study purpose or question, 2) hypotheses, and 3) specific aims.
- Use clear, declarative language:  
“The purpose of this study was to . . .”  
“The investigators hypothesize . . .”  
“The specific aims of the study were to: 1) measure, compare or estimate some variables of interest.”

### Materials and Methods

Use the following headings to demarcate the various elements of the methods:

- **Study design/sample**

Include:

- 1) a statement of the study design
- 2) a description of the study population from which the sample is drawn
- 3) a description of the study sample including inclusion and exclusion criteria

NOTE:

While clinicians treat patients (study population), the sample is composed of research or study subjects.

Do not include details of the sample that you collected in the Materials and Methods (sample size, demographic variables, etc.)

These data are the results of your planned study methods.

Surveys or chart reviews are not study designs, but methods for collecting data.

A statement documenting IRB approval must be included in the Materials and Methods.

- **Variables**

Describe and define each study variable in detail such that a reader could repeat your study. Patient-oriented research studies generally have 3 types of study variables:

- 1) the predictor, independent, or exposure
- 2) outcome or dependent
- 3) co-variates, other variables collected for the study.

It is common to have more than one predictor or outcome variable. Define which variables are primary and which are secondary predictor or outcome variables.

It is common to have multiple heterogeneous predictor variables, eg when looking for prognostic variables associated with an outcome of interest. Group heterogeneous variables into logical categories, such as demographic, anatomic, radiographic, perioperative,

operative, tumor stage. Keep the order of the variables consistent throughout the text and tables. Each variable should have a working definition, description, and code type, such as binary, categorical, ordinal, or continuous. [Sex and gender](#) should never be used interchangeably.

- **Data collection methods**

Describe the data collection methods or techniques such that the average reader can understand the process or measurement technique.

- **Data analyses**

Review "[Reporting Statistical Information in Medical Journal Articles.](#)"

Summarize the statistical tests used for the analysis.

State the level of significance, ie *P*-value. Hypothesis tests will be considered 2-sided, unless stated differently. Report the details of the statistical software used for analyses (version, manufacturer, and extension packages).

For randomized clinical trials, include sample size calculations computed prior to enrolling study subjects. For other study designs, if indicated, detail the process for determining the sample size.

For randomized clinical trials, apply intention-to-treat analyses. If an intention-to-treat analysis is not used, report it, and justify why it was not used.

Statistical consultation is suggested for most regression models

NOTES:

1. When applying a regression model to studies using dependent data, such as clustered (multiple implants per subject) or longitudinal (repeated cephalometric measurements over time) data, account for the correlations arising from clustering and/or repeated measures.  
***Statistical consultation is strongly recommended for analyses of dependent data.***
2. It is common to lose study subjects to follow-up or exclude subjects due to inadequate data. Summarize and report lost observations (subjects lost to follow-up, dropouts from a clinical trial, or unavailable in an observational study). Prepare a table that compares the observed characteristics between subjects with complete data included in the study and those with incomplete data who were excluded from the study.

3. Describe how the investigators managed the issue of multiple comparisons or post-hoc comparisons. **Statistical consultation may be indicated.**
4. For time-to-event outcomes (survival) apply appropriate survival statistics (Kaplan-Meier and analytic statistics such as Cox hazards ratios) to identify variables associated with the outcome of interest. **Statistical consultation may be indicated.**
5. Survey studies: response rate should be adequate to assess outcomes of interest ( $\geq 60\%$ ). When response rate  $< 100\%$ , provide a table that compares the basic characteristics of respondents and non-respondents, identifying differences that may help to inform better the findings.
6. Surveys or questionnaires should be valid and reliable. Provide references for the surveys used in the study that demonstrate validity and reliability.

### Results

Summarize the demographic findings of the sample study and describe how the study groups differ (or not) in terms of the covariates (age, sex, number of operations, etc.)

1. For randomized clinical trials, provide the number of subjects.
2. For observational studies, report the size of the study population and the size of the final sample. Report losses to observation or follow up and the reasons for lost subjects or observations.
  - Report findings using quantitative terms. Include appropriate indicators of measurement error or uncertainty (confidence intervals, *P*-values expressed in 2-3 decimal places).
    - Reporting a *P*-value alone is insufficient.
    - Do not describe the findings using qualitative terms (high, low, large, small).
  - If results are not statistically significant, do not hedge. Avoid phrases such as marginal significance or trend toward significance. Limit causal language to randomized clinical trials. For non-randomized studies, describe the results using terms such as correlation or association.
  - Randomized trials and analytic, observational studies should include the following tables:

**Table 1** – Summarize the descriptive or univariate statistics of the sample to provide an overview of the study sample. If a significant number of subjects have incomplete data and are excluded from analyses, include in the table the co-variables stratified by study participant status (study subjects versus subjects excluded from analyses). Compute appropriate descriptive and analytic statistics,

if indicated and report them with the *P*-values and measures of variance (standard deviation or confidence intervals).

**Table 2** – Present all study variables (covariates from Table 1) versus predictor/exposure/independent variables. Compute appropriate descriptive and analytic statistics and report them with the *P* values and measures of variance (standard deviation or confidence intervals)

**Table 3** – Present all study variables (covariates) from Table 2 versus the primary outcome variable. Compute appropriate descriptive and analytic statistics and report them with the *P*-values and measures of variance (standard deviation or confidence intervals)

**Table 4** – Present primary predictor vs. primary outcome variable (bivariate analysis). Compute appropriate descriptive and analytic statistics and report them with the *P*-values and measures of variance (standard deviation or confidence intervals)

**Table 5** – If indicated, present a summary of the regression model of the primary predictor variable versus primary outcome variable adjusted as indicated for relevant co-variables. Tables 2 and 3 should help to inform the investigators in terms of creating the regression model by identifying co-variables to consider for inclusion in the regression model.

**Repeat** Tables 2 or 3 and 4 for secondary predictor or outcome variables, if indicated.

### **Discussion**

The organization and structure of the discussion is a stylistic choice. Consider the following outline to structure the discussion section:

Restate the study purpose, hypothesis, and specific aims and then summarize the key findings as they relate to the study purpose.

Summarize other key findings of the study.

Summarize the author's findings as they relate to other studies.

Summarize the study's strengths and weaknesses, with a particular emphasis on how the strengths and weaknesses may affect interpretation of the study's result.

Conclude by summarizing the key clinical significance or findings of the study, applicability to clinical practice, and plans for future research activities.

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<b>NARRATIVE REVIEW</b>	Review (REV)
<b>Title</b>	Briefly, mention the type of review and the important topic it addresses.
<b>Structured abstract</b>	<p>A narrative review should include a 3-part structured abstract of no more than 150 words using the exact headings listed below:</p> <p><b>Background:</b> Summarize the topic and discuss the primary purpose of this review.</p> <p><b>Findings:</b> Summarize the key findings of the review</p> <p><b>Conclusions and Relevance:</b> State the conclusions that are supported by the review findings and any limitations and clinical implications</p>
<b>Body of the manuscript</b>	<p>Expound upon the details outlined in the structured abstract in clear declarative language using the headings below:</p> <p><b>Introduction</b></p> <p><b>Materials and Methods</b></p> <p><b>Results</b></p> <p><b>Discussion</b> Author's conclusion is included at the end of the discussion; it is not under its own subheading</p> <p style="text-align: center;"><a href="#">[Top]</a></p>
<b>SYSTEMATIC REVIEW</b>	Review (REV)
<b>Title</b>	Use a brief statement to mention the type of review and the important topic it addresses
<b>Structured Abstract</b>	<p>A systematic review should include a structured abstract of no more that 350 words using the headings listed below:</p> <p><b>Background:</b> A sentence or 2 explaining the importance of the review question or topic</p> <p><b>Purpose:</b> State the purpose and nature of the review, eg diagnosis, prognosis, therapy, or prevention. Provide detail regarding the study sample or population, the intervention or exposure, and outcomes of interest.</p> <p><b>Study Selection:</b> Describe inclusion and exclusion criteria used to select studies, such as specific populations, interventions, outcomes, or methods. Specify the method(s) for selecting the studies, eg consensus or multiple reviews. State the</p>

percentage of initially identified studies that met selection criteria.

**Results:**

Summarize the number of studies and patients/participants in the analysis and the main quantitative results of the review and associated P-values or other measures of association

**Conclusions and Relevance:**

State clearly the conclusion and relevance of the analyses.

**Body of the manuscript**

Expound upon the details outlined in the structured abstract in clear declarative language using the headings below:

**Introduction**

Provide relevant background for conducting the review

**Materials and Methods:**

Required elements:

PRISMA-style flow diagram

Table that rates the quality of the studies/evidence

Must follow EQUator Reporting Guidelines

**Results**

Review the objective findings

**Discussion**

State the conclusions that are supported by the review findings including the limitations of the study. Author's conclusion is included at the end of the discussion; it is not a separate subheading.

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<b>META-ANALYSIS</b>	Full-length article (FLA)
<b>Title</b>	Include "A Meta-analysis" as a subtitle
<b>Structured abstract</b>	<p>Meta-analyses should include a structured abstract of <math>\leq 350</math> words, using the exact headings listed below:</p> <p><b>Background:</b> A sentence or 2 explaining the importance of the review question used to justify the meta-analysis</p> <p><b>Purpose:</b> State the purpose of the meta-analysis and indicate the review topic (diagnosis, prognosis, therapy, or prevention). Provide detail regarding the study sample or population, the intervention or exposure and outcomes of interest.</p> <p><b>Data Sources:</b> Summarize the data sources including years searched. If a bibliographic database is used, state the exact indexing terms used for article retrieval, including any limitation eg language or human studies. If insufficient space in the abstract, summarize the information in greater detail in the Methods section of the manuscript.</p> <p><b>Study Selection:</b> Describe include and exclusion criteria used to select studies such as specific populations, interventions, outcomes, or methods. Specify the method(s) for selecting the studies, eg consensus or multiple reviewers.</p> <p><b>Data Extraction and Synthesis:</b> Describe the process, such as PRISMA, used to abstract data and assess data quality/validity. Provide details regarding data pooling, fixed- or random-effects model.</p> <p><b>Main Outcomes(s) and Measure(s):</b> Detail the primary study outcomes(s) including how the outcome was defined and measured.</p> <p><b>Results:</b> Summarize the number of studies and patient/participants in the analysis, the main <u>quantitative</u> results of the review and associated <i>P</i>-values or other measures of association.</p> <p><b>Conclusions and Relevance:</b> State clearly the conclusion and relevance of the analysis.</p>
<b>Body of the manuscript</b>	<p>Expound upon the details outlined in the structured abstract in clear declarative language using the headings below:</p> <p><b>Introduction</b></p> <p><b>Materials and Methods:</b></p> <p><b>Results</b></p> <p><b>Discussion</b> Summarize the findings including the limitations of the study. Include the conclusion at the end of the discussion.</p> <p style="text-align: center;"><a href="#">[Top]</a></p>



<b>TECHNICAL/SURGICAL INNOVATION</b>	Discussion (DIS)
Title	Clearly state the topic in terms that explain what the article offers to the reader
Unstructured abstract	Required; ≤ 150 words
Body of Manuscript	<p><b>Innovation:</b> Describe the innovation and what aspects of our specialty it will affect.</p> <p><b>Advantage:</b> Summarize the key advantages of the innovation over current approaches. Are there risks, increased costs, or other trade-offs?</p> <p><b>Significance:</b> Describe the importance of this innovation and how it will affect patient care, education, safety, quality, or policy.</p> <p><b>Evidence:</b> Describe any evidence that supports claims of the innovation's viability, significance, health benefit(s), cost savings, or other potential advantages of the innovation.</p> <p><b>Challenges:</b> Detail the challenges to generalizing the innovation.</p> <p><b>Time:</b> Outline a time frame in which this innovation may become mainstream or accepted practice<sup>2</sup>.</p> <p style="text-align: center;"><a href="#">[Top]</a></p>

<b>CASE REPORT</b>	Case report (CRP)
Unstructured abstract	Required; ≤ 150 words
Note to authors	<p>Routine case reports may be accepted for publication under the following limited circumstances:</p> <ol style="list-style-type: none"> <li>1. contains new information about a disease process, diagnostic technique or maneuver, treatment, or operative approach</li> <li>2. contains information that needs to be reinforced periodically</li> <li>3. includes a comprehensive review on a topic requiring an update</li> <li>4. is of an extremely unusual case.</li> </ol> <p>Other considerations for case reports or case series include hypothesis generation, recognition of sentinel events, outcomes of rare diseases, or new treatments.</p> <p style="text-align: center;"><a href="#">[Top]</a></p>

<b>PERSPECTIVES</b>	Correspondence (COR)
Guidelines for submission	<p>Perspectives articles represent succinct commentary or opinion pieces, survey results, and other shorter contributions that address topics of relevance to oral-maxillofacial surgeons. Topics may include public policy, patient safety concerns, education, health care or surgical trends, government actions, and other subjects that may affect oral-maxillofacial surgery practice. Articles in this section are limited to:</p> <ul style="list-style-type: none"> <li>• ≤1400 words</li> <li>• ≤3 figures or tables</li> <li>• 5 references.</li> </ul> <p>Perspectives should be submitted online via Editorial Manager.</p> <p>Perspectives are subject to review by the AAOMS Board of Trustees. Perspectives accepted for publication do not represent the views of the AAOMS or the <i>JOMS</i> editorial staff.</p> <p style="text-align: center;"><a href="#">[Top]</a></p>

<b>LETTER TO EDITOR</b>	Correspondence (COR)
Guidelines for submission	<p>To be considered for publication:</p> <ol style="list-style-type: none"> <li>1. A letter to the editor (LTE) should address a specific article or editorial published in <i>JOMS</i>.</li> <li>2. Letters may not exceed 500 words.</li> <li>3. Up to 5 references are permitted, including the citation of the subject article.</li> <li>4. Letters must be received within 8 weeks of the subject article's print publication date, or within 8 weeks of the date they first appeared online, whichever is later.</li> <li>5. Letters should be addressed to Dr. Thomas B. Dodson, Editor-in-Chief.</li> <li>6. Letters must be submitted online via Editorial Manager to be considered.</li> <li>7. The title for an LTE is "RE: [title of subject article]"</li> </ol> <p style="text-align: center;"><a href="#">[Top]</a></p>

## Formatting a Manuscript for *JOMS*

<b>Formatting a Manuscript for <i>JOMS</i></b>	Following these required guidelines ensures that the manuscript will be processed in a timely manner.
<b>Title page</b>	List the title of the paper, the authors' names, degrees, and affiliations. For the corresponding author, include the complete mailing address, telephone numbers, fax number, and email address. Do not include fellowships or honorary degrees.
<b>Authors</b>	If the list of authors exceeds the allowable limits, submission must include a detailed description of each author's substantive contribution as part of the cover letter.
<b>Cover letter</b>	A cover letter from the corresponding author must be included with the submission. It should present the paper to <i>JOMS</i> as original, assign the copyright to AAOMS if accepted for publication, and attest to the fact that it has not been submitted for review or publication elsewhere, in whole or part. The following 2 statements <b>MUST</b> be included:
1. Copyright	"In consideration of the Journal of Oral and Maxillofacial Surgery taking action in reviewing and editing my (our) submission, the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the American Association of Oral and Maxillofacial Surgeons in the event that such work is published in the JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY. The undersigned author(s) understands that if the manuscript is accepted, the Editors reserve the right to determine whether it will be published in the print edition or solely in the Internet edition of the Journal, and that articles accepted for publication are subject to editorial revision."
2. Originality	"All authors certify that material reported within this manuscript is original work. To the extent ideas, phrases, images, or data are included from other published or non-published sources, we have made a good faith effort to attribute or cite them properly following the Guidelines for Authors and seeking permission to re-use as necessary."
<b>Body of the manuscript</b>	<p>The manuscript must be uploaded as a Word® document. It should be 12-characters per inch and double spaced.</p> <p>The manuscript document should include in a single Word® file a title page, abstract, the full research paper, references, tables (each on a separate page), and a figure legend (if there are figure files).</p>

<p><b>References</b></p>	<p>References must be cited in numerical order in the body of the paper and all references must be cited. Bibliographies and reading lists may not be submitted. <a href="#">AI-generated sources</a> may not be used as citations of scientific data.</p> <p>For journal references, give the author's name, article title, journal name as abbreviated in Index Medicus, volume, pagination, and year. For example:</p> <p style="padding-left: 40px;">Susarla SM, Abramson ZR, Dodson TB: Cephalometric measurement of upper airway length correlates with the presence and severity of obstructive sleep apnea. <b>J Oral Maxillofac Surg</b> 68:2846, 2010.</p> <p>For book references, give the author's name, book title, location and name of publisher, and year of publication (exact page numbers are required for direct quotations). For example:</p> <p style="padding-left: 40px;">Abrahams OH, Boon JM, Sprat JD: <b>McMinn's Clinical Atlas of Human Anatomy</b>. Philadelphia, PA, Mosby, 2008, pp12, 16, 29.</p> <p>References are cited using superscript numerals either within the sentence<sup>1</sup> or after the period.<sup>2</sup></p> <p><a href="#">Search</a> the <i>JOMS</i> database for current relevant articles.</p>
<p><b>Tables</b></p>	<p>Each table in the manuscript should stand alone and be interpreted without referencing the text of the manuscript. As such, tables must be logically organized and supplement the article. Where possible, consider summarizing the information as text in the manuscript rather than using a table.</p> <p>Tables should include descriptive titles, be numbered consecutively, and cited in the body of the paper in order. Put each table on its own page, including the title and any footnotes. Use of footnotes is encouraged to explain abbreviations and symbols used in the table. Do not draw vertical rules in tables. Tables must be editable in Microsoft Word® and placed following the References in the manuscript document.</p> <p>Each table should be on its own page in the document.</p> <p>Number tables should be referenced in the manuscript in numerical order.</p>
<p><b>Figures/Illustrations</b></p>	<p>Color art and color photography submissions are strongly encouraged. Images must be high-resolution digital</p>

illustrations (EPS or TIFF files): line artwork = minimum of 1,000 dpi; halftone artwork (photographic/continuous tone) = minimum of 300 dpi; combination artwork (line/tone) = minimum of 500 dpi; recommended dimensional size is a minimum of 5 x 7 inches. **PowerPoint or other presentation software files are not of sufficient quality for publication.**

Figures must be submitted electronically as separately uploaded files and labelled separately from the manuscript file. Composite images that combine multiple images into a single image file and a single Figure are not allowed. When a Figure requires multiple images, each image should be a separate file and marked as a subordinate of the Figure. For example, Figure 3 may be composed of images 3A, 3B, 3C.

Apply arrows or other indicators to point out key findings on images or photomicrographs.

For photomicrographs, magnification and stain must be specified.

Authors should download a copy of the Specifications for Supplying Digital Artwork from [artwork and media instructions \(elsevier.com\)](http://artworkandmediainstructions.elsevier.com). This reference provides detailed information on file formats, artwork guidelines, and color.

Figures must be numbered and cited in the text in numerical order, and all patient-identifying information must be removed or masked.

**Legends**

When figures are included, a figure legend for each Figure must be placed after References and Tables as part of the Word® document. There is no separate Table legend; tables should be labelled descriptively.

**Informed consent and patient details**

Signed patient releases must accompany manuscripts in which there are photos of identifiable patients. Formal consent is not required for the use of entirely anonymized images from which the individual cannot be identified--for example, x-rays, ultrasound images, pathology slides, or laparoscopic images that do not contain any identifying marks and are not accompanied by text that might identify the individual. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual. Release forms can be downloaded [here](#).

**Video and computer graphics**

Authors are encouraged to submit videos and computer-generated graphics, eg, a slide presentation with or without animation and sound. Authors who wish to supply such material should notify the editors in the Cover Letter and in the

	<p>Author Comments of the online submission. Although the publisher will not edit any video or computer graphic, editors and reviewers may suggest changes. All patient-identifying information must be removed or masked.</p> <p>The maximum length of a video or computer graphic is 8 minutes. Longer submissions may be divided into smaller clips, each of which should be identified at the beginning of the section (eg Video Clip 1, graphic 10). A concise legend for each videoclip or computer graphic presentation must be included with the manuscript. Videos are to be submitted in MEGG-1 or MPEG-2 (*.mpg) or QuickTime (*.mov) format. More detailed instruction can be found <a href="#">at Artwork and media instructions (elsevier.com)</a>.</p>
<b>AAOMS disclosure statement regarding dual commitment</b>	<i>JOMS</i> requires that a completed <a href="#">AAOMS disclosure statement</a> signed by ALL authors be submitted with the article.
<b>Acknowledgements</b>	Only personal who have made significant contributions to an article may be acknowledged.
<b>Permissions and waivers</b>	Formal consents are not required for the use of entirely anonymized images from which the individual cannot be identified--for example, x-rays, ultrasound images, pathology slides or laparoscopic images--provided that these do not contain any identifying marks and are not accompanied by text that might identify the individual concerned. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned. The policy on patient consent can be found <a href="#">here</a> . It is the responsibility of the author to ensure that the form of written consent complies with each requirement of all applicable Data Protection and Privacy Laws. Signed <a href="#">Patient Release Waivers</a> (download) must be obtained for full-face photographs.
<b>Additional information</b>	Permission of original author and publisher must be obtained for direct use of material (text, photos, drawings) under copyright that is not your own. (Up to 100 words of prose material usually may be quoted without obtaining permission, provided the material quoted is not the essence of the complete work.) Authors are responsible for applying for permission for both print and electronic rights for all borrowed materials and are responsible for paying any fees related to the applications of these permissions.
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## Forms:

For your convenience, the following pages contain forms that may be printed, completed, and uploaded with your manuscript submission as needed:

- [JOMS Checklist](#)
- [Stanton Award Nomination Form](#)
- [AAOMS Required Conflict of Interest Form](#)
- [Patient Release Form](#)

# JOMS Checklist

<p>JOMS employs the highest standards of scientific integrity in its published work. This checklist is provided to improve the quality of your submission and increase the speed at which a decision can be reached.</p>	
	I read and complied with the Guide for Authors (2025 update).
	I uploaded a cover letter assigning copyright to AAOMS/Elsevier and attesting to the originality of my work.
	None of the authors has submitted this manuscript elsewhere for publication.
	I have not included pictures published elsewhere without permission to reprint.
	I have included the correct credentials and professional titles for each author (no fellowships or honorary degrees are included).
	One author is designated as the corresponding author.
	If an OMS resident is first/last author, I have uploaded a signed Stanton Award nomination/attestation form under Permissions and Waivers (US and Canada programs).
	I included an AAOMS conflict of interest disclosure for each author.
	I identified the article type and section for my submission.
	I did not exceed the allowed number of authors for the paper type.
	My abstract is structured as required and does not exceed the maximum word count.
	I included an IRB statement or exemption, as required, in the Methods section.
	My tables are included within the Word® document, one table per page.
	My figures are appended in individual files. Arrows or indicators were added to denote key findings.
	All references, tables, and figures are cited <u>in numerical order</u> within the body of the manuscript.

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## RESIDENT RESEARCH RECOGNITION – STANTON AWARD QUALIFICATION

*Please follow these instructions to nominate an OMS resident-author from the US or Canada for the Stanton Resident Research Award.*

JOMS recognizes all OMS residents enrolled in American or Canadian training programs who author scientific papers published in JOMS. The ability to create high-level scientific work adds an important dimension to the training experience and positions the resident to be a well-informed and engaged clinician. JOMS encourages OMS residents to complete manuscripts during their training years and to submit them to JOMS for consideration before completion of residency.

Each resident-author will be recognized in print with an <sup>R</sup> signifying that they are a resident in an accredited US or Canada OMS residency program at the time the paper was submitted. Those whose contributions to the paper drive the research question, analysis, and composition may be nominated by a participating faculty member for the annual David Stanton Resident Research Award (Stanton Award).

To qualify for consideration for the Stanton Award, a [Stanton Research Award Nomination Form](#) must be completed by a senior author/faculty member who is familiar with the contributions made by the resident. **Only one resident-author may be nominated per paper**. The senior author and resident do not need to be from the same institution. Upload the form with the submission under Permissions and Waivers.

It is important that the senior author completing the nomination form gives careful consideration to the contributions made by the resident-author. The Stanton Award is not given to the “best paper” by a resident-author. It is given to the resident whose own contributions—in terms of formulating a research question, designing a study, submitting the IRB application, collecting data, conducting analysis, and drafting the manuscript—lead to the publication of an outstanding paper.

Participation of residents as authors will have no bearing on the consideration by reviewers for publication. Each paper submitted to JOMS is evaluated for publication based on a single set of criteria as outlined in the Guide for Authors.

Qualifying papers must be submitted before the end of June of the candidate’s final year of residency to be eligible for the Award, although the award may be received following completion of the residency program. The award will include free registration for the AAOMS annual meeting and a \$500 cash prize, presented by the OMS Foundation.

*JOMS regrets that it can only provide resident recognition to OMS residents in the US and Canada.*

# STANTON RESEARCH AWARD NOMINATION FORM

Date of Submission \_\_\_\_\_

Title of manuscript  
\_\_\_\_\_  
\_\_\_\_\_

To: JOMS Editor-in-Chief:

I hereby attest that Dr. \_\_\_\_\_, at the time of submission, was a resident in good standing in oral and maxillofacial surgery at

\_\_\_\_\_,  
(institution)

and contributed to this research in the following ways (check only those that apply):

- formulating the study question and hypothesis
- applying for and securing IRB approval
- designing the study/calculating sample size
- collecting/entering data
- analyzing the data and quantifying/validating the results
- drafting the manuscript.

I further attest that I served in the role of research mentor for Dr. \_\_\_\_\_, am knowledgeable as to the extent of their involvement in this study, and find their contribution worthy of first or last authorship.

I hereby nominate them for the Stanton Resident Research Award.

Sincerely yours,

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(signature) (print name)

\_\_\_\_\_  
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**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS**

**Financial Relationships Disclosure Form**

***For Faculty, Authors, Committee/Board Members, Reviewers and Staff***

Organizations accredited by the American Dental Association Continuing Education Recognition Program (ADA CERP) and Accreditation Council for Continuing Medical Education (ACCME) are required to identify and resolve all potential conflicts of interest with any individual in a position to influence and/or control the content of CDE/CME activities. A conflict of interest will be considered to exist if: (1) the individual has a 'relevant financial relationship,' that is, he/she has received financial benefits of any amount, within the past 12 months, from a 'commercial interest' (an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients), and (2) the individual is in a position to affect the content of CDE/CME regarding the products or services of the commercial interest.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I affirm that the foregoing information is complete and truthful, and I agree to notify the AAOMS immediately if there are any changes or additions to my relevant financial relationships. During my participation in this activity, I will wholly support the AAOMS' commitment to conducting CDE activities with the highest integrity, scientific objectivity, and without bias. I agree that I will not accept any honoraria, additional payments or reimbursements beyond what has been agreed upon to be paid directly by the AAOMS in relation to this educational activity.

Electronic Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**Corresponding author**

*\*Electronic signature required from **corresponding author only**. It is the responsibility of the corresponding author to collect and submit all relevant conflicts of interest (or lack thereof) of all contributing authors at the time of the submission.*





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Name: \_\_\_\_\_  
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\_\_\_ 6<sup>th</sup> Co-Author (if applicable)

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

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Patient Release Form**

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