WHAT YOU NEED TO KNOW

About JOMS

Choosing to submit to JOMS

Before submitting a manuscript

JOMS publishing policies (important)

Contact JOMS

GETTING STARTED

Knowing the article type:
Research | Review Article | Meta-analysis | Tech/Surg Innovation | Case Report | Perspectives | Letter to the Editor

Formatting a manuscript for JOMS

Table and figures

References

Cover letter, copyrights, and attestations

SUBMITTING AN ARTICLE TO JOMS

Check JOMS database for relevant sources

Submission checklist

Go to Editorial Manager® to upload manuscript

Forms
AAOMS Conflict of Interest | Submission checklist | Patient release | Resident author attestation
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 meaningful letters to the editor. 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) and the Canadian Association of Oral and Maxillofacial Surgeons.

Choosing to submit to JOMS?
JOMS has an international scope and reach 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 2020, JOMS received submissions from over 80 countries. It reviews in excess of 2000 manuscripts annually with an approximate acceptance rate of 20%. 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.
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.

Correct preparation of the manuscript by the author using the JOMS guidelines will expedite review and publication. The guidelines are deliberately specific and serve to ensure that any work published by JOMS meets or exceeds the highest standard of scientific and investigational excellence.

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 native American, 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 if the article is accepted. The publisher, Elsevier, maintains a resource for those who wish to seek translation and English-editing services.

JOMS recommends:

- 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

JOMS uses an online, electronic submission system for uploading manuscripts for review. Editorial Manager® 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.
**JOMS publishing policies**

Upon submitting a manuscript for review and publication, the author assigns all copyrights to Elsevier. 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](https://www.wma.net/en/30publications/10policies/b3/) 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.

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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  
email: [tbdodson@aaoms.org](mailto:tbdodson@aaoms.org)

**Managing editor:** Ellen Dodson  
email: [joms@aaoms.org](mailto:joms@aaoms.org)

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

Manuscripts may not be submitted via email. Please submit manuscripts online using [Editorial Manager](https://editorialmanager.com/aaoms/).
<table>
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<th>ARTICLE TYPE</th>
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| Research                            | May include basic science, clinical trial, cohort, case-control or cross-sectional studies, survey, economic study of diagnostic or screening tests, or other observation study                                    | ≤ 6 authors  
Structured abstract,  
<350 words  
IRB  
References-no limit  
Tables in Word®  
Figures in individual files |
| Review article                      | Narrative summaries or systematic reviews without meta-analyses that address important clinical problems or conditions, or topics related to education, policy, economics, or practice                                       | ≤ 6 authors  
Structured abstract,  
<300 words  
PRISMA-style flow diagram  
Table that rates quality of the study or evidence  
Structured abstract  
Conforms to EQUator Reporting Guidelines |
| Meta-analysis                        | 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.                                                                  | ≤ 6 authors  
Structured abstract— ≤300 words                                                                |
| Technical/surgical innovation       | Technical or non-clinical topics of interest to the OMS                                                                                                                                                   | ≤ 4 authors  
Unstructured abstract required ≤ 150 words  
Subheadings required as specified                                                              |
| Case Report                          | 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 generation, recognition of sentinel events, outcomes of rare diseases or new treatments. | ≤ 4 authors  
Unstructured abstract required ≤ 150 words                                                     |
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<th><strong>Perspectives</strong></th>
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<tr>
<td>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.</td>
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<td>≤1400 words</td>
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<td>≤3 tables/figures</td>
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<td>≤5 references</td>
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<td>Submitted within 8 weeks of publication</td>
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Title

A title is a question of style. In as few words as possible, it should state the findings rather than the process. Consider drafting a title that asks an intriguing clinical question or is a declarative sentence summarizing the key finding. The study design may be in the title, although it adds length and will appear in the abstract.

Structured abstract-4 sections required

**Purpose**: Summarize in up to 3 sentences.
- Explain the importance of the study question or purpose.
- State the study purpose, objective, or question in the report (eg, "To determine whether..." or “To measure and compare ...”).
- If the study has more than one objective, make clear the main objective, and which are key secondary objectives.

**Material and Methods**:
- Specify the type of study design (e.g., randomized clinical trial, retrospective or prospective cohort, case-control, cross-sectional, or case series). Note: A chart review is not a study design; it is a process used to abstract data. A survey is not a study design; it is a data collection tool. Most studies using surveys are cross-sectional, but when surveys are repeated over time, a cohort study design may be more appropriate.
- Describe the study setting, such as institutional or multi-institutional, population-based, referral center, private practice, etc.
- Describe the study population from which the sample was drawn (eg, “All patients who presented for evaluation and management of . . . [the clinical disorder or condition] . . . between . . . [a starting date] . . . and [an ending date] . . . at . . . [name of institution] were eligible for study enrollment.”) List key important inclusion and exclusion criteria.
- Describe and define the primary predictor variable. Use nonproprietary drug names. List key secondary predictor variable(s), if applicable.
- Describe and define the primary outcome and how it is measured. List key secondary outcomes if indicated.
- Analyses: Summarize the data analyses and include the sample size estimate, if applicable. All randomized clinical trials require a sample size estimate that was computed before study enrollment. Use intention-to-treat-analyses for randomized clinical trials. If not, please justify.

**Results**:
- Report the size of the eligible study participants and the final sample size.
- Summarize the demographic information (eg, age, sex, etc.).
- Report and quantify the main study outcomes using numerical results (means, frequencies, or incidence/rates) with appropriate measures of variance (standard deviations, 95% confidence intervals or interquartile ranges, and \( P \) values (eg 1.5\%, 95\% CI −1.0\% to 2.0\%; \( P =0.05 \)).
- For screening or diagnostic test studies, report summary statistics such as sensitivity, specificity, and positive and negative predictive values or likelihood ratios.
- When indicated, report number needed to treat (NNT) or number needed to harm (NNH).
- Surveys should include response/participation rates and comparisons of responders and non-responders.

**Conclusion(s):**
- Summarize conclusions supported by the study results.
- Provide a statement that summarizes the relevance of the study findings as applicable to clinical care or health policy.

<table>
<thead>
<tr>
<th>Body of the manuscript</th>
<th>Introduction</th>
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<tr>
<td>- 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 &lt; 2 pages, double-spaced.</td>
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<tr>
<td>- Summarize the three research elements: 1) study purpose or question, 2) hypotheses, and 3) specific aims.</td>
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<td>- 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.”</td>
<td></td>
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</table>

**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 heterogenous predictor variables, eg when looking for prognostic variables associated with an outcome of interest. Group heterogenous 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.

- **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 (>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).
     - Reporting a \( P \)-value alone is insufficient.
o 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-variates 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-
variates. Tables 2 and 3 should help to inform the 
investigators in terms of creating the regression model by 
identifying co-variates 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.
Conclusion
Summarize the key clinical significance or findings of the study, applicability to clinical practice, and plans for future research activities.
[Top]
<table>
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<th>REVIEW ARTICLE</th>
<th>Review (REV)</th>
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<tr>
<td><strong>Title</strong></td>
<td>Briefly, mention the type of review (narrative summary, systematic review without meta-analysis) and the important topic it addresses.</td>
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</table>
| **Structured abstract** | **Purpose:**  
Summarize in up to 3 sentences:  
Background  
Importance  
Purpose/objective  

**Methods:**  
Describe the information sources used  
Include search strategies and years searched  
Summarize the inclusion/exclusion criteria applied to select articles for analyses and quality assessment.  
Include information about the specific population, intervention, exposure, and tests or outcomes being reviewed  

**Results:**  
Summarize the number of articles and the study types included and numbers of patients/participants represented by these studies  
Summarize the key findings of the review using quantitative descriptions  

**Conclusion:**  
Limit conclusions to results described in the abstract  
Answer the research question(s)  
Base the conclusion on the available evidence  
Discuss how clinicians should apply current knowledge  

<table>
<thead>
<tr>
<th><strong>Body of the manuscript</strong></th>
<th>Expound upon the details outlined in the structured abstract in clear declarative language using the headings below:</th>
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<tr>
<td><strong>Introduction</strong></td>
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</table>
**Materials and Methods:** Required elements:  
PRISMA-style flow diagram  
Table that rates the quality of the studies/evidence  
Must follow EQUator Reporting Guidelines  

**Results**  

**Discussion**  
Author’s conclusion is included at the end of the discussion; it is not under its own subheading  

[Top]
### Structured abstract

Meta-analyses should include an abstract of ≤300 words, and should be structured using the headings listed below:

**Purpose:**
Summarize in up to 3 sentences the importance of the topic and the primary objective of the meta-analysis.

**Methods:**
- Only the most current papers and study designs with the highest levels of evidence should be used
- Summarize data sources, including years searched.
- Describe inclusion and exclusion criteria used to select studies for detailed review.
- Specify the method used to apply these criteria.
- Describe guidelines (PRISMA, MOOSE) used to abstract data and assess data quality and validity.
- Define and describe the main predictor/exposure variable.
- List secondary predictor/exposure variable(s) as indicated.
- Define and describe the primary study outcome(s) and measurement(s).
  - Define and describe co-variates as indicated.
- Summarize the statistical tests used for analysis and report whether data were pooled using a fixed-effect or random-effects model

**Results:**
- Report the number of studies reviewed and the final number of studies and subjects in the sample.
- Summarize the demographic information of the sample.
- Report and quantify the main study outcomes,
  - Present numerical results (means, frequencies, or rates/incidence) with appropriate measures of uncertainty, such as confidence intervals, standard deviations, or interquartile ranges, and *P*-values, e.g. 1.5%, 95% CI −1.0% to 2.0%; *P*=0.15.
  - Report sensitivity, specificity, and positive and negative predictive values or likelihood ratios for studies of screening and diagnostic tests.
  - Report number needed to treat (NNT) or number needed to harm (NNH), when indicated.

**Conclusion:**
Using clear declarative statements, summarize the conclusions and their implications or applications as supported by the results.

### Body of the manuscript
Expound upon the details outlined in the structured abstract in clear declarative language using the headings below:

**Introduction**
Materials and Methods:

Results

Discussion
Author’s conclusion is included at the end of the discussion; it is not under its own subheading
[Top]
### TECHNICAL/SURGICAL INNOVATION

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<th><strong>Discussion (DIS)</strong></th>
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<td><strong>Unstructured abstract</strong></td>
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<tr>
<td><strong>Body of Manuscript</strong></td>
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**Advantage:** Summarize the key advantages of the innovation over current approaches. Are there risks, increased costs, or other trade-offs?  

**Significance:** Describe the importance of this innovation and how it will affect patient care, education, safety, quality, or policy.  

**Evidence:** Describe any evidence that supports claims of the innovation’s viability, significance, health benefits(s), cost savings, or other potential advantages of the innovation.  

**Challenges:** Detail the challenges to generalizing the innovation.  

**Time:** Outline a time frame in which this innovation may become mainstream or accepted practice².  

### CASE REPORT

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<th><strong>Case report (CRP)</strong></th>
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<td><strong>Unstructured abstract</strong></td>
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<td><strong>Note to authors</strong></td>
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1. contains new information about a disease process, diagnostic technique or maneuver, treatment, or operative approach  

2. contains information that needs to be reinforced periodically  

3. includes a comprehensive review on a topic requiring an update  

4. is of an extremely unusual case.  

Other considerations for case reports or case series include hypothesis generation, recognition of sentinel events, outcomes of rare diseases, or new treatments.
PERSPECTIVES

Guidelines for submission
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:
- ≤1400 words
- ≤3 figures or tables
- 5 references.

Perspectives should be submitted online via Editorial Manager.

Perspectives are subject to review by the AAOMS Board of Trustees. Perspectives accepted for publication do not necessarily represent the views of the AAOMS or the JOMS editorial staff.

LETTER TO EDITOR

Guidelines for submission
To be considered for publication:
1. A letter to the editor should reference a specific article or editorial published by the JOMS.
2. Letters may not exceed 500 words.
3. Up to 5 references are permitted, including the citation of the subject article.
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.
5. Letters should be addressed to Dr. Thomas B. Dodson, Editor-in-Chief.
6. Letters must be submitted online via Editorial Manager to be considered.
## Formatting a Manuscript for JOMS

<table>
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<th>Formatting a Manuscript for JOMS</th>
<th>Following these required guidelines ensures that the manuscript will be processed in a timely manner.</th>
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<tr>
<td><strong>Title page</strong></td>
<td>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.</td>
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<tr>
<td><strong>Authors</strong></td>
<td>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.</td>
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| **Cover letter**              | A cover letter from the corresponding author must be included with the submission. It should present the paper to JOMS 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 statement MUST be included:  

"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."

**Body of the manuscript** | The manuscript must be uploaded as a Word® document. It should be 12-characters per inch and double spaced.  

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). |
## References

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.

For journal references, give the author’s name, article title, journal name as abbreviated in Index Medicus, volume, pagination, and year. For example:


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:


Search the *JOMS* database for relevant articles.

## Tables

Each table in the manuscript should stand alone conceptually 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.

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.

Each table should be on its own page in the document.

Number tables should be referenced in the manuscript in numerical order.

## Figures/Illustrations

Color art and color photography submissions are strongly encouraged. Images must be high-resolution digital 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](https://www.elsevier.com). This reference provides detailed information on file formats, artwork guidelines, and color.

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