

# Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

## WOMEN'S HISTORY MONTH: YOUR VOICE IS VITAL

**Y**our Academy wants to hear from you! We want your voices and your stories. In honor of Women's History Month in March, we are asking for your help to share stories about women in our specialty of facial



plastic surgery. We have a rich legacy here at the AAFPRS and have been able to amass a comprehensive history of our organization's—and our field's—origins. And at this point in our evolution, we want to similarly gather the history of the women pioneers who broke barriers in our specialty and the Academy; we want to know about the innovations and discoveries made by female members; we want to know about the struggles women have faced and are still facing; and we want to know about their many accomplishments. We know these stories are out there—and it is critical for you to make your voices heard. Yes, be sure to make your voices heard before these crucial stories of our legacy are lost to history.

In the AAFPRS Archives, we have been collecting and documenting the Academy's history. Yet the lack of women's voices has been a glaring hole in our effort to represent the whole story. "It used to be rare to be a woman in the field of facial plastic surgery, but that is thankfully changing," says Mary Lynn Moran, MD, the AAFPRS' first woman president. "We need to recognize the impact women have in this profession and understand that our voices are not only uniquely different from the previous historical narrative, but they are vital to the legacy of the Academy and our specialty."

In the AAFPRS Archives, we are not only striving to identify the narrative about the first female pioneers, but also looking for every woman's story along the way, right through today. Whether you are a

*See AAFPRS Archival Center page 4*

See pages 2, 8, 11 and 15 for COVID-19 articles.

## SELFIES, MILLENNIALS, AND CELEBRITIES DRIVING TRENDS

**T**he AAFPRS has released the results of its 2019 member survey. Overall, facial plastic surgery procedures have increased six percent compared to 2018, suggesting a strong link between millennials' purchasing power and the growing demand for nonsurgical procedures (up 13 percent compared to 2018). In fact, 85 percent of the total number of procedures performed by AAFPRS members is now composed of minimally invasive nonsurgical procedures with skin treatments (up 39 percent), fillers (up 13 percent), and neurotoxins such as Botox, Dysport, and Xeomin (up 12 percent) topping the list.

The most common surgical procedures performed in 2019 were rhinoplasty, facelifts (including partial facelifts), and blepharoplasty.

Selfie-awareness continues to influence consumer behavior at a rapidly growing pace. In 2019, a full 72 percent of AAFPRS members reported seeing patients seeking cosmetic procedures to look better for their selfies—up 15 percent from 2018.

People still care about their profile pics, too. Our members reported that in 2019 more patients were seeking cosmetic procedures due to dissatisfaction with their profile images, an 11 percent increase compared to 2018.

Year after year more patients are having minimally invasive procedures as preventive measures, to  
*See Rhinoplasty Still Reigns, page 14*

**MARCH 2020**  
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## PRESIDENT'S MESSAGE: WE SHALL RISE



"What's true of all the evils in the world is true of plague as well. It helps men to rise above themselves."

Albert Camus, *The Plague*

The last thing you probably want to do right now is read a book about a fictional plague while we are in the midst of a very real one. Albert Camus' 1947 *The Plague*, however, may give you hope and help you find some meaning during these next few (or several) months.

Camus examines how people respond as individuals and as part of a society to suffering and death. In the beginning of the plague, citizens are indifferent to the danger, and then become hysterical as the death toll mounts. They are forced to face their own mortality and either choose to die fighting or allow the plague to defeat them. Camus asserts that humanity is defined by our fight against suffering and death. The citizens who previously lived disconnected lives realize that they are inextricably connected in this existential struggle. Camus portrays heroes as ordinary people doing extraordinary things out of simple decency, claiming that optimism and unflinching effort are what really count when our humanity is tested.

I have started this piece several times, only to realize that everything I just wrote becomes outdated almost as quickly as I get to the next paragraph. The breakneck speed and jarring ways in which this crisis evolves is straight out of a science fiction horror movie. Comforting words of wisdom are a fool's quest but to say nothing would be a dereliction of duty. A few months ago, the coronavirus epidemic was something that was happening on the other side of the world in a place that seemed far removed. It then moved to Europe with an alarmingly growing vengeance. We hear stories of beloved Italian grand matriarchs, dying alone in their apartments with no way to be comforted by their loving despondent families. There are reports from physicians who are forced to choose who to give the scarce ventilators to. It still seemed so far from anything that we would ever have to face here...until it wasn't.

Fast forward to yesterday when I got a call that my step-grandmother, who has been under lockdown in her nursing home since March 9, had suddenly developed mild symptoms that progressed over a few hours to hypoxia. Her oxygen saturation was 70 percent despite no pulmonary compromise or recent illness. In light of the fact that someone in the kitchen of the nursing home had tested positive for the COVID-19 two days prior, my predominantly medical family came to the realization that she had most likely contracted it as well. We had a quick emergency call to tell my stepmom (who is in her 70s) that she shouldn't go to see her mother in her time of need because of the likelihood that she would be exposed. The EMT who responded to the call refused to take my step-grandmother to the hospital in light of the fact that the local hospitals in Michigan were quickly running out of ventilators and that she clearly was not going to survive. She died within the hour. The surreality of the pandemic is very much here on our doorstep and in our homes.

A few weeks back, as travel restrictions were being imposed and regions were placed under varying degrees of quarantine, medical meetings were being cancelled left and right. Medical students and residents participating in the match system for residencies and fellowships were wondering whether to continue to hold interviews, especially given that many academic centers imposed travel bans. Two weeks ago, the CDC, CMS, AMA, US Surgeon General, and ACS all made strongly

worded recommendations to postpone all elective surgical procedures. The AAFPRS is not a regulatory entity nor are we a disciplinary agency. Our membership is comprised of a variety of practice situations—solo, group, academic, research, large, small, cosmetic, reconstructive, surgical, and nonsurgical. Our role is to protect and support our members, and in turn to help you continue to provide your patients for the best and safest outcomes possible for the foreseeable future. We thought carefully about how to answer your calls for guidance with all of the available information as it continued to constantly morph. The **AAFPRS Statement on COVID-19** (see page 11) takes all of these factors into consideration. We have also delayed the AAFPRS Fellowship Match interview and match process—and cancelled the AAFPRS Spring Meeting at COSM and the AAFPRS Advances in Rhinoplasty Meeting.

We are all in uncharted territory and looking for answers and guidance. As the leaders in the profession of **facial plastic and reconstructive surgery** we place our patients' well-being above all else and are compelled to consider our actions carefully in terms of the direct impact to our patients and communities that we serve, as well as the message that we are sending. Over the last few weeks, nearly all of our members in private practice have chosen to (and some have been mandated to) close down their offices or to stop elective procedures at this time. They are doing this despite well-founded concerns over the financial impact it will have on their practices and their lives. Many of us wonder how we are going to afford to pay staff with such a significant reduction in income. Others have made the decision to lay off or furlough staff which bears a significant logistical and emotional cost to everyone involved. Our staff are our most valuable resource and they are family. No individual and no industry in this world it seems is shielded from the toll that this virus will take on our global economy. There is no way to know how long or how deeply the pandemic will impact our communities.

As federal legislation was being discussed and crafted in Congress, the AAFPRS engaged in comprehensive advocacy efforts on behalf of our specialty—actively collaborating with other stakeholder surgical and specialty organizations to ensure that our members were not left out of financial relief packages. Fortunately, the government is poised to step up and offer support to families and small businesses. The IRS is allowing leeway on tax bills. Lending agencies and vendors are offering deferment and forgiveness for bills for the next few months. The CARES Act, and specifically the Payroll Protection Provision, allows small businesses with 500 or fewer employees to apply for a Small Business Administration loan that will cover all payroll for employees making less than \$100,000 and additionally, mortgage, rent, and utilities. The loan will be for up to 250 percent of payroll and can be used for other expenses, and if used for those expenses listed above

the loan will likely be forgiven. Even the remainder of the loan not used for those applicable expenses is payable over 10 years at four percent interest. Your Academy will continue to remain vigilant with its advocacy efforts, as additional legislation and packages continue to make their way through Congress.

The AAFPRS is posting information and links as they become available on the **AAFPRS COVID-19 Resource Center** (view this helpful site at: [www.aafprs.org/COVID19RC](http://www.aafprs.org/COVID19RC)). We have also been working with other organizations to procure a list of surgeons and ambulatory centers that have ventilators that they are willing to donate or lend to the front line (if you are interested in participating in this effort, please complete the following simple and quick survey: [www.surveymonkey.com/r/Z9SM5X7](http://www.surveymonkey.com/r/Z9SM5X7)). The need for these is here even sooner than any of us would have expected in places we would not have predicted, such as Detroit. Other members are donating precious PPE so those at the front line can protect themselves, their patients, and their families. Necessity, being the mother of invention, has also brought out creative innovation, such as an AAFPRS member who is trying to make ventilators out of windshield wiper motors. Times like these can bring out the best or the worst in us. It can bring us together or drive us apart.

Many of us already feel alone as solo practitioners. The apocalyptic alteration in our landscape leaves us feeling further alienated. We are desperate for understanding and a glimmer of hope and control. We need each other more now than ever. While we can't be together physically, we are finding solace in technology that most of us haven't yet fully explored prior to the crisis. Video platforms such as Zoom and Facebook are now essential to our effort to take back control in a time of uncertainty and isolation. In a sense, we are connecting in broader and deeper ways. I have attended multiple Zoom gatherings and social media platforms where members are getting together to share their resources to help others navigate this crisis. The solidarity and support offered by the camaraderie will be the cornerstone of our survival.

This crisis will bond us in ways that we haven't experienced before. Many of us have suffered tragedies within our own silos—but this is a collective crisis that none of us is shielded from. We are in this together. We endeavor, as your Academy, to facilitate and strengthen that bond that we all share by continuing to provide platforms and opportunities to support one another in every way. We will fight for our survival as a profession collectively and individually through advocacy and professional development. On the other side of this darkness, we will rise like a phoenix from the ashes, stronger, smarter and more powerful than ever. Stay safe and stay strong.

  
Mary Lynn Moran, MD

# AAFPRS ARCHIVAL CENTER WANTS YOUR STORIES

From Cover Story, page 1

woman new to the Academy or have been a member for several decades, we want to hear from you.

- Why did you join the field of facial plastic surgery?
- What publications have you written?
- What awards have you won?
- What are some challenges you have faced (or continue to face) as a woman in this profession?
- How have things progressed over the years and what still needs to change?

Throughout medicine, and in our broader society, women's accomplishments have often been overshadowed and underrepresented for centuries. Rosalind Franklin contributed to the discovery of the DNA structure, but her efforts were recognized posthumously and many of her achievements were overshadowed by James D. Watson and Francis H.C. Crick. Ada Lovelace's role in 1843 in inventing an Analytical Engine, an early prototype of the computer, has often been mini-

- mized by historians.
- Graduate student Candace Pert discovered the brain's opiate receptor, the cellular site for endorphins, but her professor, Solomon Snyder, MD, was recognized for his student's achievement.

"These types of imbalanced and inequitable stories are disconcerting to hear, and unfortunately far too common," observes Dr. Moran. "Every woman's voice and achievement is important to authentically capture the AAFPRS legacy and we don't want any of these accomplishments overshadowed, distorted, or lost to history—I strongly encourage you to share your story, or the story of a female colleague, with the AAFPRS Archives!"

Please email your stories, challenges, and accomplishments to [archivist@AAFPRS.org](mailto:archivist@AAFPRS.org) and also visit the AAFPRS digital archives,



- [www.aafprs.org/Professionals/Resources/Archives.aspx](http://www.aafprs.org/Professionals/Resources/Archives.aspx). Submitted information will be added to the AAFPRS Archives to better understand and tell a more complete historical narrative.

"Spread the word about this campaign and encourage others to participate too," asserts Dr. Moran. "Whether it's just one fact or several, capturing as much as we can about our valued female members is so very important!" ■

*Editor's Note: This article is part of a series highlighting stories from the Robert L. Simons Archives and Heritage Center. It was written by Justine Rothbart, AAFPRS archivist.*

ARRIVE EARLY. STAY LATE. EARN MORE CME WITH ADDITIONAL PROGRAMMING ON SEPT. 9 AND SEPT. 13.

AAFPRS  
**ANNUAL MEETING**

SEPT. 10-12, 2020  
BOSTON, MASS.

The submission deadline for late-breaking abstracts for the Annual Meeting is April 10, 2020.  
[www.aafprs.org/Abstracts\\_Presentations](http://www.aafprs.org/Abstracts_Presentations)

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# CONSUMER NEWSLETTER PUTS THE TWINKLE BACK IN & AROUND THE EYES

The spring issue of *Facial Plastic Surgery Today (FPST)* targets information for your past, current, and potential clients, covering the 2019 facial plastic surgery trends, eye rejuvenation, non-surgical rhinoplasty, smart bandages, facelift options, and common medical terminology. Use this exceptional marketing vehicle for referring professionals, your website, and as a patient takeaway.

The cover article is sure to capture your readers' attention with a summary of the latest findings from the AAFPRS 2019 Trend Survey. With selfies, millennials, and celebrities driving facial plastic surgery trends, patients want to know what is popular, who is having what, and the latest projections for the upcoming year.

Addressing the third most popular surgical procedure (after rhinoplasty and facelift), the inside article, *Putting the Twinkle Back in and around Your Eyes*, will detail the nonsurgical and surgical options to improve the eye area. Additionally, a sidebar will answer one of the most frequently asked questions: *Am I a good candidate?* Patients must be reminded to communicate concerns, have realistic expectations, and trust that his or her facial plastic surgeon will help them decide on the optimal treatment plan.

The *Ask the Expert* question will tackle a patient's concern about a bump on the nose and not wanting to have surgery. "Nonsurgical rhinoplasty" will be discussed as an option.

The *What's New* section presents the latest development on a bandage that detects and treats bacterial infections. This portable, bio-safe approach could be significant in physicians' ability to monitor and treat wounds.



START YOUR SUBSCRIPTION WITH THE SPRING ISSUE BY APRIL 15, 2020, AND RECEIVE THE WINTER ISSUE (ABOVE) AT NO ADDITIONAL CHARGE.

The *Health Tip* will inform patients about variations of the facelift: traditional, deep plane, midface, and mini.

Finally, on the back cover, *Terms You Should Know*, will provide a list of common medical words used within the context of facial plastic and reconstructive surgery. This will help the patient to feel informed and comfortable when talking with his or her surgeon.

Order your digital copy of *FPST* today. Customize it with your practice information and photographs and then distribute it in the format that meets your needs. Patients will appreciate your proactive approach to educating them with the latest information from an authoritative source.

To start your annual subscription to *FPST*, refer to the form enclosed in this issue of *Facial Plastic Times*. For subscription questions, please contact Glenda Shugars at the AAFPRS office, [gshugars@aafprs.org](mailto:gshugars@aafprs.org).

## CALL FOR AWARDS

In an effort to present these prestigious awards to well-deserved facial plastic surgeons, consider nominating your colleagues. Email Glenda Shugars at the AAFPRS office ([gshugars@aafprs.org](mailto:gshugars@aafprs.org)) to receive a nomination form or visit [www.aafprs.org/awards](http://www.aafprs.org/awards) for more information.

### William K. Wright

This award may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

### John Dickinson Teacher

This award honors an AAFPRS fellow or member for sharing knowledge about facial plastic surgery with the effective use of audiovisuals in any one year.

### F. Mark Rafaty Memorial

This award may be presented each year to any AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

### Community Service

This award may be presented each year to an AAFPRS member who has distinguished himself or herself by providing and making possible free medical service to the poor in his or her community.

### RESIDENCY TRAVEL AWARD

Up to two Residency Travel Awards of \$500 each may be awarded to the most outstanding paper in facial plastic and reconstructive surgery primarily authored by a resident or medical student in training. The paper must be submitted by the extended deadline of March 31, 2020, for consideration, and to be presented at the Annual Meeting in Boston, September 10-12, 2020.

# YOUNG PHYSICIAN'S COLUMN: BUILDING A SUCCESSFUL BRAND

By Michael Somenek, MD, Chair, Young Physician's Committee



When you think of your business as a whole, what words come to mind in the overall message and feeling that you want people to take away after leaving your office? This is best referred to as your brand.

Why is this important? A loved brand is one of the most valuable assets a company owns. In fact, a Nielson survey showed that consumers prefer to buy new products from brands familiar to them.<sup>1</sup>

When you start thinking of steps to building a successful brand, it is important to be aware that it is a process. It doesn't happen overnight, or even in a few months.

## Purpose

One of the first things to think about when creating your brand is to discover the purpose behind it. This should be what you wake up every day loving to do and be inclusive of the services and products that you offer to your patients.

Consider the following questions:

- 1) What differentiates you?
- 2) How should it make people feel?
- 3) Will it resonate with my target audience?

These are questions that will inevitably come up as you start thinking about your goals and who you are trying to reach.

## Consistency

An essential component to successfully building your brand is consistency. This has to extend to every part of your business. However, this starts with establishing what that consistency looks like because it will ultimately

## ATTENTION AAFPRS MEMBERS

You are now aware that we have a new website, which was launched in October 2019. But did you know that the "Find A Surgeon" feature has been expanded to include more information about yourself? As Dr. Somenek writes about successful branding, your brand should start here —on the Academy's website. Log into the "Members Only" section and update your profile page today! Prospective patients are eager to learn more about you and your practice.



## SURGEON PROFILE (BASIC) includes:

- Physician name
- Physician headshot photo
- Practice name
- Main office address and phone number
- Second office address and phone number
- Practice email address
- Website URL/link (no charge)
- Short bio
- Board certification(s)
- Organizational affiliation(s)
- Surgical procedures
- Language(s) (new)
- FACE TO FACE logo, if participating physician (new)
- AAFPRS Foundation donor, when applicable (new)

mately impact the feelings you want to evoke. For example, if you want people to feel a sense of comfort or relatability when they enter your office, consider imparting a consistent language that is used when greeting your patients.

## Focus

The brand needs to coincide with your focus and personality. You need to believe in what you are doing, finding your focus so that it can inform all the other parts of your brand as you build it. In finding that focus, think about what words you would associate with your brand.

One way to think about it is to imagine it is a person. What would they look like and what kind of personality would they have? Once you have this, it becomes much easier to extend the brand ideals to other channels like social media and the many advertising options.

In addition to believing in your brand, everyone on your team needs to believe in it as well. The creator and enforcer (you) are responsible for this because the minute people see your ideals shifting away from your core message, they will, unfortunately, follow that same trend.

## Representation

A large part of the brand is getting a name that is hard to imitate and does not get confused with others in your market. A logo is closely connected to the name, as the two will ultimately be the visual representation of your brand. This is something that should carry you for years to come and not be something that you are going to want to change in the near future. You might even want to consider a slogan or a phrase that goes along with your logo. When you look at Nike, they have chosen a slogan that adopts their customers' attitudes by saying, "Just do it."

## Growth

As your brand grows, so should you! It doesn't stop at the logo or slogan creation and should continue to shape and evolve. You see this all the time with brands like McDonald's and Starbucks. Even though they are always adding products and incorporating new things, the foundation of these brands still remains from the packaging, colors, and overall presentation of their stores. This allows them to continue to be recognized time after time. This

See *Stay Positive* page 13

# LETTER FROM PIETRO PALMA, MD, IN ITALY TO HIS VALUED AAFPRS FAMILY

**D**ear friends. My family and I are in good health. I trust you and your beloved ones are well too. I am glad to offer you some pieces of information that might be useful for you and for other facial plastics colleagues in the times of Covid-19 outbreak in Italy.

Here in Milano and in the whole region Lombardia, the landscape has changed quickly and dramatically just in a few days. I stopped consultations and surgeries, exactly on March 9. Just a few days before, I had several phone calls with friends working as intensivists in public hospitals in Milano and in other neighbour provinces. They had never seen such a massive number of cases. Same diagnosis: bilateral interstitial pneumonia. It was clear to me and to many other colleagues that it was not a flu. The day after, Italy was strictly quarantined until April 3.

At that point, I decided to stop all business for four weeks. Zero income. Zero for at least four weeks. You may well understand what this means for a professional. On March 3, the Milanese community of plastic and facial plastic surgeons (an ad-hoc whatsapp group was created by a laudable colleague), decided—apart very few exceptions—unanimously to stop consultations, in-office procedures, and all kinds of elective surgery. It is too risky for our patients, too risky for us, and unjustifiable in front of the public opinion. I believe that it was the best decision that could be taken.

In the last few days, the numbers of the outbreak have gotten high so quickly and the situation so dire that health and political authorities and the whole population are extremely worried about how much more strain the excellent public health system of Northern Italy can cope before it decompensates for lack

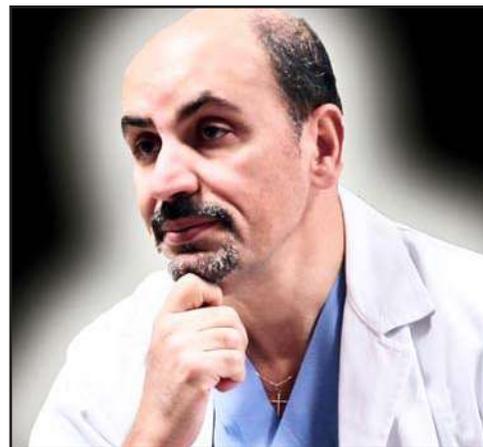
of resources and ventilated beds. In some large public hospitals, like Bergamo for instance, the capacity is totally saturated. In most of the places, the covid units are very close to the saturation.

Healthy people (as well as asymptomatic or with mild symptoms covid-positive individuals) are quarantined at home. We can go out only to buy food. All shops are closed; only essential services are kept open. People are reacting calmly; there is a great social maturity and self-control at least here in Milano.

Hopefully, the outbreak will not spread so violently to South Italy where the capacity of the overall health system is undoubtedly lower than in Northern Italy. So, this is the current life in Milano, one of the most affluent and glamorous cities in Europe. Everyday at 5:00 p.m., we count the deaths. The number of deaths has been steadily increasing since Sunday, March 22. In the last two days, there are timid signs of decrease. Too early and too timid to judge it as a real improvement but enough to nurture a tiny hope. We're holding our breaths until the storms ends. But when...?

What to tell you? Maybe I am wrong; actually I would very much like to be wrong but my strong suggestion is to seal your offices, to stop seeing patients and doing surgeries. Isolation seems to work because it is the only way to flatten the curve. Here epidemiologists say that for one swab positive patient the number of "silent" contagious percent of the contaminations are caused by asymptomatic or mild-symptomatic individuals.

Spain and France are being profoundly hit by the epidemic. Many say that they underestimated the real situation stating that it is "not a big deal," "is far from us," or "is just a flu." Reality



has shown that no one of these arguments is true.

This is what I wanted to tell you from the bottom of my heart. I hope you stay safe during these uncertain and turbulent times. I have great faith in the tremendous efforts of the Italian people. I am confident that we will rally together, help each other, and pull through this.

Both Italy and the world at large, God bless. Take care. ■

## CLASSIFIED AD

The Center for ENT is currently seeking a board eligible, board certified otolaryngologist/facial plastic surgeon for our state-of-the-art 20,000 square-foot new facility opening in the heart of West University near the Texas Medical Center. The practice is well positioned for future growth and is in need of a new physician to staff the quickly growing practice. The successful applicant will be involved in the full spectrum of plastic and reconstructive surgery and have the opportunity to grow a strong facial plastic surgery practice with the support of a well-established physician group. This partnership-track opportunity has full comprehensive benefits. The team of physicians include seven general otolaryngologists, one allergist/immunologist, and four audiologists who treat adult and pediatric patients in the Greater Houston Metropolitan area. For more information, please send an email to: [KVineyard@centerforent.com](mailto:KVineyard@centerforent.com).



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# FACE TO FACE UPDATE: A SUCCESSFUL TRIP TO ETHIOPIA

By Jaclyn Klimczak, MD, Resident

Our second annual medical mission trip to Mekelle, Ethiopia, led by Academy members Dane Barrett, MD, and Manoj Abraham, MD, chair of the FACE TO FACE Committee, took place this past January 2020. It was sanctioned and funded by FACE TO FACE and in partnership with Healing the Children Northeast (HTCNE).

We were fortunate to reassemble many of the original team members from its inaugural year last January, enabling us to build upon the infrastructure we had created. Joshua Wiedermann, MD, our fellowship-trained pediatric otolaryngologist and former attending physician and professor of the otolaryngology residency program—which he helped establish at Ayder Comprehensive Referral Hospital of Mekelle University—joined us again this year. Like last year, he was a tremendous resource for our team.

Academy member and newcomer Will Dougherty, MD, accompanied our team as a lead surgeon in addition to head and neck surgeon Augustine Moscatello, MD, who returned from last year. We expanded our team this year with additional surgeons, adult and pediatric medical doctors, anesthesiologists, nurses, scrub techs, team administrators, and speech and language pathologists. This

created a comprehensive model for what it takes to deliver exceptional patient care. A unique opportunity our mission provides, with funding by the FACE TO FACE program, is the ability to educate their residents, medical doctors, and ancillary staff members to create a sustainable health system that is totally proficient with managing and treating otolaryngology and facial reconstructive plastic patients.

The FACE TO FACE database continued to be an indispensable resource for our trip; even more so returning for the second year in a row. During our time in Mekelle, our surgical and medical doctors screened 28 patients with over 40 surgeries carried out over four days. We documented patient medical data, surgical treatments, and future goals of care. As a team that has plans to continue our work in Mekelle, the database will only continue to grow and be of the utmost importance to monitor patients throughout their treatment.

A large part of the database also incorporates the work of otolaryngology residents of Mekelle University. They presented the cases, their history, physical exams, and treatment plans. We use this approach to expand



MANOJ ABRAHAM, MD; WILLIAM DOUGHERTY, MD; AND JACLYN KLIMCZAK, MD, WALKING THE RESIDENTS THROUGH AN AURICULAR RECONSTRUCTIVE SURGERY WITH CARTILAGE GRAFTING AND REGIONAL FLAP RECONSTRUCTION.



RESIDENT LECTURE AND SIMULATION LAB WITH LEADERS DR. ABRAHAM, DR. MOSCATELLO, AND DR. KLIMCZAK.



on the educational goals we have set for the residents; they have an open forum to develop their diagnostic skills in addition to understanding the comprehensive treatment that is an integral component of each and every patient case.

Upon returning to Mekelle after creating a rapport with their doctors and staff one year ago, it was truly incredible to experience the changes that we had hoped would be implemented. Their desire for learning and expanding upon their skills was evident in their care for the patients. Our team was not only responsible for screening, operating, and managing our patients, but also a large focus of the trip was to create an academic environment for the residents in which to learn and experience.

Each day we had an assigned lecture schedule that rotated in small groups with the residents and allowed them to critically analyze the most recent medical

*See Funding Options, page 13*

# COVID-19 AAFPRS OFFICIAL STATEMENT



**A**mid ongoing concerns for the safety and wellbeing of our patients, the public, our members and their staff, the AAFPRS is actively monitoring developments related to the Novel Coronavirus (COVID-19) pandemic. This is an unprecedented, swiftly changing crisis. Our thoughts and concern are with those affected and we are committed to the protection and care of patients, physicians and their staff, and the broader public being served by the medical community.

Many medical authorities and regulatory agencies are posting statements with recommendations on ways to limit the spread of the virus, as well as preserve necessary resources that may be needed as the pandemic unfolds. These entities include the WHO, CDC, ACS, AMA, as well as national, state, and local governments.

Nearly every public and corporate health care facility has imposed restrictions on non-essential utilization of services. On March 18, 2020, the Centers for Medicare and Medicaid Services (CMS) had also issued guidance limiting all non-essential planned surgeries and procedures, including dental, until further notice. This is important to preserve critical resources, such as ventilators and personal protective equipment (PPE). It is also important to limit exposure of patients and staff to the SARS-CoV-2 virus. These CMS recommendations are in alignment with the pandemic strategies being provided via recommendations from other federal, state, and local government entities on the front lines of addressing this crisis—and are also in alignment with measurers already being utilized in many other parts of the globe being severely impacted by COVID-19.

It is from this perspective that the AAFPRS is recommending the

following approaches for its members:

1) Prudent and ethical medical judgement, as well as compliance with applicable federal, state, and local governmental requirements, should be exercised to postpone elective surgical and non-essential procedures, within the unique circumstances of your practice setting.

- Different levels of urgency and complexity related to patient needs that take into account the unique nature of each patient's clinical, social, and environmental conditions must always be distinctively assessed via sound physician judgment to discern what is truly elective or non-essential.

- Since the numbers of COVID-19 patients requiring care are expected to further escalate, any surgical or nonsurgical care where it can be determined through sound clinical judgement that a delay is appropriate, should be delayed until general consensus by medical and governing authorities that it is reasonable to resume such activities.

- This approach minimizes risk to both patients and the health care team—given that asymptomatic patients or medical team members may transmit the virus unknowingly to others. Reducing unnecessary opportunities for transmission is key to reducing the spread of the disease.

- Additionally, this approach also strategically decreases the use of resources, such as beds, ventilators, and PPE, that might be needed elsewhere due to the increasing demands on the health care systems.

- And lastly, given the nature of how the virus spreads via respiratory droplets, there is growing concern and data that suggests that performing nasal surgery generates a higher risk for virus transmission to the

medical team conducting the surgery—thus, postponing any surgery that can be delayed also reduces this risk.

2) Be sure to remain up to date with federal, state, and local directives (especially as the nature of recommendations is and will continue to change depending upon the current status of the virus in your own location) and especially keep current on all CDC guidelines and notifications.

- [www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html](http://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html)
- [www.cdc.gov/coronavirus/2019-nCoV/index.html](http://www.cdc.gov/coronavirus/2019-nCoV/index.html)
- The AAFPRS has also established a COVID-19 Resource Center with vital and helpful links on our website for you to stay current.

3) Given the swiftly changing and expanding nature of this unparalleled pandemic, it is likely that the expansive need for clinical care may grow to the point where it will exceed the availability of critical care providers.

- Physicians from other specialties, including our AAFPRS members, may need to be called upon to help manage patients in this large-scale crisis.

- It is critical for members to stay healthy, should our clinical skills be needed.

- Additionally, consider reaching out to your local health departments to be in proactive contact, should the need for your expanded clinical role arise in your community.

4) There already is a scarcity of many key resources required to treat patients with COVID-19 infection—such as beds, ventilators, and PPE. This need is also likely to dramatically grow.

- AAFPRS members should

*See In This Together, page 15*

# PR TIPS: LEVERAGING THE NEW STATISTICS FOR COVERAGE

It is that time of the year, again, when the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) releases its annual survey results. The 2019 statistics, which wouldn't be possible without our members' participation, reveal exciting trends that can be used to generate media coverage all year long.

Some members have already disseminated press releases on our statistics to their media contacts with great success.

Here, we take a deep dive into the trends and provide some fresh ideas for you to work on during this current "downtime" because of the coronavirus-related pause in elective surgeries and non-essential treatments. Utilize this less busy moment to plan out how best to piggyback on the trends data to achieve your publicity goals, as you resume your normal practice activities.

## Strut your stuff

Facial plastic surgery procedures increased by six percent in 2019 compared to 2018. The most common surgical procedures performed by AAFPRS members in 2019 were rhinoplasty, facelifts (including partial facelifts), and blepharoplasty.

While physician extenders often perform injections and other minimally invasive procedures depending on state delegation laws, only surgeons can perform these more invasive and complex surgeries. A patient's top concern when deciding to undergo facial plastic surgery in 2019 was finding the right doctor to perform a procedure. That's you.

Let your prospective patients know why they should trust their face to you—a qualified, experienced, and board-certified facial plastic surgeon. Highlight your credentials on all marketing materials and make sure that your office staff does the same during all consults. Include educational information on the

surgeries you perform on your website, newsletter, and across your social media channels.

## Show and tell

While surgeries are on the rise, the number of nonsurgical procedures is up 13 percent compared to 2018. Fully 85 percent of the total number of procedures performed by AAFPRS members is now composed of minimally invasive nonsurgical procedures with skin treatments (up 39 percent), fillers (up 13 percent), and neurotoxins (up 12 percent).

Consider hosting a facelift versus injectables media briefing. Invite local journalists and bloggers to your office to explain the differences between the procedures including risks, benefits, downtime, costs, and candidacy. Develop an infographic on these differences that can be used in all of your promotional material.

Chances are you work closely with at least one company rep. Ask him or her to help sponsor a media event that will increase awareness of their latest and greatest device or product. Host a boxing class at a local studio for influencers, journalists, and bloggers to "knock out wrinkles." All attendees get a great cardio workout, some information on the latest injectables/energy-based device, and a discount on all procedures booked. Ask a local juice bar to provide post-exercise smoothies. Come up with a catchy hashtag and encourage sharing photos from the event. Schedule it early in the morning or after work to get the most attendees.

## Under the influence

More patients are undergoing minimally invasive procedures to maintain a youthful appearance and slow the aging process. More than 70 percent of AAFPRS



members believe there will be a greater emphasis on "prejuvenation" starting in their 20s-30s. Does this mirror what you are seeing in your practice?

If millennials are a big part of your patient population or you wish that they were, you may have to tweak your marketing materials to better capture their interests. Meet them where they are and talk to them in their language with influencers who they relate to. Instagram seems to be the biggest magnet for this sought-after demographic. Find the right local micro-influencers in your community. It could be a PTA/soccer mom with scores of friends, a popular fitness instructor, or a healthy chef with a big following and a popular blog. The possibilities are endless.

Once you identify potential partners, start a rapport online by liking their posts, commenting on them, and sharing their content. Let the relationship develop naturally. The next steps can include inviting the influencer into your office for a treatment in exchange for a post or video as long as the nature of this arrangement is fully transparent with an easy-to-see "advertisement," "ad," or "sponsored." The Federal Trade Commission released a new guide for online influencers that provides tips for when and how influencers should tell their followers about a relationship with a brand or advertiser. For example, of making an endorsement in a video, the

## SELFIE STARTER

disclosure should be in the video and not just in the description uploaded with the video.

### Selfie starter

Selfie-awareness continues to influence consumer behavior. In 2019, a full 72 percent of AAFPRS members reported seeing patients seeking cosmetic procedures to look better for their selfies.

This is a publicity slam dunk. The media eats up this story—so reach out to your contacts and let them know you can discuss this trend and what is driving it.

People still care about their profile pics, too. AAFPRS members report that in 2019 more patients were seeking cosmetic procedures due to dissatisfaction with their profile images—a full 11 percent increase compared to 2018. If you own a green screen, a profile picture can be the perfect favor after a meet and greet or lunch and learn with your VIPs. Discuss some of the new procedures you are offering and have a local photographer and make-up artist on hand to help get guests profile-ready. ■

*Editor's Note: This article was prepared by KELZ Media.*

## STAY POSITIVE

*From Branding, page 7*  
can be the same for your business but the evolution can expand with doing certain things like increasing your menu of services and expanding your providers and staff.

Put your best foot forward and remember that brand recognition takes time. Stay positive and don't set yourself up for failure by thinking it is going to happen overnight. ■

### Reference

1) [www.nielsen.com/us/en/insights/article/2015/understanding-the-power-of-a-brand-name/](http://www.nielsen.com/us/en/insights/article/2015/understanding-the-power-of-a-brand-name/)

## FUNDING OPTIONS FOR MISSIONS

*From Ethiopia, page 10*

literature while discussing pertinent topics in facial plastic and reconstructive surgery as well as patient care. We covered reconstructive methods, management of nasal conditions, facial fractures, local and regional flaps, cleft management, anesthesia and pain management, airway emergencies, and speech and swallow therapy.

I personally lectured and created an interactive simulation lab on suturing and wound healing techniques in addition to local flap reconstruction with the residents. In addition to our lectures, the residents were presented a book of all the most pertinent literature on these topics for their reference that was created by HTCNE with funding from FACE TO FACE.

Our trip was a tremendous success made possible by the AAFPRS Foundation's FACE TO FACE humanitarian program through their support and funding. We hope to be an exceptional model for medical humanitarian trips in the future, providing not only medical and surgical care to an underserved population, but also educational initiatives that contribute to producing a sustainable health care system that is fully functional long after our departure.

As an otolaryngology resident currently with future goals of pursuing a fellowship in facial plastic surgery, I am fortunate to have had the unique experience of returning to Mekelle with such an amazing team of leaders in medicine. FACE TO FACE is an outstanding humanitarian effort that has fueled my passion for these medical trips. This work has challenged my skills and knowledge and allowed me to give back to those who are underserved around the world. Through each of these trips, I continue to push myself to innovate and share ideas that will positively impact patients and residents for

years to come. Furthermore, I am inspired to continue to be a part of the FACE TO FACE program throughout my facial plastic surgery career. ■

### Are you involved in the AAFPRS FACE TO FACE international program?

Manoj Abraham, MD, chair of the FACE TO FACE Committee has made a connection with Doximity, a widely recognized online physician portal that is very influential in recognizing top physicians throughout the country. They have set up a charitable arm Dox Foundation, that covers individual physician travel for medical mission work (each physician has to fill out an application to be considered). The Dox Foundation would also be interested in sending their employees as administrators on the medical mission trips—all costs for these administrators would be paid for by the Dox Foundation.

If a connection with a FACE TO FACE trip can be made, some of the physicians on the trip could also apply to have their flight expenses covered (these flights would be arranged through a Dox Foundation travel agency but can be matched with the same flights as the rest of the team). If interested in learning more about this unique opportunity, contact Shari Buck at [sbuck@doximity.com](mailto:sbuck@doximity.com) or visit their website: <https://foundation.docimity.com>.

To learn more about the FACE TO FACE program, visit the AAFPRS website at [www.aafprs.org](http://www.aafprs.org) and select About the Foundation/FTF Humanitarian Programs.

# RHINOPLASTY STILL REIGNS

From Cover Story, page 1 maintain a youthful appearance and slow the aging process before it starts. In fact, 73 percent of facial plastic surgeons believe there will be a greater emphasis on earlier maintenance for patients starting in their 20s and 30s, to forestall bigger procedures and surgery for longer.

In addition, in 2019, 74 percent of facial plastic surgeons report an increase in minimally invasive procedures (neurotoxins, fillers, skin treatments) in patients under age 30.

Celebrities continue to influence facial plastic surgery. More than three-fourths of our members (84 percent) agree that celebrities impact patients' desire for cosmetic procedures. This number has increased by six percent from 2018, with a 21 percent increase versus 2016.

The trend of patients requesting the same procedure that celebrities are having done also increased by four percent. Make-up billionaire Kylie Jenner and reality star Kim Kardashian are the celebrities who most influenced cosmetic surgery requests for women, while actors Brad Pitt and Bradley Cooper are the most influential male celebrities.

The top concern for a patient when deciding to undergo facial plastic surgery in 2019 was finding the right doctor (33 percent). A natural result is also paramount. According to 29 percent of members, "looking unnatural" is another top concern for patients considering cosmetic enhancements.

Check out the article on page 12; our PR firm provides ways you can leverage the statistics to increase your reach to potential and current patients.

Thank you to all of those who participated in the survey. For a copy of the full report, please contact Rita Chua Magness at [rcmagness@aafprs.org](mailto:rcmagness@aafprs.org).

# PREPARING FOR THE ANNUAL MEETING

By Amy Mladineo,  
OFPSA President



**W**e are just seven months away from

our Fall Meeting. Join your colleagues September 10-12, 2020, at the John B. Hynes Veterans Memorial Convention Center in Boston for an unmatched educational and networking experience.

Send your suggestions on what you would like to cover, see, and do at this year's meeting. Any and all ideas are welcome regarding speakers, office tours, activities, demonstrations, etc. Please email me directly and sooner rather than later so that we can plan ahead.

The AAFPRS Annual Meeting registration site is open: [www.AAFPRS.org/AnnualMTG](http://www.AAFPRS.org/AnnualMTG). Register today. The super-saver rate is available until May 1. The early-bird deadline is August 6. Don't miss out on an opportunity to learn, network, and collaborate with your peers.

On a different note, we are looking to fill a position as soon as possible. Please see below for duties and requirements and let me know if you are interested.



You will be joining a fun and passionate group of officers.

If you have any questions or are interested in becoming an officer, please email me at [amy.mladineo@gmail.com](mailto:amy.mladineo@gmail.com).

## OFPSA Officer Opening: IT Coordinator

The IT Coordinator serves a one-year active term. The estimated time commitment for this position is two to three hours per week.

Duties will include, but not be limited to the following:

- Make sure content on both the OFPSA website and the OFPSA page on the AAFPRS website are current and accurate
- Coordinate the website with help from the webmaster and other OFPSA officers
- Assist the other members of the Board with planning the meetings
- Participate in Annual Meeting planning conference calls
- Attend Annual Meeting
- Perform all duties incumbent to this office and such other duties as may be directed by the Executive Committee as needed

You will need to have the full support of your physician in order to become an officer.

## Attention AAFPRS Members

If your staff is currently not a member of the OFPSA, sign them up now in order to save on the Annual Meeting registration fee. As an OFPSA member, you become a part of a network of practice decision-makers, a unique group serving as a sounding board, providing each other with real-life feedback on everything from products and services that help a practice run more smoothly to strategies for making each patient visit more fulfilling. The cost is an affordable \$180 for the whole office. Contact Patricia Adair, AAFPRS director of member relations at (703) 650-9243 or by email at [padair@aafprs.org](mailto:padair@aafprs.org). For more information about the OFPSA, visit: [www.ofpsa.org](http://www.ofpsa.org). Meanwhile, refer to the application form enclosed in this issue of *Facial Plastic Times*.

## IN THIS TOGETHER

From COVID-19, page 11

consider potentially donating PPE when possible.

- Additionally, it may be enormously helpful to consider loaning beds and ventilators, should they be required in your community.
- The AAFPRS sent out a ventilator survey to members to identify who may be interested in potentially working with government entities and major health care providers to loan ventilators nationally, as this is where some of the greatest scarcity need is already developing.
- Consider reaching out to your local health departments and Office of Emergency Management (OEM) to be in proactive contact, so that you can ascertain the best ways to make such PPE donations or equipment loans within your own community.
- It is inspiring to note that positive actions like these are already starting to take place between our AAFPRS members and their communities!

We again urge all of our members to be sure to be safe—protecting yourself, your patients, your staff, and your families will help immensely with the larger efforts to flatten the spread of COVID-19, while also sustaining the long-term quality of life for you and all in our national and global community. We are bound by the Hippocratic Oath which states: “I will prevent disease whenever I can, for prevention is preferable to cure.”

Never before have any of us encountered the challenges and risks we are facing as a result of the COVID-19 pandemic. It is placing incredible stress and pressure on us all. But know that we are in this together—and by utilizing the above strategies, collaborating with each other and our communities, and genuinely supporting one another, we will rise above this crisis...and we will be stronger. ■

Included in this issue are the OFPSA Application Form and the FPST Subscription Form.



## FACIAL PLASTIC TIMES MARCH 2020

### 2020

#### APRIL 23-24 (CANCELLED)

AAFPRS Spring Meeting  
in conjunction with COSM  
Atlanta, GA  
Co-chairs: Lamont Jones, MD,  
and Deborah Watson, MD

#### MAY 14-17 (CANCELLED)

Advances in Rhinoplasty  
Miami Beach, FL  
Co-chairs: Jose Barrera, MD; Russell  
W.H. Kridel, MD; and Brian J.F. Wong, MD

#### JUNE 27-28

ABFPRS EXAMINATION  
Washington, DC

#### SEPTEMBER 9

Committee and Board Meetings  
in conjunction with the  
AAFPRS ANNUAL MEETING  
Boston, MA

#### SEPTEMBER 10-12

AAFPRS ANNUAL MEETING  
Boston, MA  
Co-chairs: James Shire, MD; Michael  
Somenek, MD; Kaete Archer, MD;  
Richard Gentile, MD; and Amir  
Suryadervara, MD

### 2021

#### APRIL 8-9

AAFPRS Spring Meeting  
in conjunction with COSM  
New Orleans, LA  
Co-chairs: Lamont Jones, MD,  
and Deborah Watson, MD

#### MAY 13-16

Advances in Rhinoplasty  
Orlando, FL

Meeting Director: J. Randall Jordan, MD

## COVID-19 Resource Center

The AAFPRS is closely monitoring the 2019 novel coronavirus, COVID-19, situation. For you to stay updated and informed, we encourage you to visit the AAFPRS **COVID-19 Resource Center** for physicians, located on the AAFPRS website at: [www.aafprs.org/COVID19RC](http://www.aafprs.org/COVID19RC).

The **COVID-19 Resource Center** contains the AAFPRS Statement on COVID-19, as well as several different sections of vital information for you to utilize and to stay up to date, including:

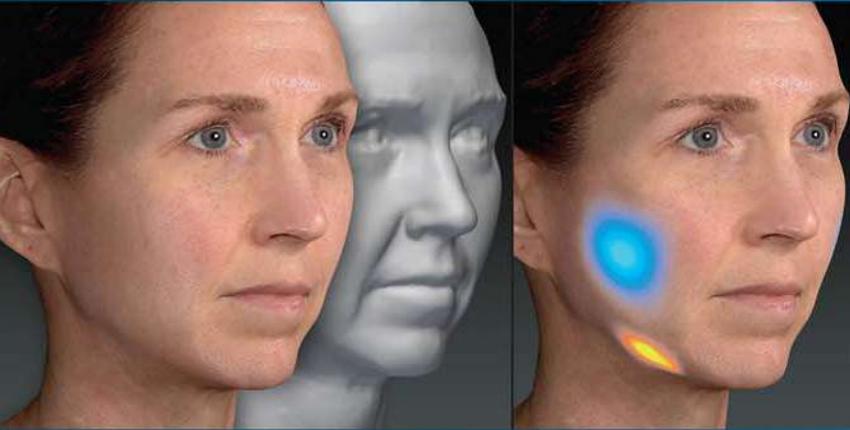
- Federal Agency Resources & Information
- Financial Relief & Assistance
- Physician & Practice Resources
- Advocacy Updates

Your Academy has been working closely with various surgical and specialty coalitions we are members of to assure that the various COVID-19 legislative relief packages that Congress has been/is still working on include assistance that would be of value to AAFPRS members. Some of the coalition sign-on letters that the AAFPRS has worked on with the AMA and ACS and others are included in the Advocacy section of the Resource Center.

Lastly, there is a Latest News & Updates section at the top of the Resource Center, so you can easily see the latest items being added—enhancing your ability to stay current and safe during this pandemic.

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## **Facial Plastic Surgery Today (FPST) 2020 Consumer Newsletter**

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- a read-only, PDF file (you can post this on your Web site or e-mail to your patients)

#### **The four issues in a CD are mailed to you according to the schedule below:**

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|----------------------------|----------------|
| Winter/First Quarter 2020  | December 2019  |
| Spring/Second Quarter 2020 | March 2020     |
| Summer/Third Quarter 2020  | June 2020      |
| Fall/Fourth Quarter 2020   | September 2020 |

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Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Mail check and completed form to: AAFPRS, 310 S. Henry Street, Alexandria, VA 22314 or fax credit card orders to (703) 299-8898. Questions? Call Glenda Shugars at (703) 299-9291, ext. 234 or e-mail her at: [gshugars@aafprs.org](mailto:gshugars@aafprs.org). THANK YOU FOR YOUR ORDER.



**Organization of Facial Plastic Surgery Assistants  
American Academy of Facial Plastic and Reconstructive Surgery**

**OFPSA Membership Application and Dues Form  
January 1, 2020 – December 31, 2020**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 AAFPRS Sponsor Name: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 How long have you worked in your current position? \_\_\_\_\_  
 Number of practice staff: \_\_\_\_\_ Number of practice physicians: \_\_\_\_\_

**Categories of Membership:**

Office - \$180

*(Please list below office members and their \*individual e-mail address. They will be included in this membership)*

| Name | Email Address |
|------|---------------|
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |

Members shall be a dues-paying representative of an active member of the American Academy of Facial Plastic and Reconstructive Surgery who support the objective and purposes of the Organization. They shall enjoy all rights and privileges, duties, and obligations of membership in OFPSA. Checks should be made payable to American Academy of Facial Plastic and Reconstructive Surgery (AAFP RS).

|  |
|--|
| <p><b>METHOD OF PAYMENT (in U.S. dollars only)</b></p> <p><input type="checkbox"/> Check enclosed (made out to the AAFPRS)</p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> American Express</p> <p>Card No.: _____</p> <p>Exp: _____ Security Code: _____</p> <p>Name as it appears on the card: _____</p> <p>Signature: _____</p> |
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