



AAOMS

FAX TRANSMITTAL FORM



AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

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DATE: _____ **NO. OF PAGES :** _____

FAX TO:

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Phone: 800/822-6637 or 847/678-6200 ext. 4382

E-mail: janetc@aaoms.org

FROM:

FAX: 847-678-4619

NAME:

FAX:

SUBJECT: Ordering OMAAP Replacement Certificate or Pin

To order an OMAAP replacement certificate, please complete this form and fax it to AAOMS at **847-678-4619**. There is no charge for replacement certificates.

To order an OMAAP replacement pin, please complete this form and send it to the address listed above with a \$10 check payable to AAOMS.

Your name as it should appear on the certificate	
Your name at the time you took your exam (if different)	
Doctor's Name at the time you took your exam	
Year and month you took the exam (If you don't remember, please write the approximate years)	
Mailing Address (please indicate if this is your home or work address)	
Contact Phone Number or E-mail address	