



2021

MEDICAL & DENTAL

GUIDE



Service and sacrifice

Tulsa health care rises to meet challenges of COVID-19.

BY FRASER KASTNER

Since its first recorded case of COVID-19 on March 6, Tulsa County has seen more than 27,000 cases and 238 deaths, as of Nov. 17, from the novel coronavirus. As the virus continues to spread, Tulsa's health care system has had to adapt to myriad challenges posed by this once-in-a-lifetime health crisis.

A major issue early on was acquiring personal protective equipment. COVID-19 caused a spike in demand, interrupting supply chains across the country. **Jake Henry Jr.**, president and CEO of the Saint Francis Health System, says careful planning abated some of this issue for Saint Francis medical personnel.

"Fortunately, we had been monitoring the virus prior to its spread in Oklahoma," Henry says. "This allowed us to increase our inventories early, giving us a running start in our response to the novel coronavirus."

Other area hospitals had to get creative. "Thanks to some very resourceful internal health care leaders, we were able to begin a 'reprocessing program' for N95 masks, which helped tremendously," says Dr. **Guy Sneed**, chief medical officer at Hillcrest HealthCare System.

St. John benefitted from being a part of the Ascension health care system. "We've had periodic short supply of personal protective equipment, but we never were without," says **Mike McBride**, regional president of Ascension St. John Medical Center and COO of Ascension St. John. "And that was because of the supply chain we are a part of through our national organization."

Hospitals now have sufficient supplies of PPE, but other challenges have arisen.

The overall wellbeing of health care workers has become a major issue for many agencies. "One of the things we learned, especially during this response, is that we had to make sure that our employees were emotionally, mentally and physically healthy," says **Reggie Ivey**, Tulsa Health Department COO.

"The difference with this pandemic is that it's not only impacting employees in the work environment, but it's also impacting employees in their daily lives," Ivey

says. Schools shutting down, spouses losing jobs, sick friends and family, and deaths of loved ones have contributed to the stress of responding to the pandemic.

This effect has been especially pronounced in emergency medical personnel and others who work on the front lines of health care. "We have a tired workforce, not only at EMSA but around the country," says EMSA Oklahoma Chief of Staff **John Graham**.

All EMSA employees know how to use PPE and safely treat people with infectious diseases. However, responders might not know whether the person having a medical emergency is infected with COVID-19. The 911 call center asks about symptoms, but this only gives emergency medical service workers basic information.

One lesson that has been reinforced over and over is the effectiveness of masks and social distancing. "It's not politics to us. It's important that people wear their mask,"

Graham says. "It's proven that if everyone within a group is wearing their mask, the transmission is decreased. And we want to do everything we can to keep our health care providers safe."

But spreading the word about masks and social distancing can be difficult, and misinformation is widely distributed. "One of the challenges is the wealth of information available to everyone," says **Leanne Stephens**, marketing and communications director for the Tulsa Health Department. "Our communications team works really hard to ensure we are providing the most accurate information in as timely a fashion as possible."

Getting that message across can mean saving lives, which is why the Tulsa Health Department is working with the Office of Resiliency to reach out to Latinx and Burmese Tulsans. Additionally, THD reaches out to north Tulsa zip codes through the North Tulsa Community Coalition. THD staff work with the NTCC to provide COVID-19 prevention education and resources to ensure it is reaching residents in zip codes with historically high instances of health inequities and disparities.

Hospitals that serve rural populations have faced additional challenges. Visiting a doctor in some areas can mean hours-long drives and delays in care, and as a result of these and other factors, health outcomes may suffer. "For our colleagues in rural areas, even simple tasks like scheduling a doctor's visit or medical procedure require a lot of planning, often competing against normal daily activities," says **Rhett Stover**, CEO of Oklahoma State University Medicine.

OSU Medicine has been developing a telemedicine network across Oklahoma for the past 20 years, partnering with hospitals and health care providers in smaller rural communities throughout the state. COVID-19 accelerated demand for this service, even in communities that had previously been hesitant in the past. "In the last six months we've covered more distance and gone farther along in evolving our total telemedicine offerings than we did in the previous 18 years," Stover says. **TP**

Hospital profits and losses

The pandemic also has had a disruptive effect on area hospitals' pocketbooks. Acquiring PPE and other medical supplies, rising wage and labor costs, and instituting COVID-19-related clinical protocols have led to increased costs, according to **Rhett Stover**, CEO of Oklahoma State University Medicine. Additionally, the impact of deferred or canceled treatment has created significant reductions in elective surgeries and emergency room visits, producing financial headwinds that have reduced revenue health systems historically have relied upon to help cover their operating costs. Many health systems, like OSU Medicine, have shifted resources to telemedicine, while others such as Ascension St. John has had the financial backing of its national organization. Federal monies have helped absorb some, but not all, of the cost.



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MATTERS OF THE MOUTH

Determining when to see a dental specialist

BY BRIA BOLTON MOORE

There's a world of dentistry beyond cleanings and cavities. With 12 recognized dental specialties, it can be confusing to know who does what, so a general dentist is a wise first stop for all mouth and teeth questions.

"Just like having a primary care provider for your overall health, patients should have a general dentist or pediatric dentist they see regularly and develop a relationship with," says Dr. **Lauren Avery** of Mint Dental. "If specialist treatment is needed, the general dental office can refer to a specialist."

Avery says a referral isn't necessary for a specialist appointment, but "it is best to have care coordinated by a general dentist who knows the patient's history and has a relationship with the specialist. Communication between a specialist and a general dentist is often key in receiving excellent care."

There is some crossover between general dentists and specialists. For example, many general dentists, as well as endodontists, perform root canals. The exact procedures performed by a dentist vary depending on the knowledge, training and comfort level of the practitioner.

Avery shares the most common referrals in her practice: "Children who need sedation to comfortably treat dental needs are referred to pediatric dentists. People who need third molars (wisdom teeth) extracted that are impacted or surrounded by bone are referred to oral surgeons. Complicated root canals are referred to endodontists. Orthodontic cases that cannot be treated with Invisalign (clear aligners) are referred to orthodontists. Surgical gum procedures are referred to periodontists." **TP**

Dental specialties recognized by the American Dental Association

Dental anesthesiology Focuses on managing pain during procedures.

Dental public health Focuses on promoting dental health in communities.

Endodontics Focuses on human dental pulp or the center of the tooth.

Oral and maxillofacial pathology Focuses on the nature, identification and management of diseases.

Oral and maxillofacial radiology Focuses on production and interpretation of images and data.

Oral and maxillofacial surgery Focuses on surgery of both the hard and soft tissue of the mouth and maxillofacial (jaw and face) region.

Oral medicine Focuses on the non-surgical treatment of disease and pain.

Orofacial pain Focuses on pain disorders of the jaw, mouth, face, head and neck.

Orthodontics and dentofacial orthopedics Focuses on alignment.

Pediatric dentistry Focuses on care for infants through adolescents.

Periodontics Focuses on the tissues surrounding the teeth.

Prosthodontics Focuses on the restoration of missing or deficient teeth.



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MINDFULNESS, MEDICATION AND MORE

Explore options for addressing dental anxiety.

BY BRIA BOLTON MOORE

Dental anxiety is common. In fact, most people experience it, according to a survey published in 2018 by market research firm Dentavox. Sixty-one percent of the 18,000 participants worldwide reported they experience dental fear.

This fear often leads to avoiding and delaying dental appointments. The American Dental Association's 2015 Oral Health and Well-Being in the United States Report shared 77% of adults planned to visit the dentist within the next year, but only 37% followed through.

Dr. **Jerome Cha** of Hope Restorative and Cosmetic Dentistry says when he sees patients who have gone years without a dental exam due to dental anxiety, they have varying degrees of gum disease and cavities.

"Sadly, in most cases, patients will endure a great deal of psychological and physical pain because of dental fear — psychological pain from not being able to smile and physical pain from teeth and gum infections," he says.

Cha believes the first step in coping with dental fear is to find a dentist who is right for you. "It is very important that you find an office that listens to your particular concerns or fears and is willing to work with you to overcome your fear," he says. "There are many great and caring dentists out there who are also well trained in managing dental anxiety."

To cope with anxiety during an appointment, the American Dental Association suggests wearing headphones to block the sound of dental equipment, occupying your hands by squeezing a stress ball, counting breaths and concentrating on relaxing muscles, one body part at a time. Additionally, many dental practices offer various levels of sedation dentistry, which utilize medication to help a patient relax. Some options include nitrous oxide, often known as laughing gas; oral sedation where a patient takes a pill; or IV sedation where a patient receives medication through a vein.

"The most often used method of relieving dental stress is 'pill-sedation' or IV sedation in my office," Cha says. "Once the patient has a very pleasant dental experience through sedation, it becomes easier for the patient to overcome dental fear." **TP**

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Montika Collins is an international board-certified lactation consultant who works with moms before and after childbirth to address breastfeeding questions and concerns.



Montika Collins works with Brooke and Kipp Chandler and baby Callahan

Innovations Lactation and Breastfeeding Services is one facet of Montika Collins' Total Family Wellness, an umbrella of services including health and wellness coaching, herbalism, fitness and functional movement. TFW also hosts a nonprofit that supports attracting and retaining more people of color in the roles of doula, midwife and lactation consultant.

More information can be found at tfwok.com.

Not a 'one-woman job'

Certified lactation consultants provide breastfeeding support for new moms.

BY ANNA HOLTON-DEAN

Breastfeeding provides baby with its ideal food — the nearly perfect mix of vitamins, proteins and fats — and also provides an immunity boost, lowering baby's chance for allergies, ear infections and other illnesses. There also are benefits for mom, including added protection from diabetes, breast and ovarian cancer, heart disease and postpartum depression, according to UNICEF.

Since nature clearly intended this phenomenon, expectant mothers assume the process will happen naturally. But often, to their dismay, it doesn't.

Montika Collins, international board-certified lactation consultant (IBCLC) at Innovations Lactation and Breastfeeding Services, says new moms who plan to breastfeed should reach out to a lactation consultant during pregnancy to avoid common breastfeeding obstacles and increase their chances of success.

"To answer questions like: Are you planning to breastfeed? What is your plan for going back to work? Is there somewhere to store milk? Is the workplace breastfeeding-friendly?" Collins says. "These are things women don't think about until they are in it.

"There are reasons women feel like they should already know how to breastfeed and that it happens by osmosis," she adds. "But most of

us don't have examples. I think everybody needs instruction on how to do it and what it's going to look like, so you feel more confident in making the call about whether your baby is getting enough."

The common notion is that lactation consultants are only needed to teach correct positioning techniques or to help with latch issues, but many factors warrant reaching out to an expert.

"You can get past positioning and latch and still have issues; you need an experienced consultant to help with that," Collins says. "I do a complete functional assessment of the mom and baby. I want to know about her birth, any complications with pregnancy, if she has breastfed before, if this is her first or fifth birth. Was she successful? How long did she breastfeed before, and did she ever run out of milk? I want to know the health history of both mom and baby, that includes pregnancy and birth, if she had to go on antibiotics and if she had a C-section."

Collins was a veterinary nurse before becoming a NICU nurse, then a mother/baby and postpartum nurse, eventually launching her lactation consulting business in 2014. She's a firm believer that animals and babies have a lot in common in that neither can tell you what's wrong.

Some of the most common breastfeeding

issues include low supply, baby refusing to nurse, breast pain, medications and breastfeeding, working and breastfeeding, and pumping, according to the American Academy of Pediatrics.

The majority of Collins' clients have older babies, not newborns, and seek help for complex breastfeeding issues, such as low milk supply. It's usually an issue resulting from hormone imbalances, insulin resistance or other health factors, she says. She will address tongue ties in the child and adjust the mom's diet and suggest herbal supplements to help with this issue.

There are many different kinds of lactation consultants with different backgrounds and experiences. A mother should do her research and due diligence to find the provider that will address their needs.

Ultimately, there are many ways to find breastfeeding success.

"Breastfeeding looks different in every family," Collins adds, "and any amount of breastmilk is better than none. Trust your mama instincts; if you feel something isn't quite right, give yourself the grace to get the help you need."

Collins recommends the Oklahoma Breastfeeding Hotline, staffed by certified lactation consultants, as an additional resource. Moms can call 1-877-271-6455 for 24/7 support. **TP**

MICHELLE POLLARD

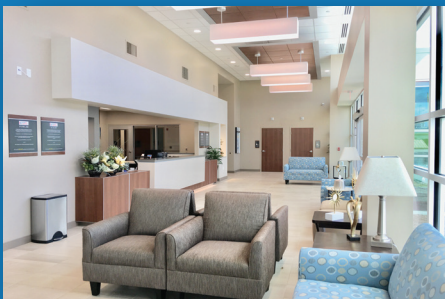


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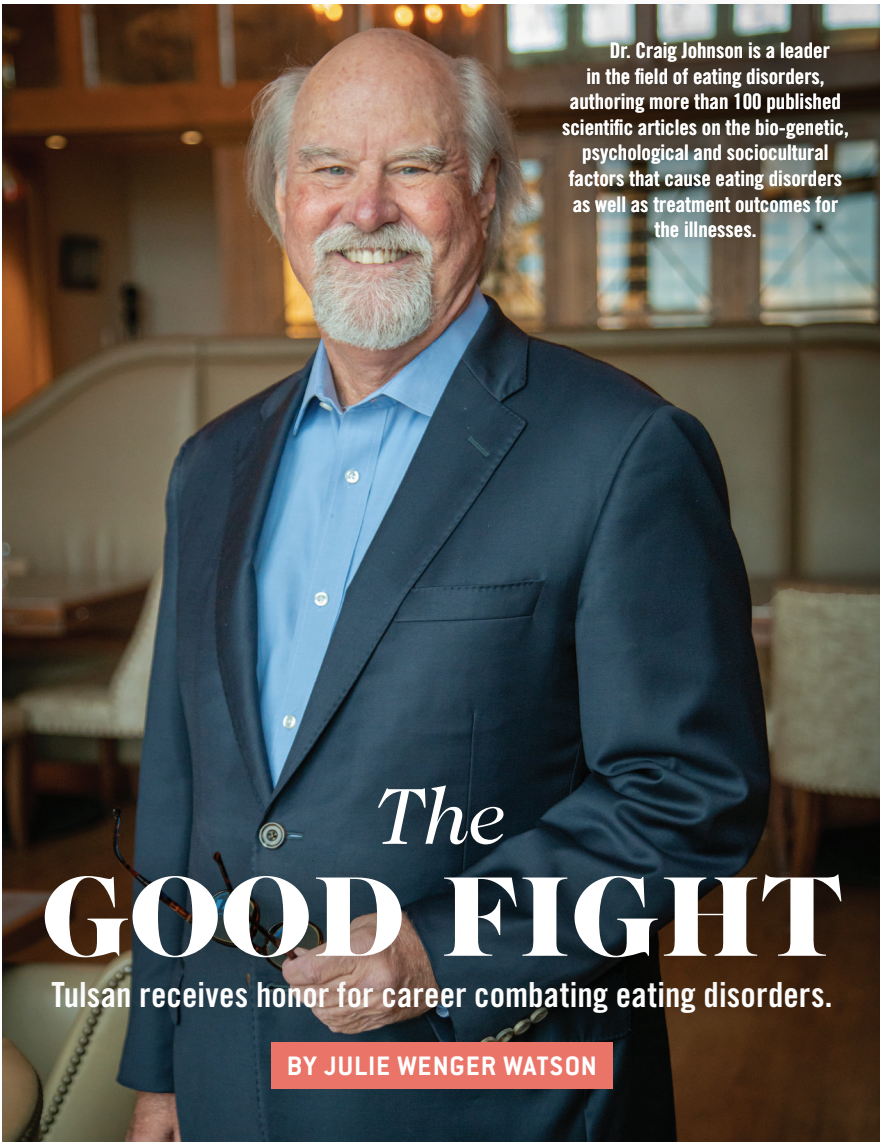
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Dr. Craig Johnson is a leader in the field of eating disorders, authoring more than 100 published scientific articles on the bio-genetic, psychological and sociocultural factors that cause eating disorders as well as treatment outcomes for the illnesses.

The GOOD FIGHT

Tulsan receives honor for career combating eating disorders.

BY JULIE WENGER WATSON

As citizens of the “Oil Capital of the World,” most Tulsans are aware of the city’s contributions to the petroleum industry. Many also know about its importance to commercial aerospace. Few, however, are cognizant of the significant impact Tulsa has had on the treatment of eating disorders.

Not only is this city home to an internationally recognized treatment center, it’s also home to the psychologist who played an instrumental role in the development of this specialized area of health care. A leader in the field for over 40 years, Dr. **Craig Johnson** recently received the Academy of Eating Disorders Lifetime Achievement Award during the 2020 International Conference on Eating Disorders. It’s a fitting honor for a man who has spent his career advancing the scientific understanding,

awareness and treatment of a disorder that affects an estimated 30 million Americans.

As common and lethal as eating disorders are (among the deadliest mental illnesses, second only to opioid overdose according to the National Association of Anorexia Nervosa and Associated Disorders), it’s difficult to comprehend how misunderstood and underestimated these disorders were when Johnson was a graduate student back in the mid-’70s.

Johnson’s first encounter with what became his life’s work occurred during his clinical rotation at the University of Minnesota, where the medical school had a unit dedicated to the treatment of anorexia nervosa.

“I was struck by how little we knew about an illness that had the highest mortality rate of any psychiatric illness,” he

recalls. “It affected such a narrow subgroup of patients. From a genetic perspective, Caucasian females of European ancestry between the ages of 12 and 24 accounted for 90% of the cases. It was a very homogeneous group of perfectionistic, overachieving, hyper-responsible girls, lying in beds in a psychiatric unit, completely obsessed with a drive for thinness and with a complete conviction that they were morbidly obese, despite dying from starvation.”

Johnson’s interest in and curiosity about eating disorders followed him as he continued his training and eventually began his practice. Today, he is universally recognized as a visionary in his field. During the past four decades, Johnson has been actively involved in treatment research and has made tremendous contributions to the understanding of the role of genetics in eating disorders.

Along the way, he has also authored three books and countless scientific articles, held faculty appointments at the University of Chicago and Northwestern University Medical Schools, and built four internationally recognized treatment programs — including the Eating Disorders Program at Tulsa’s Laureate Psychiatric Hospital, where he also was instrumental in establishing the Laureate Institute for Brain Research.

He worked at Laureate from 1989–2010 where his main focus was anorexia nervosa, bulimia nervosa and binge eating disorder. Currently, Johnson resides in Tulsa and serves as senior consultant at Denver’s prestigious Eating Recovery Center and is a clinical professor of psychiatry at the University of Oklahoma College of Medicine.

Johnson is now retired from direct patient care, but he broke lots of ground in his 21 years at Laureate, and he’s grateful for his time there. His tenure included the creation of a national clearinghouse for eating disorder information (the nonprofit National Eating Disorders Association), the establishment of a professional organization for the field, a research grant award from the National Institute of Mental Health, and a national study with the NCAA on the nature and extent of eating disorders among athletes. Most importantly for Johnson, he has helped innumerable patients and their families overcome the mental and physical health challenges inherent in these disorders. **TP**

For more information on Johnson and his career, visit eatingrecoverycenter.com.

For more information on eating disorders, visit nationaleatingdisorders.org.

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BALANCING ACT

How the passage of SQ 802 expanding Medicaid eligibility affects hospitals' yearly budgets

BY FRASER KASTNER

State Question 802 passed this summer, expanding Medicaid eligibility to all Oklahomans age 19-64 with an estimated annual income of \$16,970 or less (individual), effective July 1. For a family of four, \$34,846 is the annual income limit for eligibility. Previously, only children, pregnant women, elderly adults and disabled individuals were eligible to access health care through Oklahoma Medicaid (SoonerCare).

The federal government will pay 90% of costs for newly eligible enrollees. This leaves state funds free for other things such as substance abuse treatment, mental health services, and working with jails and prisons to treat those incarcerated and help former inmates apply for SoonerCare upon release. Officials at the Oklahoma Health Care Authority are considering reinstating dental benefits through SoonerCare, as well.

This is mostly good news for Oklahoma hospitals. Oklahoma currently has the second-highest uninsured rate in the nation. **Kevin Gross**, CEO of Hillcrest HealthCare System, says Oklahoma hospitals spend

half a billion dollars every year providing unfunded treatment for uninsured patients.

"In 2019, Hillcrest provided just more than \$65 million in unfunded care across our health system," Gross says. "With Medicaid expansion, the uninsured patients we're already providing care for will now have insurance and will have greater access to timely, preventive health and medical services."

The measure will make more than 200,000 Oklahomans eligible for SoonerCare and will bring in roughly a billion dollars per year in federal matching funds.

"This will improve the health of the state's workplace, spur the economy, support the viability of rural hospitals, protect public health by assuring access to care and reduce cost-shifting," says **Jake Henry Jr.**, president and CEO of Saint Francis Health System, who advocated for Medicaid expansion to both Gov. **Mary Fallin** and Gov. **Kevin Stitt**.

Other states that have expanded Medicaid have seen spikes in demand for health care as more people gain access, according

to **Mike McBride**, regional president of Ascension St. John Medical Center and COO of Ascension St. John.

McBride was in both Colorado and Louisiana when those states expanded their Medicaid eligibility. "You have a lot of newly insured patients ... but you didn't have new providers, you didn't have new physicians in the marketplace." It is possible Oklahoma hospitals will have to address this issue.

"There is still a lot that is unknown as it relates to how the state is going to ultimately promulgate 802 and how those program specifics make their way into the marketplace," says **Rhett Stover**, CEO of Oklahoma State University Medicine. Policy will have to be formulated as new information becomes available.

Still, area hospitals are glad to see Medicaid expanded. It means that their client base expands, and they get reimbursed for previously unfunded treatment. "It won't be a lot of reimbursement," McBride says, "but it will be something, and that will help offset some of our costs." **TP**



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HOPE'S JOURNEY

Equipping the faith community with hope for cancer patients and their families

BY ANNA HOLTON-DEAN

Over 12 million people in the United States are living with or have been diagnosed with cancer, according to the American Cancer Society. Every year, 1.5 million people receive a cancer diagnosis. That means that in a church of 200 people, approximately eight people are living with cancer, and two more will be diagnosed every year, according to Cancer Treatment Centers of America's "Our Journey of Hope."

"Our Journey of Hope" is a program that equips the local faith community to better serve the spiritual needs of those facing cancer. The free Bible-based program lasts two days (held virtually) and consists of an eight-chapter curriculum. The program, launched in 2005, establishes a relationship between the health care and faith communities, says the Rev. **Percy W. McCray Jr.**, national director of faith programs at CTCA.

Graduates of the program return to their communities with a plethora of free, digital resources to access and use within their faith community. "They can become part of hospital visitations for those who are hospital-bound



Rev. Percy W. McCray Jr.

while undergoing treatment," McCray says. "They can help train people on good nutritional support and meal planning. Based upon the needs of the patient, they may offer scriptures, inspirational thoughts — things relative to the psychosocial needs of patients."

Former Sapulpa minister Dr. **Robert Weger**, now pastor of Bible Baptist Church of Lawton, is a graduate of "Our Journey of Hope" and a cancer

survivor himself. In 2012, he was diagnosed with stage four non-Hodgkin's lymphoma and underwent eight months of chemotherapy. Cancer free for nearly nine years, Weger says he is beyond grateful for "Our Journey of Hope."

"Before I had cancer, I had people to whom I ministered, but I did not understand when they said that they did not feel good or had no energy," Weger recalls. "I did not even have a clear picture of the stress and pressure of those who were caring for their loved ones. However, after having had cancer, being waited on and cared for by my wife, I saw how the cancer patient is impacted, but I also learned what the caregiver goes through."

Now having graduated from the program, I feel I have a working knowledge that has equipped me to be even more effective as I minister and train those within my church to minister to not only the patient, but also to their families and other care providers."

Weger's is just one of nearly 2,000 churches that have completed the program. To learn more, visit ourjourneyofhope.com. **TP**

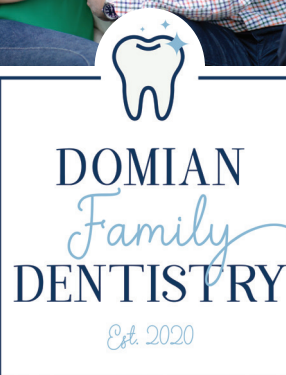
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Cannon Oral and Maxillofacial Surgery

Daniel Cannon, D.D.S., has a practice limited to oral and maxillofacial surgery. Cannon's expertise includes wisdom tooth removal, office based general anesthesia, advanced bone grafting, dental implant placement and facial trauma.

Cannon's practice is committed to the highest standards of patient care, quality control and safety. All surgical staff members are ACLS certified to ensure the highest levels of patient safety.

Cannon is a graduate of the West Virginia University School of Dentistry and completed his four year residency and training in Oral and Maxillofacial Surgery at The Carle Foundation Hospital in Champaign, IL. He is a Board Certified Oral and Maxillofacial Surgeon, Diplomate of the American Board of Oral and Maxillofacial Surgery and a Fellow



of the American Association of Oral and Maxillofacial Surgeons. He is currently on staff at Tulsa's St. John Medical Center and Hilcrest Medical Center.

Dr. Cannon and his wife, Meghan, have three children: Chloe, John and Pippa. The family loves spending time together, traveling, skiing and participating in their children's activities.

For those interested in learning about the procedures Dr. Cannon performs, please visit the practice website at cannonoralsurgery.com.

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The Orthopaedic Center

The Orthopaedic Center's 11 fellowship-trained physicians and five mid-level providers have provided the Tulsa area with patient-specific treatment options for years.

Orthopaedic surgery is a medical specialty that focuses on disorders of the musculoskeletal system — the sciences of bones, joints, ligaments, tendons and muscles that allow a person to work, move and be active. The team's philosophy is to correct these disorders by utilizing the latest non-invasive options such as electro-stimulation, nutrition, new medications and physical therapy, and surgery when necessary.

Using these clinical protocols and the latest technology, The Orthopaedic Center's team strives to provide the right treatment at the right time for each patient, while empowering them with the services and education that will assist them in returning to their

highest level of function.

The Orthopaedic Center navigates patients through partial and total hip and knee replacements, carpal tunnel, rotator cuff repair, complex elbow and shoulder arthroplasty, knee arthroscopy, fracture care, minimally invasive spine surgery, stem cell therapy, plantar fasciitis and total ankle replacements.

Along with its midtown office, The Orthopaedic Center's spine and pain management center resides in Jenks at 512 N. Franklin St. Same-day appointments are available, and the Center works with most Oklahoma insurance plans. A majority of the Center's surgeries occur at Center for Orthopaedic Reconstruction and Excellence (CORE), an orthopaedic specialty hospital in Jenks.

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Midtown Surgical and Skin Institute

Tulsa native, Dr. William Hanner started Midtown Surgical and Skin Institute to bring premier and personalized medical care to the Tulsa area. Board Certified in general surgery for a broad range of benign and malignant conditions, Dr. Hanner specializes in endoscopy and minimally invasive surgical techniques, including robotic surgery. "I love medicine and care deeply about my patients," Dr. Hanner says. "The team I've put together at Midtown Surgical and Skin Institute is dedicated to leading the Tulsa area in surgical work that ensures patients receive the quality care they deserve."

Dr. Hanner often sees patients experiencing gastrointestinal issues, hernias, skin cancers and lesions, lipomas, colon cancer and thyroid diseases. Common procedures performed include simple and



Ashley Tucker, Medical Assistant, Dr. William Hanner, and Jamie Hogue R.N., Office Manager

complex skin excisions, hernia surgery, antireflux surgery, gallbladder removal, oncologic surgery, colon resections, thyroid excisions, upper GI/colonoscopy and hemorrhoid surgery. "Some in-office procedures can be done under local anesthesia to avoid costs and risks of general anesthesia and hospitals," Dr. Hanner says.

Dr. Hanner earned a degree in finance from the University of Oklahoma before graduating from Oklahoma State University's College of Osteopathic Medicine in 2010. He is a member of the Tulsa County Medical Society and Oklahoma State Medical Association, and has been named a Who's Who Top Doctor in 2020.

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Eastern Oklahoma Oral and Maxillofacial Surgeons

Eastern Oklahoma Oral and Maxillofacial Surgeons (EOOMS) is committed to providing comprehensive oral surgery care. They practice the full scope of oral and maxillofacial surgery. Common procedures include wisdom teeth and dental extractions with intravenous anesthesia for patient comfort. They specialize in all aspects of dental implant surgery, bone grafting and jaw reconstruction. As a group they offer 24-hour practice coverage and take trauma calls for local hospitals.

EOOMS is comprised of five experienced oral surgeons: Larry Lander, D.D.S. MS.; Vic Trammell, D.M.D.; Todd Johnson, D.D.S.; Gregory Segraves, D.D.S.; M.S. Heath Evans, D.D.S. All EOOMS surgeons hold memberships in numerous dental societies including the Tulsa County Dental Society, Oklahoma Dental Association, American Dental Association, Southwest Society of Oral and



Dr. Vic Trammell, Dr. Greg Segraves, Dr. Larry Lander, Dr. Todd Johnson, Dr. Heath Evans

Maxillofacial Surgeons and American Association of Oral and Maxillofacial Surgeons.

For patients' convenience, most of the group's services are provided in the EOOMS offices. The offices are board certified for office IV anesthesia to ensure patient comfort. Quality of care and patient safety are always the group's primary concern.

The EOOMS staff is a committed group of employees who strives to achieve the highest standard of care. Their surgical team has specialized training in oral surgery and anesthesia assisting, which provides for a more comfortable and safe oral surgery experience.

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Face droops on one side



Arms suddenly weak



Speech slurred, confused



Terrible, sudden headache



A stroke is a medical emergency. If you believe you or a loved one is exhibiting any symptoms of stroke, note the time symptoms first occurred and call 9-1-1.

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