Arkansas Oral & Maxillofacial Surgeons
Dr. Daron C. Praetzel
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PO Box 5012
Branchburg NJ 08876

<Name>
<Address>
<City>, <State> <ZIP>

DATA BREACH NOTIFICATION
July <Day>, 2026

Dear <First Name> <Last Name>,

A-O-M-S, P.L.L.C. d/b/a Arkansas Oral & Maxillofacial Surgeons ("AOMS") is writing you to provide notice of an incident that may have affected the security of some of your personal information or protected health information. We take this matter very seriously. We are providing this notice to share with you information about what happened, what steps we are taking in response, and what you can do.

WHAT HAPPENED

On April 7, 2026, AOMS learned of potential unauthorized access to its computers. We immediately initiated an investigation. On June 2, 2026, the investigation determined that an unauthorized third party acquired some of our files containing patients' information. We have been working since then to determine what was in those files and ensure we have accurate contact information for notifying potentially affected individuals.

WHAT INFORMATION WAS INVOLVED

Based on AOMS's investigation, the types of information that were potentially involved in this incident include patient names, contact information, dates of birth, treatment records, prescription history, payment information, diagnosis information, medical record numbers, health insurance information, and government identification numbers (such as Social Security numbers). Not all of this information was necessarily exposed for every individual. However, we wanted to notify you about this incident so you can take appropriate precautions.

WHAT WE ARE DOING

Upon learning of the potential unauthorized activity, AOMS took immediate steps to investigate, stop any unauthorized access to our environment, and further secure our systems.

Out of an abundance of caution, AOMS is offering you complimentary credit monitoring, health information monitoring, and identity theft protection services for a period of <#> months through CyEx. To register, please:

- Ensure that you enroll by: <Month> <Day>, 2026 (Your code will not work after this date.)
- Visit the CyEx Medical Shield website to enroll: http://app.medicalshield.cyex.com/enrollment/activate/AOMS
- Provide your activation code: <Activation Code>

If you have questions or want an alternative to online enrollment to Medical Shield, please contact them directly at 1-844-540-3159 by <Month> <Day>, 2026.

WHAT YOU CAN DO

AOMS recommends that you take the following steps to protect yourself from potential harm resulting from this incident:

- **Check Your Accounts.** Monitor your financial accounts for any unauthorized or suspicious activity. If you detect any unauthorized transactions or suspect identity theft, promptly report such activity to your financial institution and to local law enforcement.
- **Monitor Your Statements.** Monitor your explanation-of-benefits statements from health insurance providers. If you detect any unauthorized care or treatment or suspect identity theft, promptly report such activity to your health insurance providers and to local law enforcement.
- **Consider a Fraud Alert.** Consider placing a fraud alert on your credit files. A fraud alert tells creditors to take extra steps to verify your identity before opening a new account in your name. You may place a fraud alert by contacting any one of the three major credit reporting agencies:

  Equifax. PO Box 740241, Atlanta, GA 30374 | 1-800-685-1111 | www.equifax.com
  Experian. PO Box 9701, Allen, TX 75013 | 1-888-397-3742 | www.experian.com
  TransUnion. PO Box 2000, Chester, PA 19016 | 1-888-909-8872 | www.transunion.com

- **Consider a Security Freeze.** Consider placing a credit freeze (also known as a security freeze) on your credit report. A credit freeze restricts access to your credit file, making it more difficult for someone to open new accounts in your name. You may request a credit freeze by contacting each of the three credit reporting agencies listed above. You can also contact the Federal Trade Commission.
- **Obtain Credit Report.** Obtain a free copy of your credit report from each of the three major credit reporting agencies. You can obtain a copy once every twelve months by visiting www.annualcreditreport.com, calling 1-877-322-8228, or writing to Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281.
- **Remain Vigilant.** Remain vigilant for any communications that ask you to provide personal information, and that you verify the identity of anyone requesting such information before disclosing it.

- **Report Identity Theft.** If you believe you are a victim of identity theft, you may report it to local law enforcement or contact the Federal Trade Commission by visiting www.identitytheft.gov, calling 1-877-438-4338, or sending a letter to 600 Pennsylvania Ave. NW, Washington, DC 20580.

CONTACT INFORMATION

Protecting your information is important to us, as is providing you with the information you may need about this incident. If you have questions about this incident or want additional information, you can call us, toll free, at 1-844-540-3159. This number will be active until <Month> <Day>, 2026.