Dr. Ashleigh Briody

Dr. Ashleigh Briody is from Baton Rouge, Louisiana. She earned her DDS from LSU School of Dentistry in New Orleans and completed her residency in Oral & Maxillofacial Pathology at The Ohio State University where she earned a certificate and master's degree. She is a Fellow of the American Academy of Oral and Maxillofacial Pathology. Dr. Briody currently practices oral pathology in a private practice, Ohio ENT & Allergy Physicians, in Westerville, Ohio. The scope of her practice includes seeing patients clinically, diagnosing and managing oral disease, performing biopsies, C02 laser ablation, and reading the tissue microscopically. The practice accepts specimens from outside contributors including dentists, oral surgeons, periodontists, endodontists, ENT's, dermatologists, and others. When not in clinic, she enjoys lecturing about oral pathology all over the United States and spending time with her husband and three daughters.

General Membership Meeting #1
Thursday, February 26

firm registration/refund deadline: February 20

Arrowhead Golf and Banquet Center
1500 Rogwin Circle SW, North Canton, 44720

6:00 p.m. cash bar and food / 7:15 p.m. presentation

Interesting Clincal Cases

This Program will take you on a tour of interesting cases seen in a busy pathology practice. We will discuss out the diagnosis is rendered as well as management.

Learning Objectives:

- Recognize oral diseases and when biopsy is indicated
- Understand management of common oral diseases
- Identify when a lesion or condition can be monitored and when it is necessary to refer

Dinner Buffet

Roast Pork Loin carving station • Lemon Crumb Scrod • Cheesy Potatoes • Rice Pilaf • Brussel Sprouts w/bacon
Salad • Rolls • Coffee/Dessert Station

Dentists $90 / Staff $65

(All Staff & Guests Welcome)

Dentist_____ Dentist_____
Email_____ Phone_____
Staff_____ Staff_____
Special Dietary Requests_____

Registration DEADLINE: February 20

Enclosed is check for $_____ *Make checks payable to SCDS*

Bill my credit or debit card for $_____
☐ Use credit card on file
Credit/Debit card number_____ Expiration Date _____ CVC Code_____
Zip Code_____ Street #_____ associated with this card

Mail to:
Stark County Dental Society
6200 Frank Avenue, NW
North Canton, OH 44720

Phone in:
(330) 305-6637 or
E-mail:
mail@starkcountydentalsociety.org

Fax to:
(330) 305-6606
Call office to verify fax has been received, please!