

ICMJE DISCLOSURE FORM

Date: June 15th 2022

Your Name: Hanfei Zhang

Manuscript Title: Evaluation of Volume Changes following Lateral Window Maxillary Sinus Floor Elevation Using Minics Software

Manuscript number (if known): ATM-22-3110

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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13	Other financial or non-financial interests	___ None	

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Date: June 15th 2022

YourName: Huiting Hu

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Date: June 15th 2022

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