

## ICMJE DISCLOSURE FORM

**Date:** August 9<sup>th</sup>, 2021

**Name:** Peter Grieco

**Manuscript Title:** Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

**Manuscript number (if known):** ATM-21-2197-R2

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: August 9 2021

Your Name: Ashiana Jivraj

Manuscript Title: Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

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## ICMJJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Yukinori Kuwajima

Manuscript Title: Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

Manuscript number (if known): ATM-21-2197-R2

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## ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Yoshiki Ishida

Manuscript Title: Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

Manuscript number (if known): ATM-21-2197-R2

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**Please summarize the above conflict of interest in the following box:**

<p>I declare no conflicts of interest associated with this manuscript.</p>
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**Please place an “X” next to the following statement to indicate your agreement:**

   X    I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Kaho Ogawa

Manuscript Title: Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

Manuscript number (if known): ATM-21-2197-R2

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## ICMJJE DISCLOSURE FORM

Date: 8/9/21

Your Name: Hiroe Ohyama

Manuscript Title: Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

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## ICMJE DISCLOSURE FORM

**Date:** August 9<sup>th</sup>, 2021

**Name:** Shigemi Nagai

**Manuscript Title:** Importance of bitewing radiographs for the early detection of interproximal carious lesions and the impact on healthcare expenditure in Japan

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