

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Kaihui | 2. Surname (Last Name) Peng | 3. Date 22-February-2021 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qun Dai |
| 5. Manuscript Title A meta-analysis of the effect of denture restoration and dental implant restoration in the treatment of dentition defect | | |
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1. Given Name (First Name)
Qianxia

2. Surname (Last Name)
Wang

3. Date
22-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qun Dai

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Qun

2. Surname (Last Name)
Dai

3. Date
22-February-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
A meta-analysis of the effect of denture restoration and dental implant restoration in the treatment of dentition defect

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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