

ICMJE DISCLOSURE FORM

Date: 4/19/2022

Your Name: Andrew Young

Manuscript Title: **Trigger Point Injections for Orofacial Muscle Pain: A Narrative Review**

Manuscript Number (if known): JOMA-2022-OP-02(JOMA-22-5)

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 543 1507 678"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 774 1507 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1110 1507 1209"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1329 1507 1428"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1547 1507 1646"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 5/17/2022

Your Name: Shilpa Padar Shastry

Manuscript Title: **Trigger Point Injections for Orofacial Muscle Pain: A Narrative Review**

Manuscript Number (if known): JOMA-22-5

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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: 1/22/2022

Your Name: Dr. Thanuja Ramadoss

Manuscript Title: **Trigger Point Injections for Orofacial Muscle Pain: A Narrative Review**

Manuscript Number (if known): Click or tap here to enter text.

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

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ICMJE DISCLOSURE FORM

Date: Jan 23, 2022 Jan 23, 2022
 Your Name: Zhimin Yan Zhimin Yan
 Manuscript Title: Trigger Point Injections for Orofacial Muscle Pain: A Narrative Review
 Manuscript Number (if known): Click or tap here to enter text.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
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ICMJJE DISCLOSURE FORM

Date: 1/22/2022

Your Name: NOBORU NOMA

Manuscript Title: **Trigger Point Injections for Orofacial Muscle Pain: A Narrative Review**

Manuscript Number (if known): [JOMA-2022-OP-02\(JOMA-22-5\)](#)

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