Date:	4/3/2022 Gary Heir	
Your Name:		
Manuscript Title:	Use of topical medications for treatment of orofacial pain: A narrative review	
Manuscript Number (if known):	Click or tap here to enter text.	

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have the relationship or indicate none (add rows a needed)	, , , , , , , , , , , , , , , , , , , ,
		Time frame: Since the initial p	lanning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None	Click the tab key to add additional rows.
	this item.		
		Time frame: past 36	6 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	▼ None	
13	Other financial or non-financial interests	▼ None	

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

Cay Me DM

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

Date:		3/4/2022			
Your Name:		Giannina Katzmann	Giannina Katzmann		
Ma	anuscript Title:	Use of Compounded Topical Medication	ons for Treatment of Orofacial Pain: A Narrative		
	anuscript Number (i own):	f 22622			
to int do	the content of your rerests may be affect	parency, we ask you to disclose all relationships/amanuscript. "Related" means any relation with for ed by the content of the manuscript. Disclosure dicate a bias. If you are in doubt about whether so.	or-profit or not-for-profit third parties whose represents a commitment to transparency and		
the	e epidemiology of hy	ips/activities/interests should be defined broadly pertension, you should declare all relationships v t medication is not mentioned in the manuscript.			
		t all support for the work reported in this manusore is the past 36 months.	cript without time limit. For all other items, the		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plann	ing of the work		
1	All support for the present	□ None			
	manuscript (e.g., funding,	none			
	provision of		Click the tab key to add additional rows.		
	study materials, medical writing, article processing charges, etc.) No time limit for this item.				
		Time frame: past 36 mo	nths		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	none			
			The state of the s		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	none none	
4	Consulting fees	none none	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	none	
6	Payment for expert testimony	□ None none	
7	Support for attending meetings and/or travel	□ None none	
8	Patents planned, issued or pending	none none	
9	Participation on a Data Safety Monitoring Board or Advisory Board	none none	
10	Leadership or fiduciary role in	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	other board, society, committee or advocacy group, paid or unpaid	none		
11	Stock or stock options	none none		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	none none		
13	Other financial or non-financial interests	None 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.

D	ate:		Click or tap to enter a date.	4	1/12/22
Y	our Name:		Click or tap here to enter text.	BE	ENARD COVACESKY
N	anuscript Title:		Click or tap here to enter text.		THES COURTED
M	anuscript Number (if k	known):	Click or tap here to enter text.		
af in	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 infected 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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the pidemiology of hypertension, you should declare all relationships activities.				
	idemiology of hyperter at medication is not me			vith manuf	example, if your manuscript pertains to the facturers of antihypertensive medication, even if
n ra	item #1 below, report a me for disclosure is the	all support e past 36 r	t for the work reported in this ma nonths.	nuscript w	rithout time limit. For all other items, the time
		Name all e	entities with whom you have this ip or indicate none (add rows as	s needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial	l planning (
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Non	ie		Click the tab key to add additional rows.
			Time frame: past 3	36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	None			
	Royalties or licenses	None)		

1

12/13/2021

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	- Section to your institution)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

12/13/2021

	_	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	, , , , , , , , , , , , , , , , , , ,
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Pleas		to the following statement to indicate your agreement to a state of the word answered every question and have not altered the word	

12/13/2021

D	ate:	Click or tap to enter a date.			
Yo	our Name:	Click or tap here to enter text. James Cammant			
Manuscript Title:		Click or tap here to enter text.			
M	anuscript Number (if	known): Click or tap here to enter text.			
af in	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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if				
th	at medication is not m	entioned in the manuscript.			
In fra	item #1 below, report ime for disclosure is th				
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			

1

12/13/2021

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if pay made to you or to your institution)	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

11

12/13/2021

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme	

12

12/13/2021

Date:	4/3/2022
Your Name:	Jaya Mangal
Manuscript Title:	Use of topical medications for treatment of orofacial pain: A narrative review
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plan	nning of the work
1	All support for the present	▼ None	
	manuscript (e.g., funding,		
	provision of		
	study materials,		Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 n	nonths
2	Grants or contracts from any entity (if not	None Non	
	indicated in		
	item #1 above).		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None ■	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None	
Dlo	asa nlaca an "Y" r	next to the following statement to indicate your	agraement:

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.

Date:		14th April 2022	14th April 2022		
Your Name:		Mythili Kalladka	Mythili Kalladka		
Manuscript Title:		Use of Compounded Topical Medication	Use of Compounded Topical Medications for Treatment of Orofacial Pain: A Narrative Review		
	nuscript Number (i own):	Click or tap here to enter text.			
to t inte doe	he content of your nerests may be affected	arency, we ask you to disclose all relationships/a lanuscript. "Related" means any relation with fo led by the content of the manuscript. Disclosure dicate a bias. If you are in doubt about whether to o.	r-profit or not-for-profit third parties whose represents a commitment to transparency and		
the	epidemiology of hyp	os/activities/interests should be defined broadly. ertension, you should declare all relationships we medication is not mentioned in the manuscript.			
		all support for the work reported in this manusc e is the past 36 months.	ript without time limit. For all other items, the		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planni	ng of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ None x	Click the tab key to add additional rows.		
		Time frame: past 36 mor	nths		
2	Grants or contracts from any entity (if not	□ None x			
	indicated in				

16 12/13/2021 ICMJE Disclosure Form

item #1 above).

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	□ None x	
4	Consulting fees	□ None x	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None x	
6	Payment for expert testimony	□ None x	
7	Support for attending meetings and/or travel	□ None x	
8	Patents planned, issued or pending	□ None x	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None x	
10	Leadership or fiduciary role in	□ None x	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	□ None x	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None x	
13	Other financial or non-financial interests	None None	
Plea	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.		
	The state of the s		

			TOTAL DISCESSORE TOTAL	
Date:			4/3/2022	
Your Name:			Cibele Nasri-Heir	
Manuscript Title:			Use of topical medications for treatment of orofacial pain: A narrative review	
Ma	nuscript Number (if k	nown):	Click or tap here to enter text	
content of your manuscript. "Rela affected by the content of the ma		ipt. "Re of the m	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.	
epi	e author's relationship demiology of hyperte t medication is not m	nsion, y	ties/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if d in the manuscript.	
	tem #1 below, report me for disclosure is th		oort for the work reported in this manuscript without time limit. For all other items, the time 36 months.	
			all entities with whom you have this specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	
	Marine Park		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

12/13/2021 ICMJE Disclosure Form

1

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea		e answered every question and have not altered the w	

12/13/2021 ICMJE Disclosure Form

21