Date: 2/25/22	_
Your Name: Sowmya Ananthan	
Manuscript Title: Use of injection techniques in orofacial pain emergencies	
Manuscript number (if known): N/A	

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	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.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending	x_None	
Support for attending meetings and/or travel  Patents planned, issued or		
meetings and/or travel  Patents planned, issued or	x_None	
F	x_None	
Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
Leadership or fiduciary role in other board, society, committee or advocacy	xNone	
Stock or stock options	xNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
Other financial or non- financial interests	xNone	
se summarize the above co	onflict of interest in the fol	llowing box:
C A L i C E C F	Advisory Board Leadership or fiduciary role n other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- inancial interests	Safety Monitoring Board or Advisory Board Leadership or fiduciary role In other board, society, Committee or advocacy Group, paid or unpaid Stock or stock options  Receipt of equipment, In materials, drugs, medical Writing, gifts or other Services Other financial or non-  Advisory Board  X None  X None  X None  X None

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

Date:2/27/22	
Your Name:Samuel Quek	
Manuscript Title: Use of Injection Techniques in Orofa	icial Pain Emergencies
Manuscript number (if known):	

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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined</u> <u>broadly</u>. 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)
	Ti	me frame: Since the initia	I 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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	x_None	

	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	x_None	
	testimony		
7	O and I for all and Pro-		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued	x_None	
	or pending		
_			
9	Participation on a Data	x_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	x_None	
		XNone	
12	Receipt of equipment,	_x_None	
	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
Ple	ease summarize the abo	ve conflict of interest in	the following box:
Г			

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.

Date:	8/3/2022
Your Name:	SITA MAHALAKSHMI BADDIREDDY
Manuscript Title:	INJECTION TECHNIQUES IN OROFACIAL PAIN URGENT CARE: 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.

		Nam relat	e all entities with whom you have this ionship 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
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     Non	
7	Support for attending meetings and/or travel	None.	
8	Patents planned, issued or pending	None     ■     None     Non	
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     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
13	Other financial or non-financial interests	None None	
Plea ⊠		t to the following statement to indicate your agreemen	

Sita Mahalakshmi Baddireddy

Date:_February 25 <sup>th</sup> , 2021
Your Name: Julyana Gomes Zagury
Manuscript Title: Use of Injection Techniques in Orofacial Pain Emergencies
Manuscript number (if known):

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 <u>current</u>

manuscript only.

The author's relationships/activities/interests should be <u>defined</u> <u>broadly</u>. 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 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.	_X_None				
Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None				

3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	_XNone
_		
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	_XNone
0	Double in a black on a Data	V. None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	_XNone
44	unpaid	V. None
11	Stock or stock options	_XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	_XNone

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

I have no conflict of interest to declare					

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.