

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tae-Geon

2. Surname (Last Name)
KWON

3. Date
12-September-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Considerations for virtual surgical planning and simulation in orthognathic surgery - A narrative review

6. Manuscript Identifying Number (if you know it)
FOMM-20-54

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. KWON has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sung-Tak	2. Surname (Last Name) Lee	3. Date 12-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tae-Geon KWON
5. Manuscript Title Considerations for virtual surgical planning and simulation in orthognathic surgery - A narrative review		
6. Manuscript Identifying Number (if you know it) FOMM-20-54		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Lee has nothing to disclose.

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So-Young

2. Surname (Last Name)

Choi

3. Date

12-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Tae-Geon KWON

5. Manuscript Title

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1. Given Name (First Name) Jin-Wook	2. Surname (Last Name) Kim	3. Date 12-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tae-Geon KWON
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