You Mar dec	e:Apr. 25", 2021 r Name:Yabing Dong nuscript Title: A conse ompression combined with nuscript number (if known):	orthodontic treatment—a	t with unicystic ameloblastoma and impacted premolar using case report		
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	following questions apply touscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>		
to the med	ne epidemiology of hypertentication, even if that medication	nsion, you should declare tion is not mentioned in t port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,		
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5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	XNone			
7	Support for attending	X None			
<b>'</b>	meetings and/or travel				
	meetings and/or traver				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
_	Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None			
	group, paid or unpaid				
11		X None			
11	Stock or stock options				
12	Receipt of equipment,	X_None			
12	materials, drugs, medical writing, gifts or other	X_NOTIC			
	services				
13	Other financial or non-	X None			
13	financial interests				
	Threston interests				
Plea	Please summarize the above conflict of interest in the following box:				
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Date:Apr. 25 <sup>th</sup> , 2021 Your Name:Jingang Yang Manuscript Title: A conservative therapy for patient with unicystic ameloblastoma and impacted premolar using decompression combined with orthodontic treatment—a case report Manuscript number (if known):FOMM-21-17					
rela part to ti	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.				
	wing questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> ipt only.				
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3	Royalties or licenses	XNone			
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5	Payment or honoraria for	XNone			
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	speakers bureaus,				
	manuscript writing or				
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6	Payment for expert testimony	XNone			
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8	Patents planned, issued or	XNone			
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9	Participation on a Data	XNone			
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10	Leadership or fiduciary role in other board, society, committee or advocacy	X_None			
	group, paid or unpaid				
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11	Stock or stock options				
12	Receipt of equipment,	X_None			
12	materials, drugs, medical writing, gifts or other	X_NOTIC			
	services				
13	Other financial or non-	X None			
13	financial interests				
	Threston interests				
Plea	Please summarize the above conflict of interest in the following box:				
	lone.				

te:Apr. 25 <sup>th</sup> , 2021
ur Name:Quan Yu
anuscript Title: A conservative therapy for patient with unicystic ameloblastoma and impacted premolar using
compression combined with orthodontic treatment—a case report
anuscript number (if known):FOMM-21-17
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are
ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
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8	Patents planned, issued or	XNone			
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12	Receipt of equipment,	X_None			
12	materials, drugs, medical writing, gifts or other	X_NOTIC			
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Royalties or licenses

Consulting fees

X\_\_None

\_X\_\_None

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Manuscript Title: A conservative therapy for patient with unicystic ameloblastoma and impacted premolar using					
dec	decompression combined with orthodontic treatment—a case report				
Mar	nuscript number (if known):	FOMM-21-17			
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The			ps/activities/interests as they relate to the <u>current</u>		
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.		
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		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
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		needed)			
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1	All support for the present	XNone			
_	manuscript (e.g., funding,				
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	medical writing, article				
processing charges, etc.)					
	No time limit for this item.				
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2	Cuanta an acutua eta fue :	Time frame: pas	or 50 months		
2	Grants or contracts from any entity (if not indicated	XNone			

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