

ICMJE DISCLOSURE FORM

Date: 06-10-2021

Your Name: Ramon Cesar Godoy Gonçalves

Manuscript Title: CAN ANXIETY IN THIRD MOLAR SURGERIES WITH DIFFERENT DEGREES OF DIFFICULTY AND EXTENT INTERFERE WITH THE PERCEPTION OF POSTOPERATIVE PAIN AND TRISMUS? AN OBSERVATIONAL AND PROSPECTIVE STUDY

Manuscript number (if known): FOMM-21-22

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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		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			
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