

## ICMJE DISCLOSURE FORM

Date: Oct 19<sup>th</sup>, 2021

Your Name: Mario Pérez Sayáns

Manuscript Title: MARGINAL BONE LOSS IN DENTAL IMPLANTS. FACTORS AFFECTING AND HOW TO PREVENT IT.

Manuscript number (if known): FOMM-21-105

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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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.

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

The author receives consulting fees from AMCA.

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