Date:	_12/2/21
Your Name:	Andrew Young
Manuscript Title:_	Temporomandibular Disorders, Neuropathic and Idiopathic Orofacial Pain, and Headaches: A Literature Review_
Manuscript numbe	r (if known): FOMM-21-86

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
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	G ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	Nana	
13	financial interests	None	
	illialiciai liiterests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

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:12/2/21		
Your Name:_Ladan Sahabi		
Manuscript Title:_ Temporomandibular D	isorders, Neuropathic and Idiopathic Orofacial Pain, and Headaches: A Literature Review_	
Manuscript number (if known):	FOMM-21-86	

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
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		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non- financial interests	None		
Please summarize the above conflict of interest in the following box:				
	se place an "X" next to the X I certify that I have answe form.		cate your agreement: we not altered the wording of any of the questions on	

Date:December/3/2021
Your Name:Noboru Noma
Manuscript Title:_ Temporomandibular Disorders, Neuropathic and Idiopathic Orofacial Pain, and Headaches: A Literature Review_
Manuscript number (if known): FOMM-21-86

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	in item #1 above).		
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4	Consulting fees	None	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ü	testimony	TVOTIC	
	testimony		
7	Compant for attending	None	
,	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	TVOTIC	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of stock options	None	
12	Descript of a policy and	News	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	onflict of interest in the foll	owing box:

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Date: 12/01/ 2021
Your Name:_Mythili Kalladka
Manuscript Title:_ Temporomandibular Disorders, Neuropathic and Idiopathic Orofacial Pain, and Headaches: A Literature Review_
Manuscript number (if known): FOMM-21-86

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	lectures, presentations,				
	speakers bureaus,				
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	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
	2				
9	Participation on a Data	None			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	Nege			
10	in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
	, , , , , , , , , , , , , , , , , , , ,				
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

Please place an "X" next to the following statement to indicate your agreement:

5 Payment or honoraria for None

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Your Name: Zhimin	lan
Manuscript Title:_ Temporomandibula	ir Disorders, Neuropathic and Idiopathic Orofacial Pain, and Headaches: A Literature Review_
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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
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
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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None.	

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