ICMJE DISCLOSURE FORM

Date: Dec 19, 2021
Your Name: Jacob Thomas
Manuscript Title: MRONJ: A Narrative Review of Risk Factors, Diagnosis, and Management
Manuscript number (if known): FOMM-21-106-R1

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<td>5</td>
<td>Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events</td>
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<td>Payment for expert testimony</td>
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<td>10</td>
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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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