Date: 21/8/22	
Your Name: Dr Kishore Moturi	
Manuscript Title:	Rehabilitation with implants succeeding conservative management of Odontogenic Keratocyst: a case report with a 6-year follow-up and literature review
Manuscript Number (if known):	Click or tap here to enter text.

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4	Consulting fees	×	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	None	
6	Payment for expert testimony	×	None	
7	Support for attending meetings and/or travel	×	None	
8	Patents planned, issued or pending	×	None	

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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			
Plea	Please place an "X" next to the following statement to indicate your agreement:					
\mathbf{X}	I certify that I have answered every question and have not altered the wording of any of the questions on this form.					

Date:	21/8/22
Your Name: Dr Puvvada Divya	
Manuscript Title:	Rehabilitation with implants succeeding conservative management of Odontogenic Keratocyst: a case report with a 6-year follow-up and literature review
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Date:	21/8/22	
'our Name: Dr U Shivaji Raju		
Manuscript Title:	Rehabilitation with implants succeeding conservative management of Odontogenic Keratocyst: a case report with a 6-year follow-up and literature review	
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Date:	21/8/22	
Your Name: Dr RSG Satya Sai		
Manuscript Title:	Rehabilitation with implants succeeding conservative management of Odontogenic Keratocyst: a case report with a 6-year follow-up and literature review	
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Date:	21/8/22
Your Name: Dr Vini Kaila	
Manuscript Title:	Rehabilitation with implants succeeding conservative management of Odontogenic Keratocyst: a case report with a 6-year follow-up and literature review
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