Date:9/4/2023
Your Name:_Chung How Kau
Manuscript Title: Surgery First Approach for Dentofacial Deformity Correction of a Patient with Achondroplasia: A
Case Report
Manuscript number (if known):FOMM-23-9

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

-		1	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
	-		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Yes	CHK served as the Guest Editor of the special series.
	in other board, society,		CHK serves as an unpaid editorial board member of the
	committee or advocacy		Frontiers of Oral and Maxillofacial Medicine from July
	group, paid or unpaid		2020 to June 2024.
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

Chung H. Kau served as an unpaid Guest Editor of the series. He serves as an unpaid editorial board member of *Frontiers of Oral and Maxillofacial Medicine* from July 2020 to June 2024.

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

Date:9/4/2023
Your Name:_Jeffrey Vincent
Manuscript Title: Surgery First Approach for Dentofacial Deformity Correction of a Patient with Achondroplasia: A
Case Report
Manuscript number (if known):FOMM-23-9

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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

Date:9/4/2023
Your Name:_Snehalta Oberoi
Manuscript Title: Surgery First Approach for Dentofacial Deformity Correction of a Patient with Achondroplasia: A
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	_XNone			
	testimony				
7	Support for attending	_XNone			
	meetings and/or travel				
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	perianig				
9	Participation on a Data	X None			
,	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
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	committee or advocacy				
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11	Stock or stock options	X None			
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12	Receipt of equipment,	_XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	_XNone			
	financial interests				
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Plea	Please summarize the above conflict of interest in the following box:				
N	None				

Date:9/4/2023
Your Name:_Shane Yann Chang Kau
Manuscript Title: Surgery First Approach for Dentofacial Deformity Correction of a Patient with Achondroplasia: A
Case Report
Manuscript number (if known):FOMM-23-9

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		Time frame: Since the initial	planning of the work
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	50 monars
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
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	speakers bureaus,				
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6	Payment for expert	_XNone			
	testimony				
7	Support for attending	_XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
	pending				
	perianig				
9	Participation on a Data	X None			
,	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,				
	committee or advocacy				
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11	Stock or stock options	X None			
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	writing, gifts or other				
	services				
13	Other financial or non-	_XNone			
	financial interests				
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Plea	Please summarize the above conflict of interest in the following box:				
N	None				

Date:9/4/2023
Your Name:_Peter D Waite
Manuscript Title: Surgery First Approach for Dentofacial Deformity Correction of a Patient with Achondroplasia: A
Case Report
Manuscript number (if known):FOMM-23-9

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3	Royalties or licenses	_XNone			
4	Consulting fees	_XNone			

5	Payment or honoraria for	_XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	_XNone			
7	Support for attending	_XNone			
	meetings and/or travel				
8	Patents planned, issued or	_XNone			
	pending				
9	Participation on a Data	_XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or advocacy				
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11	Stock or stock options	_XNone			
12	Receipt of equipment,	_XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	_XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
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