

## ICMJE DISCLOSURE FORM

Date: 06-10-2021

Your Name: Ramon Cesar Godoy Gonçalves

Manuscript Title: CAN ANXIETY IN THIRD MOLAR SURGERIES WITH DIFFERENT DEGREES OF DIFFICULTY AND EXTENT INTERFERE WITH THE PERCEPTION OF POSTOPERATIVE PAIN AND TRISMUS? AN OBSERVATIONAL AND PROSPECTIVE STUDY

Manuscript number (if known): FOMM-21-22

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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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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None conflict of interest to be declared.
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Your Name: Roberto de Oliveira Jabur

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