

**The University of Tennessee Health Science Center  
College of Dentistry**

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Manuscript Title: \_\_\_\_\_  
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Journal of Submission: \_\_\_\_\_

Manuscript Authors: 1. \_\_\_\_\_  
(list in the order of appearance 2. \_\_\_\_\_  
on manuscript; place asterisk 3. \_\_\_\_\_  
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6. \_\_\_\_\_  
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**Research Advisor Statement:** I have supervised the development of the above listed manuscript and can attest: (1) the MDS student produced this written work, (2) the manuscript is of high quality and acceptable for submission to the professional journal for publication, (3) the manuscript was submitted on the date listed above, and (4) a reliable corresponding author has been designated to manage the manuscript through the review process. I will keep the UTHSC College of Dentistry, Associate Dean for Postgraduate Affairs apprised of manuscript progress through the editorial review and acceptance process.

\_\_\_\_\_  
*Research Advisor (print name)*

\_\_\_\_\_  
*MDS Student (print name)*

\_\_\_\_\_  
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