European Journal of Dentistry

Author Instructions

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  - Corresponding author: mailing address, telephone number

- **MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted

- **ABSTRACT AND KEYWORDS**
  - See the section Article Types for word limit

- **CONFLICT OF INTEREST**
  - Every named author must disclose their conflicts or lack thereof

- **REFERENCES**
  - Cited sequentially in AMA style

- **FIGURES AND TABLES**
  - Cited sequentially and included in the main document

- **ART FILES**
  - Must be saved separately from the main document

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Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

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<tr>
<td>Original Article</td>
<td>Up to 350 words (Structured: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 5 tables/figures</td>
<td>Up to 40 references</td>
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<tr>
<td>Brief Report</td>
<td>Up to 250 words (Structured: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 5 tables/figures</td>
<td>Up to 20 references</td>
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<tr>
<td>Review Article</td>
<td>Up to 400 words (Unstructured abstract)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 5 tables/figures</td>
<td>Up to 75 references</td>
</tr>
<tr>
<td>Case Report</td>
<td>Up to 350 words (Unstructured abstract)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 7 tables/figures</td>
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<tr>
<td>Editorial</td>
<td>n/a</td>
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- **Original Article**: These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3,500 words (excluding Abstract, References and Tables) should be divided into sections with the headings: Abstract (Structured format: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions) up to 350 words, Key-words (3–7 MeSH words), Introduction, Materials and Methods, Results, Discussion, Conclusions, References (up to 40 references), Tables and Figure legends.

- **Brief Report**: These are similar to original research in that they follow the same format and guidelines, but are designed for small-scale research or research that is in early stages of development. These may include preliminary studies that utilize a simple research design or a small sample size and that have produced limited pilot data and initial findings that indicate need for further investigation. Brief reports are much shorter than manuscripts associated with a more advanced, larger-scale research project. The text of original articles amounting to up to 1,800 words (excluding Abstract, References and Tables) should be divided into sections with the headings: Abstract (Structured: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions; up to 200 words), Key-words (3–7 MeSH words), Introduction, Materials and Methods, Results, Discussion, Conclusions, References (up to 20 references), Tables and Figure legends.

- **Review Article**: It is expected that these articles would be written preferably by individuals who have done substantial work on the subject or are considered experts in the field. The prescribed word count is up to 4,000 words excluding tables, references and abstract. The manuscript may have about 75 references. The manuscript should have an unstructured abstract (up to 400 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors
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- **Case Reports/Case Series**: New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These manuscripts could be of up to 2,500 words (excluding Abstract and references) and manuscript should have an unstructured abstract (up to 350 words), Key-words, Introduction, Case report, Discussion, Conclusion, Reference, Tables and Legends in that order. The case reports could be supported with up to 25 references. The number of images/figures/tables/graphs is to be limited to 7 only.

- **Editorial**: Editorials are solicited by the editorial board or Editor-in-Chief; should be up to 1,500 words and with no more than 15 references.

- **Letter to the Editor (LTE)**: These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 300 words and 5 references. It could be generally authored by not more than four authors. It should follow the response of authors with similar word count and references with the reading 'In response.'
General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
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- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as “Supplementary Material” and will be published only online (not in print).
MANUSCRIPT FORMAT continued

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- This journal adheres to a double-blinded peer-review policy. The title page should NOT be included in the main document.
- The title page should list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, and affiliation of every co-author.

Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

Main Document

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
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- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.

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References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
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- References should be styled per the following examples:

1. Citing a journal article:

2. Citing a chapter in a book:

3. Citing a book:
   Stryer L. Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559–596

4. Citing a thesis:

5. Citing a government publication:

6. Citing an online article:

7. Citing a symposium article:
   Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC
Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.
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General Guidelines

• It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
• Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
• Save each figure in a separate file.
• Do not compress files.
• All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
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Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

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• Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
• If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
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Color Art

• All color artwork should be saved in CMYK, not RGB.

Art Labels

• Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
• Use 1-point (or thicker) rules and leader lines.
• Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
• Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
• Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.
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- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
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- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

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- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
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- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

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The reviewer team is being appointed based on the individual expertise and experience in publishing in the subject category. Individual publishing history as first and last authors is being taken into consideration before sending the invite to the individual. A mix of experienced and young researchers are being chosen to construct the reviewer panel.

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2. Drafting the article or revising it critically for important intellectual content
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Conflict of any form which arises related to the content published is being resolved with an unbiased approach by letting both the whistleblower and the author to present due facts in support of their side of the argument and a decision to retain the content or reject/retract is being taken.
POLICY STATEMENTS continued

Statement of Ethics

This journal adheres to the ethical standards described by the Committee on Publication Ethics and the International Committee of Medical Journal Editors. Authors are expected to adhere to these standards.

For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td>Randomized controlled trials</td>
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<tr>
<td>Studies of diagnostic accuracy</td>
<td>STARD</td>
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<tr>
<td>Systematic reviews and meta-analyses</td>
<td>QUOROM/PRISMA</td>
</tr>
<tr>
<td>Observational studies in epidemiology</td>
<td>STROBE</td>
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<tr>
<td>Meta-analyses of observational studies in epidemiology</td>
<td>MOOSE</td>
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Article Withdrawal Policy

We want to avoid the unwarranted withdrawal of submitted articles in order to avoid wasting the time of editors, section editors, referees, and editorial staff. Therefore, before submitting the article, all authors should carefully read the author instruction and check the manuscripts are accurate and error-free. In addition, all authors should follow the publication ethics.

It is unacceptable to withdraw an article from the EJD because it is being accepted or published by another journal.

Withdrawal process during editorial workflow as described below;

**Article withdrawal before acceptance;**
- The corresponding author may request an article withdrawal within seven (7) days before initiating the peer-review process by providing a compelling reason.
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- Manuscript withdrawn will not be allowed for the accepted article regardless of its stage (author proof, editorial proof, eFirst online publishing, etc.). However, an article in press that has been accepted for publication, regardless of its stage, the EJD maintains the right to withdraw an article due to the presence of plagiarism, multiple submission, fraudulent use of data, or violations of other ethical codes.
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Department of Restorative Dentistry
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Email: necdethan@gmail.com