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**Submission Title** 

**Author Consent**

I confirm that I have contributed to the authorship of the submitted manuscript.

I confirm that I have seen and approved the submitted version of the manuscript.

I consent to the corresponding author co-ordinating future correspondence between the office of the Journal of the Irish Dental Association and the authors.

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I confirm that I have taken appropriate consent from the patient to share their clinical records and case history. [ ]

**Multiple Choice Questions:**

I attach three multiple choice questions with answers [ ]

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