**Insert title here**

 **Authors:**Insert text here (e.g., Smith, A1; Dawson, ME2; Rubin, RR3)

 **Affiliation:**Insert text here (e.g., 1Private Practitioner, Boston, MA, USA. 2Orofacial Pain Resident, Department of XXX, University of XXX, City, State, Country. 3Assistant Professor Department of XXX, University of XXX, City, State, Country)

 **Background:**Insert text here

 **Case presentation/Case series:** Insert text here

 **Conclusions:**Insert text here

 **Acknowledgements and Funding Source:**Insert text here (e.g., None).

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