**Insert title here**

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

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

 **Aim of investigation:**Insert text here

 **Methods:** Insert text here

 **Results:**Insert text here

**Conclusions:** Insert text here

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

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