

INTERNATIONAL JOURNAL OF ORAL & MAXILLOFACIAL SURGERY

CONFIRMATION OF AUTHORSHIP FORM

Title of Submission:

Contributing Authors :-

Author: (surname and initials)	Signature (Mandatory)
1.
2.
3.
4.
5.
6.
7.
8.

“I warrant that all the authors listed above have made a significant contribution to this manuscript and have agreed to its submission to the IJOMS”.

Signed (corresponding author)

Name and Title of Corresponding Author:
.....

This form can be downloaded from the Guide to Authors (<http://ees.elsevier.com/ijoms>) and must be signed by all authors. This signed form must be submitted prior to acceptance of your manuscript.

The form can either be scanned and uploaded into your submission, or alternatively, faxed to 01865 843992, or sent by post to the following address :-

IJOMS Editorial Office
c/o Jacqui Merrison
Elsevier Limited
The Boulevard
Langford Lane
Oxford
OX5 1GB