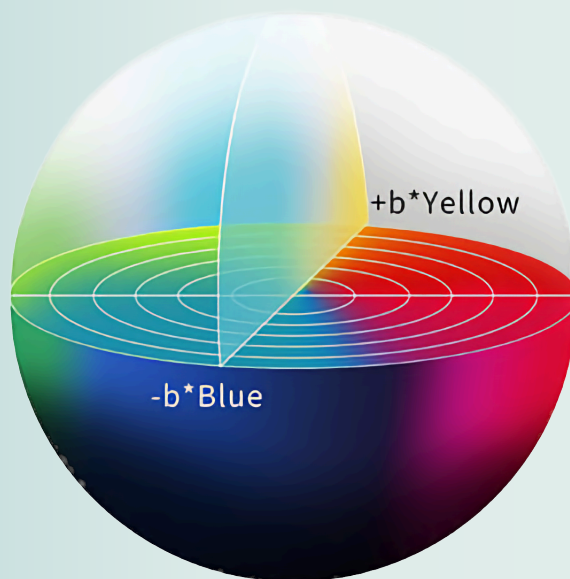


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International Dental Research is a multidisciplinary double-blind peer-reviewed dental journal publishing articles in the field of dentistry. The International Dental Research is the official tri-annually publication (April, August, December).

The International Dental Research publishes scientific articles, case reports and comparison studies evaluating materials and methods of dental treatment. Dentists can learn about new concepts in dental treatment and the latest advances in techniques and instrumentation in the one journal that helps them keep pace with rapid changes in this field.

The journal also aims to provide clinicians, scientists and students of dentistry with a knowledge transfer platform for rapid publication of reports through an international journal. The broad coverage of current research has given the journal an international reputation as an indispensable source for both basic scientists and clinicians engaged in understanding and preventing dental disease.

All articles will be critically reviewed by the editor and invited referees within two months.

The Editor welcomes manuscripts in the following key thematic areas in oral and maxillofacial sciences:

- Conservative and Restorative Dentistry
- Community Dentistry and Oral Epidemiology
- Dental Biomaterials
- Dental Traumatology
- Endodontics
- Esthetic and Implant Dentistry
- Oral Biosciences
- Oral and Maxillofacial Surgery
- Oral Medicine, Oral Pathology and Oral Microbiology
- Orthodontics
- Oral Radiology
- Pedodontics
- Periodontology and Periodontal Medicine
- Prosthodontics

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Author Guidelines

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The International Dental Research is an international open access periodical published in accordance with independent, unbiased, double blind peer review principles. The International Dental Research is published 3 times a year on April, August, and December. The International Dental Research publishes original articles, case reports, review articles, editorial comments and letters to the editor prepared in fields of dentistry.

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- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: English abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Aim, Methodology, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Methods, Results, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Original Articles. Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

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Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	4000	300 (Structured)	40	6	7 or total of 15 images
Review Article	5000	300	80	6	10 or total of 20 images
Case Report	1500	250	20	No tables	7 or total of 15 images
Case Series	2500	250	20	10 or total of 20 images	10 or total of 20 images
Case Report: Literature of Review	3500	200	40	10 or total of 20 images	10 or total of 20 images
Letter to the Editor	500	No abstract	10	No tables	No media

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the “insert table” command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

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Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labelled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: “Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)”

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph. Please note that British English spelling and terminology should be used in the manuscripts.

References

While citing publications, preference should be given to the latest, most up-to-date publications. If an ahead-of-print publication is cited, the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by “et al.” In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

1. **Standard journal article:** Lahita R, Kluger J, Drayer DE, Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide. *N Engl J Med* 1979;301:1382-5.
2. **Article with published erratum:** Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide [published erratum appears in *N Engl J Med* 1979;302:322-5]. *N Engl J Med* 1979;301: 1382-5.

3. **Article in electronic form:** Drayer DE, Koffler D. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL:<http://www.cdc.gov/ncidod/EID/eid.htm>
4. **Article, no author given:** Cancer in South Africa [editorial]. S Afr Med J 1994;84:15.
5. **Book, personal author(s):** Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
6. **Book, editor(s) as author:** Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
7. **Book, Organization as author and publisher:** Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.
8. **Chapter in a book:** Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.
9. **Conference proceedings:** Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.
10. **Conference paper:** Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland.

Tables

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Figure legends should be listed at the end of the main document.

General

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parenthesis following the definition.

Statistical analysis should be performed in accordance with guidelines on reporting statistics in medical journals (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983; 7; 1489-1493.). Information on the statistical analysis process of the study should be provided within the main text.

When a drug, product, hardware, or software mentioned within the main text product information, the name and producer of the product should be provided in parenthesis in the following format: “Discovery St PET/CT scanner (GE Healthcare).”

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Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option will be automatically cancelled by the submission system. If the submitting author(s) believe that additional time is required, they should request an extension before the initial 30-day period is over.

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