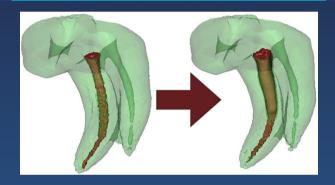
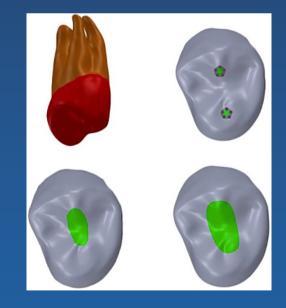
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- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
 Name, address, telephone (including the mobile phone number) and fax numbers,
- and email address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

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Methods, 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.

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Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports, Case Series and Literature of Review: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Case Reports.

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Case Series	2000	200	25	10 or total of 20 images	10 or total of 20 images
Case Report: Literature of Review	3500	200	No limit	10 or total of 20 images	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media

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Figures and Figure Legends

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 200 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.

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Each submission should be accompanied by 3 to 5 "highlight points" which should emphasize the most striking results of the study and highlight the message that is intended to be conveyed to the readers. As these highlights would be targeting endodontics residents, experts and residents of other fields of medicine, as well as endodontics experts, they should be kept as plain and simple as possible. These points should be constructed in a way that provides the readers with a general overview of the article and enables them to have a general idea about the article. The highlights should be listed at the end of the main text, above the reference list.

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 6 or fewer authors, all authors should be listed. If there are 7 or more authors, the first 6 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.

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Author. Title. Journal Year|;Volume|(Issue)|:Pages|.

Rankovic A, Rancic N, Jovanovic M, Ivanovic M, Gajovic O, Lazic Z, et al. Impact of imaging diagnostics on the budget – Are we spending too much? Vojnosanit Pregl 2013; 70(7): 709-11.

Book Section:

Author. Title. In: | Editor, `editor`.^`editors`. | Book Title|. Edition ed|. Place Published|: Publisher|; Year|. p. Pages|.

Suh KN, Keystone JS. Malaria and babesiosis In: Gorbach SL, Barlett JG, Blacklow NR, editors. Infectious Diseases. 3th ed . Philadelphia: Lippincott Williams; 2004. p.2290-308.

Books with a Single Author:

Author. Title|. Edition ed|. Place Published|: Publisher|; Year|. Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Conference Proceedings:

Author. Title. In: | Editor, `editor`.^`editor`.| Conference Name|; Year of Conference | Date|; Conference Location|: Publisher|; Year of Conference|. p. Pages|.

Bengisson S. Sothemin 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 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report:

Author. Title|. Type|. Place Published|: Institution|; Year| Date|. Report No.: Report Number|. Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

Thesis:

Author. Title|. Type|. Place Published|: Institution|; Year| Date|. Report No.: Report Number|. Kaplan SI. Post-hospital home health care: elderly access and utilization (dissertation). St Louis (MO): Washington Univ; 1995.

Epub Ahead of Print Articles:

Author. Title. Alternate Title Year| Date Accessed. doi: DOI. [Epub ahead of print]. Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. Diagn Interv Radiol. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

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