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After acceptance, we will request high-resolution digital files to be sent to our office (not to the submission site). For publication, send high-quality digital images, in the most original form possible. Preferred formats are as follows:

- Photos, radiographs—TIFF or highest-quality JPG format, at least 300ppi at printed size or larger. (Do not attempt to add resolution by resampling.)
- Line drawings—EPS format with TIFF preview, 1200ppi if you are scanning a hard copy.
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References and Footnotes

References should be selective and keyed in numerical order to the text. Authors are responsible for the accuracy of references. Journal references must include authors' names, article title, journal abbreviation, volume number, inclusive page numbers, and year:

1. Cusimano, C.; McLaughlin, R.P.; and Zernik, J.H.: Effects of four first bicuspid extractions on facial height in high-angle cases, J. Clin. Orthod. 27:594-598, 1993.

Book references must include authors' or editors' names, chapter title (if applicable), book title, edition number (if applicable), publisher, city of publication, year of publication, and page numbers (if applicable):

2. Petersen, L.J. and Topazian, R.G.: Psychologic evaluation of candidates for dentofacial surgery, in *Surgical Correction of Dentofacial Deformities*, 2nd ed., ed. W.H. Bell, W.R. Proffit, and R.P. White, W.B. Saunders Co., Philadelphia, 1980, pp. 92-97.

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*XYZ Orthodontic Co., Los Angeles, CA; www. xyz-ortho.com.

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Special Considerations for Case Reports

Ideally, a case report should include records taken at:

- Pretreatment
- Debonding
- At least one-year post-treatment

Interim records should be used to illustrate case progress and particular treatment effects if the article is being submitted to introduce a new appliance or approach. Interim records should always illustrate the concepts being presented in the article.

At every stage, records should be high-quality and in-focus and should include:

- Facial photos—right profile non-smiling and frontal non-smiling and smiling
- Intraoral photos—upper and lower occlusal and right, frontal, and left buccal, taken in centric occlusion
- Study cast photos, in three or five views, especially if necessary to show articulation or if intraoral photos are not available
- Pre- and post-treatment lateral cephalograms, with cephalometric landmarks clearly visible and in focus
- Tracings of pre- and post-treatment lateral cephalograms
- Superimposition of pre- and post-treatment tracings, with regional superimpositions if needed to illustrate particular movements
- Pre- and post-treatment panoramic radiographs

(For additional guidance on high-quality case records, see the February 2004 Editor's Corner in the JCO Online Archive, www.jco-online.com.)

Special Considerations for Pearls

Pearls are simple clinical or management techniques that can easily be implemented by busy orthodontic practices. Specific guidelines include:

- The text should be no longer than about 300 words.
- The technique should be explained in clear, step-bystep language.
- The images should be keyed to the text using letters (A, B, C, etc.); no captions are used.
- The title should summarize the technique in as few words as possible.
- The number of authors should be kept to a minimum (one author is preferred).

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