



**SDI Review Form 1.6**

Journal Name:	<a href="#">International Journal of Research and Reports in Dentistry</a>
Manuscript Number:	<b>Ms_IJRRD_50774</b>
Title of the Manuscript:	<b>UNILATERAL TEMPOROMANDIBULAR JOINT ANKYLOSIS – REPORT OF A CASE</b>
Type of the Article	<b>Case report</b>

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	Minor spelling and grammatical errors need to be corrected. Figure numbers corresponding to the figures need to be added in parenthesis at appropriate places.	As per your suggestions , the corrections has been done in the manuscript.
<b>Minor</b> REVISION comments	--	
<b>Optional/General</b> comments	--	

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	