

## Review Form 1.6

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|--------------------------|--|
| Journal Name:            | <a href="#">International Journal of Research and Reports in Dentistry</a> |
| Manuscript Number:       | Ms_IJRRD_87261   |
| Title of the Manuscript: | Regional Odontodysplasia: An Esoteric Rarity- A Case Report                |
| Type of the Article      | Case report  |

### **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:

(<https://www.journalijrrd.com/index.php/IJRRD/editorial-policy> )

### **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 | ACCEPT   |  |
| <b>Minor</b> REVISION comments      | Grammar should be revise<br>Check journal guidelines |  |
| <b>Optional/General</b> comments    | Nil  |  |

### **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> | (If yes, Kindly please write down the ethical issues here in details) |  |

### **Reviewer Details:**

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|----------------------------------|--|
| Name:                            | R.S.Pavithra                                 |
| Department, University & Country | Tamilnadu Dr.M.G.R Medical University, India |