

Corresponding Author Information Form

Thank you for sending your manuscript to Pakistan Journal of Medicine & Dentistry. Please complete the following contact information.

Manuscript Title

Prefix/Title

First Name

Last Name

.....
Designation

Institute/Affiliation

.....
Postal address

City

Province

Country

E-mail (required)

Phone Number (required)

.....
Previous Association with PJMD

Please check the box if your work has previously been published in PJMD.

Details