Date: <u>NoV. 19<sup>th</sup>, 2021</u>		
Your Name: <u>Wenbin Wei</u>		
Manuscript Title: Personalized to	oth-supported digital guide plate used in the treatment of trigeminal neuralg	<u>ia with</u>
balloon compression		
Manuscript number (if known):	ATM-21-4827	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
42			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date: <u>NoV. 19<sup>th</sup>, 2021</u>		
Your Name: Yiwen Wang		
Manuscript Title: Personalized	<u>ooth-supported digital guide plate used in the treatment of trigeminal neuralgia wi</u>	<u>th</u>
balloon compression		
Manuscript number (if known)	ATM-21-4827	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
_	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
42			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date: <u>NoV. 19</u>	<sup>h</sup> , 2021
Your Name:	Zixiang Han
Manuscript Title:	Personalized tooth-supported digital guide plate used in the treatment of trigeminal neuralgia with
balloon compressi	on
Manuscript numb	er (if known): ATM-21-4827

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
_	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
42			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date: NoV. 19	<sup>,th</sup> , 2021			
Your Name:	Zhiyang Liu			
Manuscript Title:	Personalized to	oth-supported digital guide pla	<u>te used in the treatment</u>	<u>: of trigeminal neuralgia with</u>
balloon compress	ion			_
Manuscript numb	er (if known): _	ATM-21-4827		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
42			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date: NoV. 19 <sup>t</sup>	, 2021
Your Name:	uemin Liu
Manuscript Title: I	ersonalized tooth-supported digital guide plate used in the treatment of trigeminal neuralgia with
balloon compressi	on
Manuscript numb	r (if known): ATM-21-4827

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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З	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending	XNone
	meetings and/or travel	
8	Patents planned, issued or	X None
0	pending	
	penaing	
9	Participation on a Data	X_None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
	·	
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
10		X None
13	Other financial or non-	
13	financial interests	

None.

# Please place an "X" next to the following statement to indicate your agreement:

Date: <u>NoV. 19<sup>th</sup>, 2021</u>		
Your Name: Minjie Chen		
Manuscript Title: Personalized to	oth-supported digital guide plate used in the treatment of trigeminal i	<u>neuralgia with</u>
balloon compression		
Manuscript number (if known):	ATM-21-4827	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
	5 .		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of stock options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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