Date:October. 2	² 6 th , 2022
Your Name: Keisuk	ce Sugahara
Manuscript Title:	Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le Fort
I Osteotomy: A Case of	<u>lescription</u>
Manuscript number (i	if known): <u>QIMS-22-414</u>
related to the content parties whose interes to transparency and d	sparency, we ask you to disclose all relationships/activities/interests listed below that are to fyour manuscript. "Related" means any relation with for-profit or not-for-profit third ts may be affected by the content of the manuscript. Disclosure represents a commitment loes not necessarily indicate a bias. If you are in doubt about whether to list a interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
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	X None			
	pending				
		V N			
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	se summarize the above co	nflict of interest in the follo	owing box:		
N	None.				

Date:October. 26 th , 2022
Your Name:Masahide Koyachi_
Manuscript Title: Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le For
I Osteotomy: A Case description
Manuscript number (if known):QIMS-22-414
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3	Royalties or licenses	X_None	
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	X None			
	pending				
		V N			
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	se summarize the above co	nflict of interest in the follo	owing box:		
N	None.				

Date:	October.	26 th , 2022						
Your Name	ne:Kotar	o Tachizawa	_					
Manuscrip	pt Title:	Using Mixed	Reality and CAD/	CAM Technolog	y for Treatn	nent of Maxi	llary Non-Union	after Le Fort
I Osteoton	my: A Case	<u>description</u>						
Manuscrip	pt number	(if known):	QIMS-22-414_		_			
related to	the conter	it of your ma	e ask you to disclo nuscript. "Related fected by the con	l" means any rel	ation with f	or-profit or i	not-for-profit th	ird

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

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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	X None			
	pending				
		V N			
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	se summarize the above co	nflict of interest in the follo	owing box:		
N	None.				

Date: October. 26 th , 2022
Your Name:Akira Iwasaki_
Manuscript Title: Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le Fort
I Osteotomy: A Case description
Manuscript number (if known): QIMS-22-414
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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	any entity (if not indicated in item #1 above).		
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	X None			
	pending				
		V N			
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board	V N			
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	se summarize the above co	nflict of interest in the follo	owing box:		
N	None.				

Date:October. 26 th , 2022
Your Name: Satoru Matsunaga
Manuscript Title: Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le Fort
I Osteotomy: A Case description
Manuscript number (if known):QIMS-22-414
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	any entity (if not indicated in item #1 above).		
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	X None	
	pending		
		V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board	V N	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

ICIVIJE DISCLOSORE FORIVI	
Date:October. 26 th , 2022 Your Name:Kento Odaka Vanuscript Title:Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le Fo Osteotomy: A Case description Vanuscript number (if known):QIMS-22-414	ort
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> manuscript only.	
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.	
n item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.	
Name all entities with whom you have this relationship or indicate none (add rows as needed) Name all entities with specifications/Comments (e.g., if payments were made to you or to your institution) Institution (e.g., if payments were made to you or to your institution)	
Time frame: Since the initial planning of the work	

		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
		Time traine. Since the midd	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	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	X_None	
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	X None	
	pending		
		V N	
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board	V N	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date:October. 26 th , 2022
Your Name:Maki Sugimoto
Manuscript Title: Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le Foi
I Osteotomy: A Case description
Manuscript number (if known):QIMS-22-414
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	any entity (if not indicated in item #1 above).		
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	X None	
	pending		
		V N	
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board	V N	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

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You Mar I Os	e: October. 25 th , 2022 r Name: Shinichi Abe nuscript Title: Using Mixe teotomy: A Case description nuscript number (if known):	<u>1</u>	echnology for Treatment of Maxillary Non-Union after Le Fo	<u>ort</u>
rela part to to	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a so.	
	following questions apply touscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.	
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution)	
		needed)	alonging of the coople	
		Time frame: Since the initia	planning of the work	
1	All support for the present	XNone		

Time frame: past 36 months

_X__None

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manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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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	
	pending		
		V N	
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board	V N	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date:October. 26 th , 2022
Your Name:Yasushi Nishii
Manuscript Title: Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le Fort
I Osteotomy: A Case description
Manuscript number (if known): QIMS-22-414
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4	Consulting fees	XNone	

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

Date:	October. 25 th , 2022						
Your Nam	e:Akira Katakura						
Manuscri	ot Title: Using Mixed Reality and CAD/CAM Technology for Treatment of Maxillary Non-Union after Le For						
I Osteotoi	ny: A Case description						
Manuscri	Manuscript number (if known): QIMS-22-414						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None				
	services					
13	Other financial or non-	X None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	None.					