

ICMJE DISCLOSURE FORM

Date: 4/28/2023

Your Name: Sydney Pham

Manuscript Title: Surgery First Orthognathic Approach: A Case Series of 3D Planning and Pre-bent Plates in Patients with Single- and Double-Jaw Surgeries

Manuscript number (if known): FOMM-22-76

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

In 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)	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.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Sydney Pham has no conflicts of interest.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: _____ 05/15/23

Your Name: Niki Gheibi-Dehanshi

Manuscript Title: Surgery First Orthognathic Approach: A Case Series of 3D Planning and Pre-bent Plates in Patients with Single- and Double-Jaw Surgeries

Manuscript number (if known): FOMM-22-76

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 04/28/2023

Your Name: Craig Bradley Pearl

Manuscript Title: Surgery First Orthognathic Approach: A Case Series of 3D Planning and Pre-bent Plates in Patients with Single- and Double-Jaw Surgeries

Manuscript number (if known): FOMM-22-76

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3	Royalties or licenses	None	
4	Consulting fees	MedCAD	MedCAD markets, distributes, and sells Patient Specific Medical Devices including without limitation Neuro and CMF Implants.

			Assist in training and workflow in 3D planning cases for total joint replacement cases.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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Please summarize the above conflict of interest in the following box:

The company Medcad does planning and pre-bent plates, however they were not one of the service providers used in the article as well as well my consulting agreement is for total joint replacement services and not SOFA cases

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: _____ 05/15/23

Your Name: Cyndie Dallaire-Giroux

Manuscript Title: Surgery First Orthognathic Approach: A Case Series of 3D Planning and Pre-bent Plates in Patients with Single- and Double-Jaw Surgeries

Manuscript number (if known): _____ Fomm-22-76

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 05/04/2023
 Your Name: Alfredo R. Arribas DDS, MS, FACS

Manuscript Title: Surgery First Orthognathic Approach: A Case Series of 3D Planning and Pre-bent Plates in Patients with Single- and Double-Jaw Surgeries
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Arribas
A. ARRIBAS BDS, MS, FRCR

05/04/2023