

## ICMJE DISCLOSURE FORM

Date 17/01/24

Your Name Raymond Hayler

Manuscript Title Utility of telehealth for multidisciplinary assessment and management of patient with facial nerve palsy

Manuscript number (if known)

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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Date 17/01/24

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Your Name Edwina Eade

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## ICMJE DISCLOSURE FORM

Date 14/04/24

Your Name Jennifer Lee

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Your Name Tsu-Hui (Hubert) Low

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