



Conflict of Interest Disclosure/Image Authenticity Statements

In accordance with criterion 13 of document UEMS 2023.07.rev "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)" and the Standard v. Commercial or Promotional Conflict of Interest, published by the American Dental Association Continuing Education Recognition Program (ADA CERP), all surgeON presenters must sign a Conflict of Interest form to document all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship.

DISCLOSURE

☒ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

Type of Affiliation/Financial Interest	Name of Commercial Company or Entity
Receipt of grants or research support	TriMed Inc.
Receipt of honoraria or consultation fees	
Participation in a company-sponsored speakers' bureau	
Receipt of reimbursement of CE-related expenses	
Stock shareholder	
Spouse/partner has a financial interest	
Other support (please specify)	

IMAGE AUTHENTICITY STATEMENT

To ensure scientific integrity and compliance with CE accreditation standards, I affirm that any clinical images or treatment outcomes presented in the presentation are authentic and have not been digitally altered or misrepresented.

Name (type or print): 

Signature: KRYSTLE RAE TUANO

Date: 5-19-26