

Oklahoma State Medical Proceedings Conflict of Interest Disclosure Form

All listed authors are required to complete a conflict of interest statement. A conflict of interest includes any relationship which has the potential, no matter how minimal, to impact the authors view. This could include financial, personal or organizational. It is incumbent upon the author to act with the upmost of integrity in collaborating with Oklahoma State Medical Proceedings to strive towards transparency.

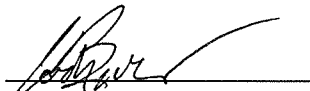
Authors must disclose all potential conflicts below. Submission of a conflict does not necessarily prohibit publication, but all conflicts will be made available to readers.

I have a potential conflict to disclose (if checked, please complete below).

Name of Conflict	Relationship	Relationship related to article (yes/no)

I have no real or potential conflicts to disclose.

By signing the form below, you are affirming that the above information is true and honest. You acknowledge that intentional misdirection or dishonesty is subject to legal action.


Name
Cody Bahavar

8/20/19
Date

Oklahoma State Medical Proceedings Conflict of Interest Disclosure Form

All listed authors are required to complete a conflict of interest statement. A conflict of interest includes any relationship which has the potential, no matter how minimal, to impact the authors view. This could include financial, personal or organizational. It is incumbent upon the author to act with the upmost of integrity in collaborating with Oklahoma State Medical Proceedings to strive towards transparency.

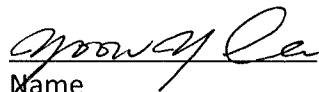
Authors must disclose all potential conflicts below. Submission of a conflict does not necessarily prohibit publication, but all conflicts will be made available to readers.

I have a potential conflict to disclose (if checked, please complete below).

Name of Conflict	Relationship	Relationship related to article (yes/no)

I have no real or potential conflicts to disclose.

By signing the form below, you are affirming that the above information is true and honest. You acknowledge that intentional misdirection or dishonesty is subject to legal action.


Name
Yoon Cho D.O.

8/20/18
Date

Oklahoma State Medical Proceedings Conflict of Interest Disclosure Form

All listed authors are required to complete a conflict of interest statement. A conflict of interest includes any relationship which has the potential, no matter how minimal, to impact the authors view. This could include financial, personal or organizational. It is incumbent upon the author to act with the upmost of integrity in collaborating with Oklahoma State Medical Proceedings to strive towards transparency.

Authors must disclose all potential conflicts below. Submission of a conflict does not necessarily prohibit publication, but all conflicts will be made available to readers.

I have a potential conflict to disclose (if checked, please complete below).

Name of Conflict	Relationship	Relationship related to article (yes/no)

I have no real or potential conflicts to disclose.

By signing the form below, you are affirming that the above information is true and honest. You acknowledge that intentional misdirection or dishonesty is subject to legal action.


Name

Jeff Lee D.O.

8-20-19
Date

Oklahoma State Medical Proceedings Conflict of Interest Disclosure Form

All listed authors are required to complete a conflict of interest statement. A conflict of interest includes any relationship which has the potential, no matter how minimal, to impact the authors view. This could include financial, personal or organizational. It is incumbent upon the author to act with the upmost of integrity in collaborating with Oklahoma State Medical Proceedings to strive towards transparency.

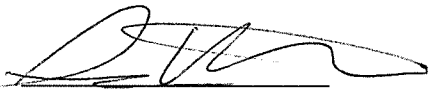
Authors must disclose all potential conflicts below. Submission of a conflict does not necessarily prohibit publication, but all conflicts will be made available to readers.

I have a potential conflict to disclose (if checked, please complete below).

Name of Conflict	Relationship	Relationship related to article (yes/no)

I have no real or potential conflicts to disclose.

By signing the form below, you are affirming that the above information is true and honest. You acknowledge that intentional misdirection or dishonesty is subject to legal action.


Name Donald von Borstel, D.O.

8/20/19
Date