

## Statement of Non-conflict

We hereby certify that we do not have a financial relationship with nor will we receive any other gain from the manufacturer of the recommended device.

Date:		
SLP's Name:	SLP' Signature:	
Date:		
OT's Name:	OT's Signature:	
OT's Name:	OT's Signature:	
Date:		
SLP's Name:	SLP' Signature:	
Date:		
Other ID Team Member's Name:	Signature:	
Other ID Team Member's Name:	Signature:	

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