

## CME FACULTY DISCLOSURE AND CONTENT VALIDATION

Name **Anup Khatana, MD**

Your role in the CME Activity: ☒ Presenter ☐ Author ☐ Planning Committee ☐ Moderator ☐ Program Director

Activity Title **Pittsburgh Ophthalmology Society Monthly Meeting** Activity Date **October 5, 2021**

Presentation Title /Topic(s)

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	Affiliation/Financial Interest	Name of Commercial Interest
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3	Speaker's bureau	AERIE
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<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> I plan to discuss off-label uses of products and/or medical devices in my lecture. If yes, please explain.		
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Signature



Date

8/15/21

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