



Westchester Medical Center Health Network

### RELEVANT FINANCIAL RELATIONSHIP DISCLOSURE SUMMARY

DATE:

TOPIC:

NAME OF PRESENTER:

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK (MSSNY) REQUIRES THAT ONE OF THE FOLLOWING  
BE READ BEFORE EVERY PRESENTATION

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I HAVE NO RELEVANT FINANCIAL OR PERSONAL DISCLOSURES RELATED TO THIS CME ACTIVITY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following faculty has indicated a relationship with the following**

I AM WORKING WITH \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### THIS SECTION TO BE COMPLETED AT THE PRESENTATION

WITNESS: \_\_\_\_\_  VERBALLY DISCLOSED      DATE: \_\_\_\_\_

(Revised 08/2016)