MEMORANDUM FOR SGVT
ATTN: LT COL TERESA REEVES

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled *Panoramic Imaging Positioning Technique and Errors* presented at *Oral Presentation at Oral Medicine, Radiology and Pharmacology Short Course, Bethesda MD 4 Mar 2016* with MDWI 41-108, and has been assigned local file #16109.

2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.

4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

*Partners in a high-performance health system, dedicated to excellence in global care*
INSTRUCTIONS
USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
   a. In Section 2, add the funding source for your study (e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 Q&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants; etc.)
   b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g., case report, QAVQI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubs@af.mil). If you have any questions or concerns, please contact the 59 CRD/ Publications and Presentations Section at 292-7141 for assistance.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DTIC). See 59 MDW 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP:
"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."
1. TO: CLINICAL RESEARCH
2. FROM: (Author's Name, Rank, Grade, Office Symbol)
   Teresa Reeves, Lt Col, 05, SGDNB
3. GME/GHSE STUDENT: YES ☑ NO
4. PROTOCOL NUMBER: N/A

5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)
   Panoramic Imaging Positioning Technique and Errors

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:
   Panoramic Imaging Positioning Technique and Errors

7. FUNDING RECEIVED FOR THIS STUDY? YES ☑ NO
   FUNDING SOURCE: 

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES? YES ☑ NO

9. IS THIS MATERIAL CLASSIFIED? YES ☑ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.? YES ☑ NO
   NOTE: If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☑ DOMESTIC RELEASE ☐ FOREIGN RELEASE

   CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

   ☑ 11a. PUBLICATION/JOURNAL (List intended publication/journal)

   ☑ 11b. PUBLISHED ABSTRACT (List intended journal)

   ☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

   ☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meeting.)

   ☑ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)
   Oral presentation at Oral Medicine, Radiology and Pharmacology short course, Bethesda, MD on 4 Mar 2016

12. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
   NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).
   DATE: March 01, 2016

13. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)
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14. DUTY PHONE/PAGER NUMBER
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15. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

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      05/Lt Col
      59DG/SGDNB

   b.

   c.

   d.

   e.

   f.

16. AUTHOR'S PRINTED NAME, RANK, GRADE
    Teresa Reeves, Lt Col, 05

17. AUTHOR’S SIGNATURE
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18. DATE
    February 24, 2016

19. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE
    Glenn L. Terry, Col, 06

20. APPROVING AUTHORITY'S SIGNATURE
    Terry, Glenn L. 1165798362

21. DATE
    24 Feb 2016
**PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS**

**1st ENDORSEMENT (59 MDW/SGVU Use Only)**

| TO: Clinical Research Division  |
| 59 MDW/CRD  |
| Contact 292-7141 for email instructions |

22. DATE RECEIVED: 2/24/2016

23. ASSIGNED PROCESSING REQUEST FILE NUMBER: 16109

24. DATE REVIEWED: 1 Mar 2016

25. DATE FORWARDED TO 502 ISG/JAC

26. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. ☐ N/A

27. COMMENTS ☒ APPROVED ☐ DISAPPROVED

The article is approved.

**2nd ENDORSEMENT (502 ISG/JAC Use Only)**

| PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER |
| Rocky Calcote, PhD, Clinical Research Administrator |

31. DATE RECEIVED: March 02, 2016

32. DATE FORWARDED TO 59 MDW/PA: March 02, 2016

33. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

**3rd ENDORSEMENT (59 MDW/PA Use Only)**

37. DATE RECEIVED

38. DATE FORWARDED TO 59 MDW/SGVU

39. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

**4th ENDORSEMENT (59 MDW/SGVU Use Only)**

43. DATE RECEIVED

44. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL

[☐ YES] [☐ NO] [☐ COULD NOT BE REACHED] [☐ LEFT MESSAGE]

45. COMMENTS ☐ APPROVED ☐ DISAPPROVED

46. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER

47. REVIEWER SIGNATURE

48. DATE
Panoramic Imaging

Positioning and Technique errors

Panoramic technique steps
- Prepare the patient
- Check the settings (kV/mA) based on body size
- Ensure incisors are in the grooves or chin in cup
- Close side guides
- Position the chin
- Stand the patient upright
- Check Frankfort & mid-sagittal layer lights
- Ensure teeth are in focal trough
- Ask patient to swallow, close lips and eyes
- Ask patient to press tongue against palate
- Press and hold the exposure button/switch

Prepare the patient – hair buns
- Rubber bands, socks, hair bun holders will attenuate the x-ray beam and degrade the image quality in the center of the panoramic image
- Ask patient to remove hair bun accessories

Prepare the patient – synthetic weaves
- Ask patient to position and tuck hair on top of head

Prepare the patient – protective apron
- Evaluate the patient body size
- Select the cape style apron without a collar
- Position apron low on the back and sides of neck
- Tuck the ends of apron under if patient is large anterior to posterior (front to back)

Disclaimer
- The views expressed in this presentation are those of the author and do not reflect the official policy of USAF, Department of Defense or other departments of the US Government
- Nothing to disclose

Acknowledgments
- Thank you to all the dental technicians at JBSA-Lackland that supported the 2016 update to this presentation
Check the settings
- The technique charts are stored in the control panel of the machine and or software programs
- Select body size (child; small; med; or large adult)
- Select jaw size
- Ensure kV and mA are appropriate

Ensure incisors are in the grooves
- Standard technique is to use the bite stick

Ensure the proper chin cup is used
- Use the chin cup for panoramic imaging provided by the manufacturer of that machine
- Usually the chin cup devices don’t mix and match

Ensure chin is positioned in chin cup
- Few reasons to use a chin cup instead of a bite stick...
  - To visualize condyles seated in glenoid fossa
  - Failure of anterior partial fixed bridge with loose anterior teeth
  - Lightly sedated patient that is status post oral surgery
  - Completely edentulous and without removable dentures

Position the patient - standing
- Position the chin on chin cup or use bite stick
  - Position machine at appropriate height
  - Stand patient upright
  - Ensure teeth are in bite stick grooves and tuck the chin or...
  - Position the chin in the chin cup support

Position the patient – sitting
- Position the chin on chin cup or use bite stick
  - Position machine at appropriate height
  - Position the patient’s chin in the chin cup support or...
  - Ensure teeth are in bite stick grooves and tuck the chin
Reference lights – mid sagittal
- Check position of the mid-sagittal reference

- Straighten the head before the exposure
- Verify the position of the light on the center of the bite stick

Reference light – Frankfort horizontal
- Check position of Frankfort horizontal
- Line up the border of the inferior orbital rim with the top of the external auditory canal

Reference light – dental arch focus
- Position vertical reference light
- Focus the focal trough
- Some manufactures are manual focus, others are automatic selection of "dental arch morphology" on the control panel and "incisors orientation"

Final steps...
- Swallow, close lips, close eyes
- Press tongue and hold it flat against palate
- Press and hold exposure button

Three things to screen for
- Image quality
  - Metallic jewelry removed from the hair, around the neck, face, ears and tongue?
  - How was the patient positioned?
  - What were the technique parameters?
- Anatomy
  - Normal versus normal variants
- Abnormalities in the image
Common Panoramic Errors

- Patient too far forward
- Patient too far back
- Chin positioned too low
- Chin positioned too high
- Patient twisted
- Patient tilted
- Slumped position
- Chin not on chin rest
- Tongue not on palate
- Patient movement
- Lips open
- Ghost images
- Hair buns and or synthetic (braided) hair
- Apron artifact

Patient too far forward

- Narrow, indistinct anterior teeth
- Bicuspids overlap bilaterally

Patient too far back

- Wide, blurred anterior teeth
- Condyles off the lateral edges

- Check that the max and mandibular incisors are in grooves or the chin isn’t pressed ahead of the chin cup ledge

Patient too far back

- Check the
  - Frankfort horizontal matches the reference light on the machine
  - ask the patient to smile while biting in the grooves
  - evaluate the max post occlusion for a slight upward slant
  - tuck the chin

<table>
<thead>
<tr>
<th>Error — Frankfurt horizontal</th>
<th>Correction — reposition head to align with the Frankfurt horizontal (Frankfort mandible or Frankfort plane)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chin too low</td>
<td>exaggerated smile</td>
</tr>
<tr>
<td></td>
<td>hybrid stressed across mandible</td>
</tr>
<tr>
<td></td>
<td>condyles at top of image</td>
</tr>
<tr>
<td>Chin too high</td>
<td>flattered occlusal plane</td>
</tr>
<tr>
<td></td>
<td>reversed smile or slown</td>
</tr>
<tr>
<td></td>
<td>condyle(s) approach lateral edge(s) of image</td>
</tr>
</tbody>
</table>
Chin positioned too low
- Exaggerated smile line
- Condyles off the top of image

Chin positioned too high
- Reverse smile
- Hard palate and floor of nasal cavity are superimposed over the max roots

<table>
<thead>
<tr>
<th>Error</th>
<th>Mid-sagittal</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Twisted</td>
<td>anterior teeth normal</td>
<td>Line the mid-sagittal light up with the middle of forehead</td>
</tr>
<tr>
<td>Head Tilted</td>
<td>head not centered</td>
<td>[ More like this ]</td>
</tr>
</tbody>
</table>

More like this
- Reposition the patient's head

Head Twisted
- Closed mouth -- errors
- Twisted -distortion of left ramus and condyle

Head tilted
- Patient's head not centered
- Distortion in image
**Slumped position**
- Neck is stretched forward on a slant

**Curved spine**
- Curved spine seen on sides of image
- Stand patient upright and raise tube

**Chin not on chin support**
- Structures in the upper 1/3 of the image are cut off
- Stand patient upright and raise tube

**Tongue not on pal ate**
- Dark crescent shaped shadow over the maxillary teeth roots
- Palatoglossal airspace artifact

**Error - cervical spine**
- Slump: White triangle image of spine overlaid on max anterior teeth
- Curved spine: Seen on sides of image
- Chin not on support: Structures in upper 1/3 may be cut off top of image

**Instructions**
- Evaluate the patient’s neck and body position to ensure they are standing upright
- Move the barrier bag to see the chin on the chin support
- Tuck the chin down slightly

**Error - Instructions**
- Tongue not on palate: Dark shadow over roots of maxillary teeth
- Lips open: Suturation of anterior maxillary and mandibular teeth may mimic canines or premolars at bilateral shadow of commissure
- Motion artifact: Vertical defect in image from top to bottom
- Ask patient to close lips tight and press and hold tongue up
- Evaluate for clearance between the patient’s shoulders, back and the machine
**Lips open**
- Anterior teeth are darkened between parted lips because of lack of x-ray beam attenuation
- Radiolucency’s can be mimicked in bicuspid areas

**Motion artifact**
- Wavy lines that extend from the top of image to the bottom of the image

**Earring artifacts**
- Appear on the opposite side
- Appear superior and blurred

**Hair bun artifact**
- Sock bun or thick rubber bands
- Vertical RO artifact in center of image

**Synthetic hair artifact**
- Synthetic braided hair
- Artifacts are wavy or straight vertical lines on the lateral sides of image

<table>
<thead>
<tr>
<th>Error</th>
<th>Prepare Patient</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair bun</td>
<td>RO line in center of image</td>
<td>ask patient to remove jewelry, re-position hair on top of head if wearing synthetic wigs, position apron to avoid apron artifact</td>
</tr>
<tr>
<td>Synthetic hair</td>
<td>multiple vertical lines at lateral sides of image</td>
<td></td>
</tr>
<tr>
<td>Ghost images</td>
<td>appear on opposite side of image and are more superior and blurred</td>
<td></td>
</tr>
<tr>
<td>Apron artifact</td>
<td>white opacity along lower border of image</td>
<td></td>
</tr>
</tbody>
</table>

A hair bun, rubber bands and pins will create artifacts. A thyroid collar will create an apron artifact, so use a collarless apron.
Apron artifact
- Artifact caused by the thyroid collar

Apron artifact
- Apron high on sides and or back of neck

Image quality check for dental techs
1. Condyles near the upper corners in image
2. Hard palate is superior to the max apices
3. Ensure max and man apices are in focus
4. Visualize the inferior borders of the mandible

Image quality check for dental techs
- Condyles near the upper corners in image
- Hard palate is superior to the max apices
- Ensure max and man apices are in focus
- Visualize the inferior borders of the mandible

Panoramic Imaging Practice
Identify the errors
Describe the characteristic features
Discuss the correction

- Error: patient not closed on back teeth
- Features: incisors end to end
- Correction: ask patient to close on back teeth
- **Error:** twisted
- **Features:** overlapped premolars & distortion (left)
- **Correction:** use reference lights

- **Error:** too far back when using chin cup
- **Features:** anterior teeth are magnified and blurred; condyles approach lateral edges of image
- **Correction:** select chin cup for panoramic; verify correct patient position in chin cup; use ref lights

- **Error:** chin too high; jewelry; glasses; tilt & twisted
- **Features:** hard palate low; ghost artifact; condyles approach lateral borders; right bicuspids overlap
- **Correction:** prep patient; use reference lights

- **Error:** glasses in image; curved spine; too far fwd
- **Features:** artifact; curved spine in image; spine superimposes rami; bicuspids overlap bilaterally
- **Correction:** prep pt; stand up straight; use ref

- **Error:** foreign object; twisted; tilted
- **Features:** artifact; rt bicuspids overlap & mag
- **Correction:** remove jewelry; use reference lights (Frankfort horiz & mid-sagittal)

- **Error:** syn hair; tilted; tongue not on palate
- **Features:** artifact; right condyle higher than left; palatoglossal air space artifact
- **Correction:** re-position hair; center their bite in grooves; use ref lights; press tongue against palate
- **Error:** chin too high; tongue not on palate
- **Features:** condyles approach lateral edges of image; reversed smile; palatoglossal air space artifact
- **Correction:** stand up straight; tuck chin down; use reference lights; press tongue against palate

- **Error:** chin too low; tilted
- **Features:** exaggerated smile; condyles approach the top of image; right condyle higher than left
- **Correction:** ensure patient is standing up straight; use reference lights

- **Error:** chin too low; tongue not on palate
- **Features:** exaggerated smile; condyles approach top of image; hyoid bone across mandible
- **Correction:** stand them up straight; use reference lights; press tongue against palate

- **Error:** twisted
- **Features:** off sides on bite stick; left bicuspid overlap & magnification of left side
- **Correction:** center midline of maxillary teeth in the center of bite stick; use reference lights

- **Error:** chin low; too far forward; curved spine
- **Features:** exaggerated smile; condyles approach the top of image; indistinct ant teeth; bicusps overlap bilaterally; curved spine in image
- **Correction:** stand up straight; bite in grooves; use reference lights (Frankfort horiz and mid-sagittal)

- **Error:** too far back
- **Features:** widened and blurred anterior teeth, roots; blurring of anterior max and man
- **Correction:** bite in grooves or use proper chin cup; ensure patient position in focal trough
- **Error:** machine bumped patient at start of scan
- **Features:** wavy vertical lines from top to bottom where bump occurred (pt left)
- **Correction:** stand up straight; ensure clearance

- **Error:** slump
- **Features:** white triangle image of spine over man anterior teeth
- **Correction:** stand up straight – check spine

- **Error:** apron artifact
- **Features:** radiopacity of real image in lower right and left corners with artifact near center
- **Correction:** ensure apron isn’t too tight around the sides of neck and keep it low in back

- **Errors:** artifacts (apron/earrings); too far forward; chin too high; chin not on chin support
- **Features:** objects; ghosting; ant teeth indistinct; reversed smile; condyles approach lateral edges
- **Correction:** prep patient; check apron position; stand up straight; tuck chin; use reference lights

- **Errors:** synthetic hair and bun artifact; twisted; too far forward; tongue not on palate
- **Features:** hair artifacts; left bicuspids overlap & magnification of left side; ant teeth indistinct; palatoglossal air space artifact
- **Correction:** position hair atop head; tuck chin; use ref lights; press tongue up

- **Errors:** double appearance of teeth in antrums; double appearance of condyles and rami; tongue
- **Features:** same as above (equip/software failure)
- **Correction:** Call for service
• Error: reverse spine; chin too high
• Features: radiopacity superimposed over max ant
• Correction: tuck chin; use reference lights
  (Frankfort horiz and mid-sagittal)

Contact information

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MEMORANDUM FOR 59 MDW
ATTN: LT COL TERESA E. REEVES

FROM: 502 ISG/JA

SUBJECT: Ethics Review for Presentation Approval Request (Reeves)

1. A request for a legal review of a slide presentation titled “Panoramic Imaging Positioning Technique and Errors” was submitted by Lt Col Reeves. She plans to present the slides at the 2016 Oral Medicine, Radiology and Pharmacology short course in Bethesda, Maryland on 4 March 2016. This legal review is limited to the ethics issues regarding the presentation. The presentation slides included the required disclaimer discussed below. A Public Affairs review will be required if it has not already been obtained. There are no conflict of interest issues with presenting this research at this professional society meeting.

2. FACTS: Lt Col Reeves plans to present the slide presentation titled “Panoramic Imaging Positioning Technique and Errors” at the Oral Medicine, Radiology and Pharmacology short course.

3. LAWS AND REGULATIONS: DoD 5500.07-R, Joint Ethics Regulation (JER), section 3-305 lays out rules governing “Teaching, Speaking and Writing.” If the presentation will “deal in significant part with any ongoing or announced policy, program or operation” of the Air Force, the presenter is required to include a disclaimer that states the “views presented are those of the speaker or author and do not necessarily represent the views of DoD or its Components.”

4. ANALYSIS: The presentation does not “deal in significant part with any ongoing or announced policy, program or operation” of the Air Force; however, the author included the required disclaimer that the views presented are those of the authors and do not necessarily represent the views of DoD or its Components on the slide presentation. Although the disclaimer language included on the presentation is not verbatim from the JER, the language used is appropriate and clearly captures the intent of the language used in the JER. A Public Affairs review will be needed if it has not already been obtained. There are no apparent conflicts of interest that would prohibit the presentation.

5. CONCLUSIONS: The slide presentation for review included the disclaimer required by the JER. There are no conflicts of interest.

CONFIDENTIALITY NOTICE: This opinion contains attorney-work product and information protected under the attorney-client privilege, both of which are protected from disclosure under the Freedom of Information Act, 5 U.S.C. §552. Do not release this document without the prior consent of 502 ISG/JA.
6. If you have any questions, please call me at 210-671-5771.

VERNISHA N. FOSTER, Capt
Assistant Staff Judge Advocate

I concur.

ARLENE R. CHRISTILLES
Chief, Civil Law

CONFIDENTIALITY NOTICE: This opinion contains attorney-work product and information protected under the attorney-client privilege, both of which are protected from disclosure under the Freedom of Information Act, 5 U.S.C. §552. Do not release this document without the prior consent of 502 ISG/JA.