Cornea Consultants of Arizona

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NOTICE TO PATIENTS

State Law requires a physician to notify a patient that the physician has a financial interest in a separate diagnostic or treatment facility to which the physician is referring the patient for non-routine services prescribed by the physician, and whether these services are available elsewhere on a competitive basis. We support this law, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, this form advises you that we have a financial interest in the Spectra Eye Institute and Scottsdale Eye Surgery Center. Further, the surgical services that we have prescribed for you can be performed elsewhere on a competitive basis. If you would like the names and locations of alternative surgical centers, we will be happy to provide them to you.

The law requires us to obtain your written acknowledgement that you have read and understand the disclosures made in this form. Accordingly, please sign and date this form in the space provided below. Your executed form will be kept in your patient file.

I have ready this notice to Patients, and I understand the disclosures that it contains.

Dated this _____ day of _____, 20____.

_____
Signature of Patient or Guardian

_____
Printed Name of Patient or Guardian

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