



Physician Disclosure

Dear Patient,

California Law imposes disclosure requirements for Physicians that have a financial interest in a facility to which they refer patients. In compliance with these laws, please be advised that Dr. _____ has a financial interest in Peninsula Procedure Center of Redwood City where your surgery is scheduled to be performed.

If you have any questions regarding the law or if you would prefer that your surgery not be performed Peninsula Procedure Center, please let us know so we can provide answers to your questions or, if necessary, make other arrangements for you.

By signing below you acknowledge that you have read this Disclosure and that you understand that Dr. _____ has a financial interest in Peninsula Procedure Center.

Patient's Signature

Date