

Patient Name: _____

Date of Birth: _____

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Notice to Patients

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A physician must notify a patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and whether these are available elsewhere on a competitive basis. A.R.S. §32-1401(27)(ff). We support this law and in compliance with the requirements of this law, you are being advised we have a direct financial interest in the following diagnostic or treatment agency or in the following non-routine goods or services (hospital, surgery center, durable medical equipment, neuromonitoring, and other ancillary services). Further, these goods or services we prescribed are available elsewhere on a competitive basis.

Your surgeon may elect to use an FDA approved product in an “off Label” way, if it is judged to be more beneficial to your surgery’s success than other methods. An example may include screws in the back of your cervical spine for stabilization.

Bone morphogenic Protein (BMP) has been FDA approved but it is commonly used “off label” to help the spine heal in fusion procedures involving the spine. Your surgeon may elect to use this FDA approved fusion enhancement technology in an “off label” way, if it is judged to be more beneficial to your surgery’s success than other methods.

If you have any concerns with the information above, please feel free to discuss them with your surgeon prior to your surgery.

ARE THESE SERVICES AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS? Yes No

Services at the above facilities or companies are available on a competitive basis. Multiple other healthcare companies offer the same services that may accomplish some of the goals. You are encouraged to ask your physicians their reasons for choosing the facility or company in your treatment.

The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the spaces provided below. We will keep the signed original in your patient file and you will receive a copy.

ACKNOWLEDGEMENT: I have read this “Notice to Patients” form, and I understand the disclosures that it contains.

Dated _____

Name of Patient/Legal Representative

Signature of Patient/Legal Representative