



Dallas Neurosurgical & Spine

Physician Disclosure of Financial Interest

Thank you for the opportunity to provide your neurosurgical needs. We are committed to assuring your complete satisfaction.

The purpose of the disclosure notice is to inform you that we, the physicians at Dallas Neurosurgical & Spine, have financial interests in the following facilities in North Texas – Texas Institute for Surgery, Methodist Hospital for Surgery, and Crown Imaging.

Your physician may also have a financial interest in the professional component of intraoperative monitoring that is provided during selected surgical procedures, as well as in companies that provide implants for certain surgical procedures.

You have the right by law to choose the provider of your health care services as well as the option of utilizing an alternate medical facility, monitoring or implant company.

You will not be treated differently by your physician if you choose to obtain health care services at another facility, or to utilize another monitoring or implant company, if applicable. We welcome you as a patient and value our relationship with you.

If you have any questions concerning this notice, please feel free to ask your physician. By signing this Disclosure of Physicians Ownership, you acknowledge that you have read and understand the foregoing notice and hereby understand that your physician has a financial interest in the listed facilities and other above stated services.

Signature of Patient

Signature of Parent or Guardian (if applicable)

Type or Print Name of Patient

Type or Print Name of Parent or Guardian
(If applicable)

Dated: _____