

## Facility Ownership

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

The physicians at Dallas Neurosurgical & Spine have financial interests in the following facilities in North Texas – Texas Institute for Surgery, Methodist Hospital for Surgery, THR Rockwall, and Crown Imaging. These facilities and our physicians are committed to providing clinical excellence to our patients in a safe, high quality environment. Our relationship with these facilities often provides your physician a voice in administration, and in clinical and operational policies. This involvement helps to ensure the highest level of patient care and customer service. The physicians also have a financial interest in Central Dallas Surgical Supply (CDSS), a company which supplies clinically appropriate, high quality, and competitively priced instrumentation and spinal implants to some area hospitals, as well as Healthscripts of America, which operates as a pharmacy providing patients product formulation, quality control and clinically appropriate medical benefits.

You have the right to choose the provider of your health care services and you have the option of utilizing an alternate health care facility, another implant product provided by the facility of choice, or the option to fill your prescription at the pharmacy of your choice.

You will not be treated differently by your physician if you choose to obtain health care services at another facility, or another implant product. If you have any questions concerning this notice, please feel free to ask your physician. We welcome you as a patient and value our relationship with you.

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.

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Signature of Patient

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Signature of Parent or Guardian (if applicable)

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Type or Print Name of Patient

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

Dated: \_\_\_\_\_