



# Center for Orthopaedic Surgery and Sports Medicine

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## DISCLOSURE AND ACKNOWLEDGEMENT OF FINANCIAL INTEREST

While you are a patient or the legal representative for the below named patient, you may be referred for imaging services or to an ambulatory surgery center where one or more of the practice physicians (Dr. Ty H. Goletz, Dr. Uwe R. Pontius, Dr. Gregory Gordon and Dr. Geoffrey Millican), have a financial interest, whether ownership or compensation, including Sendero Imaging, SA MRI aurora and CHRISTUS Santa Rosa Ambulatory Surgery Center, (PASC 5). We are informing you of this financial interest to assist you in making an informed decision about your treatment options.

In each case, you may choose to be referred to another health care entity if so desired. Please advise our staff immediately if you would like to exercise this option.

I, the named patient or legal representative of such patient, hereby acknowledge receipt of, on the date indicated below, a copy of the Physician's Disclosure of Financial Interest.

\_\_\_\_\_  
SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME