

Eastern Indiana Orthopaedics

PHYSICIAN'S DISCLOSURE OF FINANCIAL INTEREST

Date: _____ / _____ / _____ Physician: _____
(Month) (Day) (Year)

To: _____
(Patient Name)

(Patient Address)

Indiana law (I.C. 25-22.5-11) generally requires a physician to make certain written disclosures to a patient when the physician refers the patient to a health care entity in which the physician has a financial interest. While you are a patient (or the patient for whom you are the legal representative is a patient), I may, as your physician, refer you to one of the health care entities listed below in which I have financial interest. In each case, you may choose to be referred to another health care entity other than the health care entities listed below:

Tower Diagnostic Imaging

Tower Specialty Surgery

If you desire to be referred to another health care entity, please let your physician know.

PATIENT ACKNOWLEDGMENT

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

(Signature of Patient or Patient's Representative)

(Name Printed)