



MANHATTAN PODIATRY • ASSOCIATES P.C.



Physicians & Surgeons of the Foot & Ankle

Facility Accredited By
The Joint Commission

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*Diplomates,
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American Board of
Podiatric Orthopedics*

Manhattan Podiatry Associates P.C.

PHYSICIAN/PATIENT DISCLOSURE FORM

During the course of your physician/patient relationship with the Physician, the Physician may at a future time refer you to Fifth Avenue Surgery Center, LLC, which operates an ambulatory surgery center located at 1049 Fifth Avenue, New York, New York.

In connection with any such referral, the Physician hereby advises you that the Physician has an investment interest in Fifth Avenue Surgery Center, LLC, and thus in it's ambulatory surgery center .

Please be advised that you have the right to obtain the health care items and services for which the Physician refers you, at any location or from any ambulatory surgery center, hospital, provider or supplier of your choice, including Fifth Avenue Surgery Center, LLC

I, the undersigned patient(the "Patient"),received this Physician/Patient Disclosure Form from the above-referenced Physician, and I read and understood the information contained in this Physician/Patient Disclosure Form prior to the Physician's referral of me to Fifth Avenue Surgery Center, LLC.

Date: _____, 20__

(Signature of Patient)

(Printed Name of Patient)

(Street Address of Patient)

(City, State, Zip Code)

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