



Physician Ownership Disclosure Form

During the course of your physician/patient relationship with Dr. Christianson, he may refer you to Watermere Surgery Center, located at 2815 W. Southlake Blvd. Southlake, Texas 76092.

In connection with any referral to the surgery center, you are hereby advised that Dr. Christianson has an investment interest in the surgery center.

This information is being provided to you to help you make an informed decision about your healthcare. You have the right to choose your health care provider. You have the option of obtaining health care ordered by your physician at a different facility other than Watermere Surgery Center.

You will not be treated differently by your physician if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

If you have questions concerning this notice please feel free to contact our Practice Manager.

By signing below you acknowledge that you have read and understand the foregoing notice and hereby understand that Dr Christianson has an investment interest in Watermere Surgery Center. Lastly, you further acknowledge by signing below that you signed a Physician Ownership Disclosure Form prior to Dr. Christianson's referral of you to the surgery center.

Date: _____, 20_____

Signature of Patient: _____

If patient is a minor or unable to sign complete the following:

_____	_____	_____
Signature	Relationship to patient	Date