



NOTICE TO PATIENTS

DISCLOSURE OF PHYSICIAN OWNERSHIP

To better serve you, many of the physicians at OrthoTexas Physicians and Surgeons, PLLC ("OrthoTexas") have ownership interests in various healthcare facilities in North Texas. These facilities and our physicians are committed to providing clinical services to our patients in a safe, high quality environment. Their ownership interest in these facilities often provides them a voice in administration and in clinical and operational policies. This involvement helps ensure the highest level of patient care and customer service.

The following is a current list of facilities (individually a "Facility") with whom one or more OrthoTexas physicians have an ownership financial interest:

- Baylor Surgicare at Plano Parkway
- Direct Orthopedic Care
- Frisco Medical Center, LLP d/b/a Baylor Medical Center at Frisco
- Metrocrest Surgery Center, LP d/b/a Baylor Surgicare at Carrollton
- Physicians Medical Center, L.L.C. d/b/a Texas Health Center for Diagnostics & Surgery - Plano
- Surgery Center of Plano

Patients of OrthoTexas always have the option of utilizing an alternate health care facility. OrthoTexas physicians welcome any questions regarding this aspect of their patient's care.

As nationally recognized leaders in orthopedic care, OrthoTexas physicians are at the forefront of advancements designed for patients with orthopedic problems. OrthoTexas physicians are frequently sought out by medical device manufacturers and other healthcare companies and organizations (individually, a "Company") to participate in research, development, education and other healthcare initiatives. These organizations realize that physicians are important contributors to the ongoing advancements in healthcare. As such, these companies sometimes offer ownership interests to physicians which is common industry practice. Some of these healthcare companies or organizations may be used in your medical treatment. However, a physician's decision as to which product, device or provider, if any, to be used in your care and treatment is made upon the physician's clinical judgment and what is in your best medical interest.

The following is a current list of companies with whom one or more OrthoTexas physicians have ownership relationships. Please feel free to ask your OrthoTexas physician any specific questions or concerns you may have about a company, product or your physician's ownership with OrthoTexas.

4Web	Flexion Therapeutics	Micro-Imaging Solutions
Axiom Regenerative Therapies	Gramercy Extremity Orthopedics	PIN
Bio2 Technologies	In2Bones	RevelationMD
Breg	Iroko Pharmaceuticals	Trice Medical
Cymedica	Kiowa Neuromonitoring	TX CIN

We hope this helps clarify the nature of our ownerships with other healthcare companies and organizations in orthopedic care. We are very proud to be leaders in technological innovation that we believe ultimately results in better patient care.

Please review carefully the information contained in this Notice.

1. During the course of our physician/patient relationship, I may refer you to a Facility or one or more other physicians who provide specialized medical services or refer the use of a Company product, device or provider.
2. I want to inform you that I am aware of the services, devices and/or products provided at a Facility or a Company when I have an ownership interest in it. Further, if I refer you to another physician for specialized medical services, that physician also may have an ownership or financial interest in a Facility or a Company.
3. I am providing this information to help you make an informed decision about your health care. You have the right to choose your health care provider. Therefore, you have the option to use a health care facility other than a Facility (as previously defined) or physicians or a product, device or provider other than from a Company (as previously defined) to whom I might refer you from time to time to.
4. I will not be treating you differently if you choose to obtain health care at a facility other than a Facility and, if you desire, I will be happy to provide you information about alternative health care facilities.

If you have any questions, please do not hesitate to ask. We welcome you as a patient and we value our relationship with you.

By signing below you acknowledge that you have read and understand this notice, and that you are aware of an ownership interest in a Facility or a Company. Should you be referred to a Facility, Company or to another physician who holds an ownership interest in a Facility or a Company, you acknowledge your decision to decline the option to have your health care provided at another health care facility. You further acknowledge that you signed this notice prior to any referral of you to a Facility, a Company or another physician.

Signature of Patient

Signature of Parent or Guardian, (if applicable)

Printed Name

Date of Birth

Complete Orthopedic Care.



Completely Patient Focused.