

Daniel F. Haber, M.D.

Orthropedic Surgery

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Patient Name

Per Sections 650 and 654 of California Business and Professions code, the following information is provided.

We are required by the above Business Codes Sections to inform you that Dr. Haber has a financial interest in the Forest Surgery and Los Altos Surgery Center. During the course of your treatment by Dr. Haber, surgical procedure may be recommended for your condition.

As the patient, you maintain the right to request that any or all procedures be preformed at a hospital or Surgical Center where no such financial interest exists. Please inform Dr. Haber or a staff member if you would rather not have your procedure performed at one of these surgical centers.

I acknowledge that I have read the above statement and I understand that my physician maintain financial interest in Forest Surgical Center , and Los Altos Surgical Center.

Date: _____

Patient Signature: _____