

## **Disclosure Statement**

Dear Prospective Patient	t:
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We are delighted that you have chosen Glenwood Surgery Center for your elective surgery.

Due to physician investment in this facility, it is required by law that we notify you of the alternative facilities available to you.

Parkview Hospital 3865 Jackson Street Riverside, CA 92503 (951) 688-2211 Riverside Community Hospital 4445 Magnolia Ave. Riverside, CA 92501 (951) 788-3000

Your signature below will also confirm that you have been made aware of your physician's ownership interest in this facility, and that you have been provided names and address of alternative facilities should you choose to use them.

Patient Signature	Date