

Chihal ENT Associates, P.A.

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To: All Patients Referred to Methodist Hospital for Surgery

From: Nicole Bryan, M.D., M.S.

It is required by law that I notify patients of any financial interest I hold in facilities to which I refer patients. Please note that I own 1% of the Methodist Hospital for Surgery. You have the option, at your discretion, to use an alternative health care facility.

Please indicate your receipt of this notice by your signature below.

Date: _____

Patient Signature: _____

Printed Patient Name: _____