

Pacific Coast Spine Institute and Pain Center
Maryam Rahbar, M.D.

FACILITY DISCLOSURE STATEMENT

Your physician, **Dr. Maryam Rahbar**, has scheduled you for a procedure at Pacific Coast Spine Institute and Pain Center in which she has a financial interest. Pacific Coast Spine Institute and Pain Center also wishes to make you aware of the fact that there are other facilities in our medical community where the procedure(s) can be performed. By signing below you acknowledge understanding your right.

“I am aware of my physician’s financial interest in Pacific Coast Spine Institute and Pain Center and that I have the right to have my procedure at any other facility where my physician has privileges.”

Thank you,

Date

Signature

Please print your name