

To: _____
(PATIENT NAME) (DATE)

I, or my colleagues, own an ownership or investment in Doctors Hospital at Renaissance, LTD & Weslaco Rehab Hospital. I am referring you to Doctors Hospital at Renaissance and/or Weslaco Rehab Hospital for treatment or testing. If you object to the referral or have any questions about the notice, please let me know. This notice is given to you as required by federal law and the clinic's rules and regulations.

Receipt acknowledged: _____
(PATIENT SIGNATURE)