

Presidio Surgery Center

A California Pacific Medical Center Affiliate

MEDICARE REQUIRED DISCLOSURES

I _(Please Print Name) _____, have received the following information from Presidio Surgery Center, in advance of my surgery date, both in written form and have had an opportunity to discuss it verbally:

- My rights as a patient
- The center policy on Advance Directives
- A list of the physician owners

Signed

Dated