



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Date: \_\_\_\_\_

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**NOTICE OF FINANCIAL RELATIONSHIP / INTEREST**

This is to advise you that certain physicians of East Memphis Orthopedic Group have a financial interest in East Memphis Orthopedic Group Physical Therapy centers.

With regard to physical therapy services, a physician of East Memphis Orthopedic Group may refer \_\_\_\_\_ to the East Memphis Orthopedic Group Physical Therapy Center. This Center is owned by the physicians of East Memphis Orthopedic Group.

This document serves as an additional notice of the following:

You have a right to receive physical therapy services at any physical therapy practice of your choice;

You have the option to use an alternative physical therapy practice;

You will not be treated any differently by this practice or by your physician if you choose not to use East Memphis Orthopedic Group Physical Therapy Center.

T.C.A. §63-6-602© requires a physician who refers a patient for physical therapy to provide certain notices if the physician has a financial relationship with that physical therapy practice.

Patient / Parent / Legal Representative Initial: \_\_\_\_\_ Date: \_\_\_\_\_

