

Conflict of Interest Patient Disclosure Statement

As part of your surgery, Dr. _____ may recommend using an implantable device _____, manufactured by the _____ company. In the interest of full disclosure, Dr. _____ wants to make you aware of the fact that he/she serves as a paid consultant to the _____ company.

Dr. _____ is available to talk with you and discuss alternative treatments and products that may be available. If, after discussion you would prefer, for any reason, that a device manufactured by _____ not be used in your treatment, please feel free to let Dr. _____ know.

I have read the above disclosure statement and will voice any concerns that I have to Dr. _____ or his/her staff.

Patient Signature

Date