

# Neurosurgical Associates of San Antonio, P. A.

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## NOTICE TO PATIENTS DISCLOSURE OF PHYSICIAN OWNERSHIP

This is a notice informing you that **Dr. Colin R. Son** has NO financial relationships with any medical device development, manufacturing, and/or distributing companies.

If you have any questions regarding this notice, please let us know.

By signing below, you are acknowledging that you have received a notice of the information provided above.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Guardian (if applicable)

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Print Name of Guardian (if applicable)

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

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