

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. Donald L. Hilton, Jr** has one or more financial relationships with the following medical device development, manufacturing, and/or distributing companies:

Stone Oak Surgery Center, LLC

He may, directly or indirectly, receive compensation for services you receive that may involve use of any of the products developed, manufactured, or distributed by these 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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