Gastroenterologists:

Robert P. Albares, M.D.
Samuel J. Tarwater, M.D., FACG
Travis J. Rutland, M.D., FACG
Marc L. Clark, M.D.
Paul B. Lamb, M.D.



Gastroenterologists:
S. Andrew Sarrels, M.D.
Tyler P. Black, M.D.
George A. Nelson, IV M.D.
Adam L. Edwards, M.D.

Benjamin A. Hewitt, M.D.

Pathologist:
Beth M. Rutland, M.D.

PHYSICIAN/PATIENT DISCLOSURE FORM

(PHYSICIAN'S NAME)

The "Physician"

During the course of your physician/patient relationship with the Physician, the physician may at a future time refer you to Gut Endo, LLC which operates as The Center for Digestive Health, an ambulatory surgery center located at 301 Medical Park Boulevard, Dothan, AL.

In connection with any such referral, the physician hereby advises you that the physician has an invested interest in Gut Endo, LLC and thus in its ambulatory surgery center.

Please be advised that you have the right to obtain the health care items and service for which the physician refers you at any location or from any ambulatory surgery center, hospital, provider, or supplier of your choice, including The Center for Digestive Health.

I, the undersigned patient (the "Patient") received this physician/patient disclosure form from the above-referenced physician, and I read and understand the information contained in this physician/patient disclosure form. The physician furnished me with the physician/patient disclosure form prior to the physician's referral of me to The Center for Digestive Health.

Date
Signature
Printed Name of Patient
Street address of patient
Patient phone number