

Experience. Excellence.

Webster Patient Notifications

Workers Compensation Medication Notification:

Please note you have a choice between obtaining the private with a prescription to be filled at a pharmacy of your cl	± • •
Physician Assistant Consumer Notification:	
Physician Assistants are licensed and regulated by the Physician Assistant Committee (916) 561-8780 www.pac.ca.gov Patient Initials	
Notice Regarding Disclosure of Physician Ownership Interests:	
The following physicians: Joseph R. Donnelly, MD; Kendrick E. Lee, MD; Thomas W. Peatman, MD; Joshua C. Richards, MD; Kevin M. Roth MD; Aaron K. Salyapongse, MD; J. Theodore Schwartz Jr., MD; Eric S. Stuffmann, MD; Michael D. Tseng, MD; Stephen R. Viess, MD hold ownership interest in the following and may refer you to one or more of these services in connection with your care and treatment:	
*Castro Valley Open MRI *East Bay Ortho Co Management *East Bay Special Surgery *Fremont Surgery Center *Hand Therapy Clinics *High Field MRI in Dublin/Pleasanton *Open MRI of San Ramon *Web	vood Surgery Center Ramon Surgery Center ts Physical Therapy in San Ramon Surgery Center of Alta Bates n, Lau, Chin, LLC ster Wellness Center in Berkeley ster DME distribution ster Surgery Center o Valley, Oakland & Pleasanton)
Please note that you have the right to obtain MRI services, medical devices or physical therapy from any provider of your choosing unless your ability to choose the providers of such services is limited by the terms of your health insurance coverage.	
 The following is a nonexclusive list of five other MRI providers located within the general area of Dublin and San Ramon and Oakland. Alliance Imaging, 6001 Norris Canyon Road, San Ramon CA 94583 (925)-275-0634 Golden View Imaging, 1393 Santa Rita Rd, Pleasanton CA 94566 (925)-846-5888 Pleasanton Imaging, 5860 Ownes Dr., #150, Pleasanton, CA 94588 (925)-467-1400 Alta Bates Summit Medical Center-MRI Center, 5730 Telegraph Ave., Oakland, CA 94609 (510) 654-5855 NorCal Imaging, 3200 Telegraph Ave, Oakland, CA 94609 (510) 663-1950 	
Date:	
Patient Name(print):	
Patient Signature:	

Signature of Parent or Guardian: