



DISCLOSURE OF PHYSICIAN'S FINANCIAL INTEREST  
IN CERTAIN MEDICAL DEVICES

Dear Patient:

As your physician, I may have a financial interest in certain medical devices that are used in your treatment and that I helped to invent or develop. Please note that **I receive no compensation whatsoever for any medical devices that I may use in connection with your care.** The only payments that I may receive are royalties or similar compensation for such medical devices used in the care of other patients for whom I do not provide patient care.

Please let me know if you have questions regarding this matter. Your signature below acknowledges that you have read this disclosure.

Sincerely,

Thomas P. Schmalzried, MD

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Printed Name