

REPRODUCTIVE CARE OF INDIANA

Reproductive Endocrinology & Infertility

Michael A. Henry, M.D., FACOG

Board Certified

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Office: (317) 817-1800 or Toll Free: (888) 365-3436

Fax: (317) 817-1810

Lafayette Women's Clinic

2316 South Street

Lafayette, IN 47904

Office: (888) 365-3436

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Lafayette-Clarian Arnett OB/GYN

2995 North Salisbury Street

West afayette, IN 47906

Office: (888) 365-3436

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Professional Office Building, AP&S Clinic

1530 North 7th Street

Terre Haute, IN 47807

Office: (888) 365-3436

Fax: (317) 817-1810

Aegis Women's Clinic

2920 McIntire Drive, Suite 250

Bloomington, IN 47403

Office: (888) 365-3436

Fax: (317) 817-1810

PHYSICIAN'S DISCLOSURE OF FINANCIAL INTEREST

Date: _____

To: _____
Patient Name

Address

Indiana law (I.C. 25-22.5-11) generally requires a physician to make certain disclosures to a patient when the physician refers the patient to a health care entity in which the physician has a financial interest. While you are a patient, I may refer you, or the named patient for whom you are legal representative, to one of the health care entities listed below in which I have a financial interest. In each case, you may choose to be referred to another health care entity.

**Beltway Surgery Center
Clarian North Medical Center
Center for Reproductive Biology of Indiana**

PATIENT ACKNOWLEDGEMENT

I, the above named patient, or legal representative of such patient, hereby acknowledge receipt of, on the date indicated above, a copy of the foregoing Physician's Disclosure of Financial Interest.

(Signature of Patient or Patient's Representative)

(Name Printed)