



## NOTICE TO SURGERY PATIENTS

The Fertility Center is committed to providing you with the best options when choosing a location for surgery. Some patients will choose one facility while others prefer a different center based on a variety of factors including costs, insurance coverage and convenience. We will do our best to provide information about your available choices. We also want to know your preference for a surgery location, if you have one.

In order to influence how a surgery center is operated, doctors often share in the ownership of a facility. Both of the Fertility Center's physicians – Joseph S. Bird, Jr. and Barry W. Donesky – have an ownership interest and participate as shareholders in the following healthcare establishments:

**Embryo Services, LLC**  
7407 Ziegler Road  
Chattanooga, TN 37421

**Physicians Surgery Center of Chattanooga**  
924 Spring Creek Road  
Chattanooga, TN 37412

Embryo Services, LLC is an integral part of the care provided to the Fertility Center's assisted reproduction patients. No other laboratory facility offers the same type of services in close proximity to the Fertility Center. Environmental conditions and handling of reproductive gametes is extremely critical and can affect the viability of specimens. As a result, patients who agree to treatment and services at the Fertility Center also are agreeing to care provided through Embryo Services, LLC.

Our patients are not required to use the services of Physicians Surgery Center of Chattanooga. Each is free to choose an alternate facility. The Fertility Center maintains a list of alternative establishments at our check-out desk and will be happy to provide you with a copy upon request. Please trust that you will not be treated any differently if you do not choose Physicians Surgery Center for your surgery procedures.

You getting the best care possible is what matters most to the Fertility Center's medical professionals. It is important for us to know that you understand your choices and make a fully-informed decision about your care. If you have any questions about Embryo Services, LLC or Physicians Surgery Center of Chattanooga, you are encouraged to talk with one of our doctors or a member of our staff. Please sign below and return this form to us with your other patient paperwork.

*I, the undersigned, have read this notice and fully understand it. I understand that I may ask questions and discuss this notice with my physician or any of his staff members. I understand that I have a choice of the facilities from which to receive medical treatment.*

\_\_\_\_\_ (signature of patient or guardian)

\_\_\_\_\_ (printed name)

\_\_\_\_\_ (date)