

CAMP LOWELL SURGERY CENTER PHYSICIAN OWNERS

Arizona state law REQUIRES we inform you the following surgeons have a financial interest in CAMP LOWELL SURGERY CENTER.

Aaron, MD	Jack	1110 N. El Dorado Place	85715	327-5677
Artz, MD	Katie	1951 N. Wilmot, Bldg. 2	85712	795-5845
Bentley, MD	John	5949 N. Camino Del Conde	85718	615-8943
Brick, MD	Dean	6422 E. Speedway Blvd., Ste. 100	85710	325-9400
Butler, MD	Thomas	4727 E. Camp Lowell Dr.	85712	290-4263
Carlson, MD	James	3172 N. Swan Rd.	85712	795-8777
Chiarello, DPM	Robert	4816 E. Camp Lowell Dr.	85712	881-8640
Dean, MD	Robert	6567 E. Carondelet Dr., #515	85710	296-8500
Duerksen, MD	Kathleen	5979 E. Grant Ste. 115	85712	751-8030
Hu, MD	David	6567 E. Carondelet Dr., #515	85710	296-8500
Hutcheson, DPM	Brian	4816 E. Camp Lowell Dr.	85712	881-8640
Kang, MD	Thomas	3172 N. Swan Rd.	85712	795-8777
Kaye, MD	Larry	4709 E. Camp Lowell Dr.	85712	722-4700
Kersey, MD	Robert	6567 E. Carondelet Dr., #415	85710	885-6701
Lamear, MD	William	6567 E. Carondelet Dr., #515	85710	296-8500
Levine, MD	Jason	6422 E. Speedway Blvd., Ste. 100	85710	327-3487
Maloney, MD	Christopher	3170 N. Swan Rd.	85712	298-2325
Massey, MD	Brandon	3170 N. Swan Rd.	85712	298-2325
McCafferty, MD	Sean	6422 E. Speedway Blvd., Ste. 100	85710	327-3487
McColgin, MD	Ann	6422 E. Speedway Blvd., Ste. 100	85710	325-9400
Monash, MD	Jeffrey	4715 E. Camp Lowell Dr.	85712	319-6000
Nisbet, MD	Jon	1551 E. River Rd.	85718	321-9850
Parry, MD	David	6567 E. Carondelet Dr., #515	85710	296-8500
Polonski, MD	Lynn	4021 E. Sunrise Drive, Ste. 121	85718	576-5110
Sato, MD	Sam	3910 N. Campbell Ave.	85719	323-2466
Sheppard, MD	Joseph	707 N. Alvernon Way, Ste. 205	85711	694-8000
Snyder, MD	Robert	4711 E. Camp Lowell Dr.	85712	327-2020
Soderberg, MD	Keith	6567 E. Carondelet Dr., #515	85710	296-8500
Steck, DPM	Jerome	6567 E. Carondelet Dr., #415	85710	885-6701
Stratigouleas, MD	Elias	6567 E. Carondelet Dr., #515	85710	296-8500
Whitacre, MD	Eric	5230 E. Farness	85712	319-6686

ADVANCE DIRECTIVES/LIVING WILL/HEALTH CARE PROXY

I understand I have the right to make choices regarding life-sustaining treatment (including resuscitative measures).

- I have a living will, but a copy has not been provided to CLSC.
- I have provided the Facility with a copy of my Advance Directive/Living Will/Health Care Proxy. The facility has explained to me their policy regarding the honoring of this document and I agree to proceed with the proposed procedure as scheduled.
- I do not have an Advance Directive/Living Will/Health Care Proxy.
- I wish to have information on how I can obtain an Advance Directive/Living Will/Health Care Proxy.

Please note: If you, as a patient of Camp Lowell Surgery Center, experience a life threatening emergency while at the Center, it is our policy to resuscitate and maintain life until an appropriate and timely transfer can be made to the nearest hospital. This policy is in place regardless of any of the above stated arrangements. By signing below, I acknowledge I understand this policy.

ACKNOWLEDGEMENT OF INFORMATION

I declare and represent that I have been informed both verbally and in writing of the Surgery Center's policy on Advanced Directives. I also acknowledge that I was informed my physician may have a financial interest in the Center and that I was given the opportunity to choose another facility for my procedure. I understand the above information and have no further questions.

Signature of patient or patient's representative such as guardian or person acting on behalf of the patient with their written consent or as pursuant to A.R.S. 36-3201 (13).

DATE OF ABOVE SIGNATURE: _____ WITNESSTO ABOVE SIGNATURE: _____