

## Disclosure Statement

### Notice to Patients

We are delighted that you and your physician have chosen the Mohawk Surgery Center for your surgery needs. We are grateful for the opportunity to serve you.

As per Florida Law, all Ambulatory Surgery Centers are required to inform you of any physician investment in the facility and to notify you of alternative facilities available to you. Please view the information provided below:

#### Alternate Facilities:

Orlando Health South Lake Hospital  
1900 Don Wickham Dr.  
Clermont, FL 34711

AdventHealth Winter Garden  
2000 Fowler Grove  
Winter Garden, FL 34787

#### Physician Investors:

Rajab K. AbuKhadrah, M.D.  
Fadi Elia Rahhal, M.D.  
David E Feiner, M.D.

If you have any questions concerning this notice, please feel free to ask your physician or any representative of Mohawk Surgery Center. We welcome you as a patient and value our relationship with you.

By signing this Disclosure of Physician Ownership, you acknowledge that you have read and understand the foregoing notice and hereby understand that your physician has an ownership interest in Mohawk Surgery Center.

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Signature of Patient

\_\_\_\_\_  
Signature of Parent or Guardian  
(if applicable)

\_\_\_\_\_  
Type or Print Name of Patient

\_\_\_\_\_  
Type or Print Name of Parent or Guardian  
(if applicable)

\_\_\_\_\_  
Dated