

**SPECTRA EYE INSTITUTE
9849 W. THUNDERBIRD
SUN CITY, ARIZONA 85351
(623) 583-2020**

PACKET ACKNOWLEDGMENT

Welcome! You have been scheduled to have your surgery performed at Spectra Eye Institute.

Attached is a packet of information that will need your attention. Please take a moment to read, understand, complete and sign these forms prior to your surgical visit with us.

- Advance Directives for Health Care Acknowledgment
- Anesthesia Billing Information
- Grievance Procedure
- Health and History Questionnaire
- Notice of Direct Interest
- Notice of Privacy Practices (HIPAA)
- Patient Rights and Responsibilities
- Policy on Advance Directives
- Tuberculosis Questionnaire

I acknowledge that I am in receipt of the above listed forms prior to my surgery and I understand that it is my responsibility to read, understand, complete, sign and return the attached on my surgical day.

Patient Printed Name

Date

Patient Signature