



Form # 7.0

We are please to inform you that Mirage Imaging, LLC is a physician owned imaging facility that continually strives to provide quality healthcare in a patient friendly environment. The physician who referred you to us, may have ownership in Mirage Imaging, LLC. A list of physician owners or investors is available to you by contacting imaging staff at 620-662-6000, ext 641.

In compliance with Kan. Stat. Ann. 65-2836 and 65-2837, this is to notify you that as a patient, you have the right to choose to receive your imaging services at Mirage Imaging, LLC or at a facility of your choice.

Patient signature _____

Patient name (printed) _____

Date _____