

**MEMO: TO ALL PATIENTS
OF BUCCI LASER VISION
AND / OR FUTURE PATIENTS OF
ANGELINA THERESA BUCCI EYE SURGERY CENTER, INC.**

THIS IS TO PROVIDE ADVANCE NOTICE OF THE FOLLOWING INFORMATION:

- 1. Frank A. Bucci, Jr., M.D. has sole ownership and financial interest in the Angelina Theresa Bucci Eye Surgery Center, Inc.**
- 2. A copy of the Angelina Theresa Bucci Eye Surgery Center's Patient's Bill of Rights and Responsibilities is attached.**
- 3. Bucci Laser Vision and Angelina Theresa Bucci Eye Surgery Center has implemented an Identity Theft Prevention Program Policy. As part of this Policy we will be requesting a copy of your driver's license or other government issued photo ID; or any identifying cards that include name, date of birth and / or current address. A copy of current insurance card will also be requested. A copy of our Policy is available on request.**
- 4. Angelina Theresa Bucci Eye Surgery Center's Policy is to inform patients that our Center does not honor Advance Directives. Therefore in the event of a life threatening situation life will be sustained at the facility and patient will be transferred to the hospital via ambulance. Information on Advance Directives in Pennsylvania is available on request from our Director of Surgical Services.**

DO YOU HAVE AN ADVANCE DIRECTIVE?

(PLEASE CIRCLE) YES OR NO

DO YOU WANT INFORMATION ON ADVANCE DIRECTIVES?

(PLEASE CIRCLE) YES OR NO

PATIENT'S NAME: _____

DATE: _____

PATIENT'S SIGNATURE: _____

Signature provides proof of advance notification of the receipt of the above policies.

Form received in office on _____ / _____. **(FOR OFFICE USE ONLY)**
Date Initial