

Lee A. Kleiman, M.D., F.A.C.S *Board Certificed, ABFPRS,ABO*

Dear Patient:	
	r is to inform you that Lee A. Kleiman, M.D., owns an mbulatory Surgery Center located at 621 Ridgely Avenue,
of a business interest in A this statement must infor healthcare services from	named physician discloses the existence of the ownership Arundel Ambulatory Surgery Center. Under Maryland Law, rm you that you may choose to obtain the above described another healthcare facility. Maryland Law further requires a above statement in writing.
This signed disclosure of records.	beneficial interest will be inserted into your medical
Sincerely,	
Lee A. Kleiman, M.D., F.A. Owner Severn River ENT Plastic	
I acknowledge the forego	oing statement.
Date Na	ame of Patient