

DISCLOSURE REGARDING RESEARCH PROGRAMS

Research Programs

Dr. Singleton may ask if you would like to participate in a clinical trial or other research program. These programs may be sponsored by a drug company or may be part of a government research program. Your physician may be compensated for services rendered in connection with these programs. **You are not obligated to participate in any research program and your permission will be obtained prior to your participating in a program your physician believes may be appropriate for you.**

Please feel free to ask Dr. Singleton if you have any questions about a particular Research Program.

Printed Patient Name _____

Patient Signature _____

Date _____