

# **CENTRAL JERSEY HAND SURGERY P.A.**

## **Hand - Wrist - Forearm – Microsurgery**

Gary M. Pess, M.D., FAAOS, FACS  
Diplomate American Board of Orthopedic Surgery  
Certificate of Added Qualification in Surgery of the Hand

Raymond G. Decker, Jr., M.D., FAAOS, FACS  
Diplomate American Board of Orthopedic Surgery  
Certificate of Added Qualification in Surgery of the Hand

George M. Gabuzda, M.D. FAAOS, FACS  
Diplomate American Board of Orthopedic Surgery  
Certificate of Added Qualification in Surgery of the Hand

Teddy L. Atik, M.D.  
Diplomate American Board of Orthopedic Surgery  
Certificate of Added Qualification in Surgery of the Hand

Gregory G. Fedorcik, M.D.  
Diplomate American Board of Surgery  
Certificate of Added Qualification in Surgery of the Hand

Joseph T. Gower, M.D.  
Diplomate American Board of Orthopedic Surgery  
Certificate of Added Qualifications in Surgery of the Hand



2 Industrial Way West  
Eatontown, NJ 07724  
732-542-4477  
Fax 732-935-0355

535 Iron Bridge Rd.  
Freehold, NJ 07728  
732-462-7700  
Fax 732-431-4770

Please refer all replies to  
Eatontown Office

780 Route 37 West  
Toms River, NJ 08753  
732-286-9000  
Fax 732-240-0036

**Visit us on the Web at: <http://www.centraljerseyhand.com>**

Public law of the State of New Jersey mandates that a physician, chiropractor or podiatrist inform his or her patients of any significant financial interest he or she may have in a healthcare service.

Accordingly, Gary Pess, MD, Raymond Decker, Jr, MD, George Gabuzda, MD, Teddy Atik, MD, Gregory Fedorcik, MD and Joseph Gower, MD wish to inform you that they have a financial interest in the following surgery centers at which they perform surgery:

**Physicians' SurgiCenter**

**Metropolitan Surgical Institute**

**Center for Ambulatory and Minimally Invasive Surgery**

You may, of course, seek treatment at a healthcare service provider of your choice. A listing of alternative health care service providers can be found in the classified section of the telephone directory under the appropriate heading.

Patient's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_