

## SB 1448 PROBATION DISCLOSURE TO PATIENTS

[Enter Date]

Dear [Enter Patient's Name]:

I, **[Enter Physician's/Probationer's Full Name]**, have been placed on probation by the Medical Board of California for a period of **[Enter the Length of the Probation Term]**. The effective date of probation is **[Enter Effective Date of Probation]**. The expected probation end date is **[Enter Date Probation is Expected to End]**.

The following are practice restrictions on my license included in the probationary order:

**List All Restrictions Here** (Note: The probationary practice restrictions are available on the physician's profile page on the Board's website [www.mbc.ca.gov](http://www.mbc.ca.gov).)

For more information regarding this probationary order, including a copy of the Decision and/or Accusation, please contact the Medical Board of California:

Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(800) 633-2322  
[www.mbc.ca.gov](http://www.mbc.ca.gov)  
(Include a link to your physician profile page here)

Sincerely,

**[Enter Physician's Name & Signature Block]**

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I, **[Enter Patient's Name]**, have received a copy of this disclosure before my first visit following the probationary order which became effective **[Enter Effective Date of Probation]**. I understand that a copy of this disclosure will be maintained in my medical records and I can obtain more information by contacting the Medical Board of California.

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Patient's Name (Print)

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Patient's Signature

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Date