

READ CAREFULLY
AGREEMENT AS TO RESOLUTION OF CONCERNS

“I”, “Patient/Guardian” shall be understood to mean _____.
NAME OF PATIENT OR GUARDIAN

“Physician” shall be understood to mean Lodze Steckman, MD or any medical associates operating at Jouvence Aesthetics.

I understand that I am entering into a contractual relationship with the Physician for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care to patients and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by the Physician, I, the Patient/Guardian, agree not to initiate or advance, directly or indirectly, any meritless or frivolous claims of medical malpractice against the Physician.

Should I, the Patient/Guardian, have a claim against the Physician, I agree to go to an arbitration court. I agree the arbitrator will be obligated to adhere to the medical code of ethics.

I agree to these provisions.

In further consideration, the Physician agrees to exactly the same above-referenced stipulations.

Each party agrees that the decision from the arbitration court will be treated as supporting or refuting evidence of a frivolous or meritless claim.

Patient/Guardian and Physician agree that this Agreement is binding upon them individually and their respective successors, assigns, representatives, personal representatives, spouses and other dependents.

Patient/Guardian and Physician agree that these provisions apply to any claim for medical malpractice whether based on a theory of contract, negligence, battery or any other theory of recovery.

Patient/Guardian acknowledges that he/she has been given ample opportunity to read this agreement and to ask questions about it.

Patient/Guardian Signature

Physician Signature

Effective from Date of Treatment

Date of Signature