

Walter W. Tom, M.D., F.A.C.S.
Surgeon & Medical Director

AESTHETIC LASER & VEIN CENTER OF THE NORTH BAY

a medical corporation

70 Stony Point Rd., Suite G • Santa Rosa, CA 95401 • (707) 542-VEIN (8346)

AGREEMENT AS TO RESOLUTION OF CONCERNS

“I”, “Patient/Guardian” shall be understood to mean _____.

“Physician” shall be understood to mean **Walter W. Tom, M.D. F.A.C.S.,
Aesthetic Laser & Vein Center.**

Further, I understand that I am entering into a contractual relationship with 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, and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Physician, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical malpractice against Physician.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I (the patient) and/or my representative agree to use American Board of Medical Specialties (“ABMS”) board-certified expert medical witness (es) in the same specialty as Physician. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and / or code of conduct defined for expert witnesses by the American Academy of Cosmetic Surgeons.

In further consideration for this, Physician agrees to the same stipulations.

Patient/guardian and Physician acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to Physician’s reputation and business. Patient/guardian and Physician agree in the event of a breach to allow specific performance and/or injunctive relief.

Physician’s or Duly
Authorized Representative Signature

Patient’s Signature (Date)

Print Name of Physician and
Medical Group Name

Print Patient’s Name