

DOCTOR - PATIENT CONTRACT

H E A L I N G T H E E Y E

& Wellness Center

Dr. Edward C. Kondrot, MD (H), CCH, DHT

2001 W Camelback Rd Suite 255

Phoenix, AZ 85015

I understand that in seeking medical and/or surgical treatment from Edward C. Kondrot, MD (H), CCH, DHT., who will hereinafter be referred to as the "Doctor", whether speaking of one or more of them. I am not required to use him/her as my doctor for myself or my family as there are other doctors as well qualified who practice medicine in the specialty of ophthalmology and homeopathy and that he/she is willing to refer me to them. I understand that if I waive any liability for his/her care of me and my family. I will help the Doctor(s) keep down the expenses of his/her practice of medicine due to savings in avoiding malpractice insurance and malpractice lawsuits, the expenses of which would otherwise be passed on to me and his/her other patients in higher fees. I enter into this contract voluntarily and I understand I am waiving my right to bring a claim against the Doctor(s) for any negligent act or omission he/she may commit in his/her treatment of me or for any breach of the contractual obligation to me to render to me that standard of medical care which is rendered in this contract applies to all of his/her medical care to me.

I specifically release the Doctor(s) from any liability to me and I hereby release, discharge and acquit the Doctor(s) from any and all claims for loss, damage or injury of any nature whatsoever to my person, my family, or estate resulting in any way from or in any fashion arising from, connected with or resulting from the Doctor's medical treatment of me or my family whether caused by malpractice or negligent acts of the Doctor(s), his/her agents, or employees or servants or otherwise. This contract is clearly intended to protect the Doctor(s) against his own negligence and I so understand it.

Further, I specifically release the Doctor(s) from any liability to me and my family which I may claim resulting from a lack of consent or lack of informed consent on my part to the particular treatment he/she or his/her agents or employees may render to me or my family, including the effects of that treatment which the Doctor may or may not have discussed with me.



I voluntarily enter into this contract in order to induce the Doctor(s) to render to me medical and/or surgical care at his/her most reasonable cost.

Additionally, if the aforementioned release and waiver is determined by any court to void, void able or not binding upon me, I am willing to submit any claim for loss, damage or injury of any nature whatsoever to my person or estate resulting in any way from or in any fashion arising from connected with or resulting from the Doctor's medical and/or surgical treatment of me whether caused by malpractice, breach of contract or negligent acts of the Doctor, his agents, employees, servants or otherwise, to binding arbitration. In such arbitration I agree that there shall be three arbitrators, two of them shall be medical doctors with qualifications similar to Dr. Kondrot in homeopathy and ophthalmology. Each party shall choose one arbitrator and the two arbitrators shall choose the third. The decision of the arbitrators shall be final and binding upon me with respect to the decision of liability and amount.

In witness whereof; I have signed this contract, this _____ day of _____ , 20 _____ .

Witness: _____

Patient: _____

Physician Signature: _____