

**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 William Grant Stevens, M.D., Michelle A. Spring, M.D., Luis H. Macias, MD, Cory Felber, Carla Lovato, Laura Pietrzak, Marina Plastic Surgery Associates, Marina Outpatient Surgery Center, or Grant Stevens, MD, Inc.

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, initiate or pursue a meritorious medical malpractice claim against the Physician, I agree to use as expert witnesses (with respect to issues concerning the standard of care), only physicians who are board certified by the American Board of Plastic Surgery. Further, I agree that these physicians retained by me or on my behalf to be an expert witness will be members in good standing of the medical specialty society the American Society for Aesthetic Plastic Surgery. I agree the expert will be obligated to adhere to the code of ethics defined by the American Society of Plastic Surgeons.

I agree to require any attorney I hire and any physician hired by me or on my behalf as an expert witness to agree to these provisions.

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

Each party agrees that a conclusion by a specialty society affording due process to an expert 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**