ARBITRATION AGREEMENT – DOCTOR/PATIENT

This agreement is made between Eastlake Center for Implants and Restorative Dentistry, their employees, servants or any forgoing referred to hereafter as “dentist” and

(Patient’s Name)

referred to hereafter as the “patient”. It is the intention of the parties of this agreement to bind not only themselves, but also their heirs, personal representatives, guardians or any persons deriving their claims through or on behalf of the patient.

It is understood by the patient that he or she is not required to use the aforesaid dentist for dental care, treatment and surgery, and that numerous other dentists in the state of Florida and West Central Florida are qualified to perform dental care, treatment and surgery.

It is further understood that in the event of any controversy or dispute which might arise between the dentist and patient, regardless of whether the dispute concerns the dental care rendered, payment or dental and surgical fees or any other matter whatsoever, then the parties agree that the dispute shall be resolved by arbitration as provided by the Florida Arbitration Code, Chapter 682, Florida Statues. This arbitration shall be binding and shall be in lieu of and instead of any trial judge or jury. Each party shall choose one arbitrator and the two arbitrators shall choose a third arbitrator. Each party shall be entitled to the discovery provided for Rules 1.280-1.390, Florida Rules of Civil Procedure. The panel of arbitrators shall hear and decide the controversy, and decision shall be binding on all parties, and may be enforced by a court or competent jurisdiction in and for Pinellas County, Florida.

This agreement shall remain in effect for all dental treatment and/or surgery provided the patient presently and at any future date.

In witness whereof, I (we) have set our hand this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Dr. Mayur Mehta Patient Signature

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 Witness Witness