

Sanford M. Silverman, MD, PA

Comprehensive Pain Medicine

Diplomate American Board of Anesthesiology
Certified Pain Management American Board of Anesthesiology
Diplomate American Board of Pain Medicine
www.cpmedicine.com

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AGREEMENT AS TO RESOLUTION OF CONCERNS

"I", "Patient/Guardian" shall be understood to mean _____. (*Insert name of patient or guardian*)

"Physician" shall be understood to mean **Sanford M. Silverman, MD, PA**

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 adhere to the guidelines and / or code of conduct defined for expert witnesses by the American Society of Interventional Pain Physicians, American Board of Anesthesiology

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

Physician

Patient/Guardian

Effective from Date of Treatment:

Date of Signature