

AGREEMENT AS TO RESOLUTION OF CONERNS

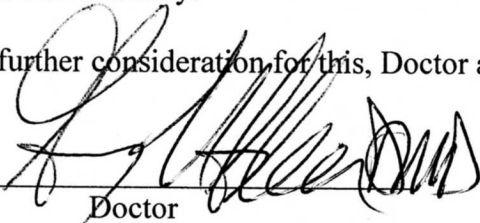
"I", "Patient/Guardian" shall be understood to mean _____.

"Doctor" shall be understood to mean Gary N. Steen, DMD and Gary N. Steen, DMD,PA.

Further, I understand that I am entering into a contractual relationship with Doctor for professional care. I further understand that meritless and frivolous claims for medical/dental malpractice have an adverse effect upon the cost and availability of healthcare, and may result in irreparable harm to a healthcare provider. As additional consideration for professional care provided to me by Doctor, 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/dental malpractice against Doctor.

Furthermore, should a meritorious medical/dental malpractice case or cause of action be initiated or pursued, I (the patient) and/or my representative agree to use expert witness(es) who practice primarily in the same specialty as Doctor. 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 Academy of General Dentistry.

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



Doctor

Patient/Guardian

Effective from Date of Treatment:

Date of Signature