Advanced Dermatology and Laser Center
BEN M. TREEN, M.D.
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STATE OF SOUTH CAROLINA)

COUNTY OF GREENVILLE)

IRREVOCABLE AGREEMENT TO ARBITRATE

The undersigned patient knowingly and voluntarily agrees to waive, release, forego and relinquish his or her right to a jury trial so that Dr. Ben Treen will provide medical services to me on this date and in the future. If any disputes, claims, disagreements, or controversies arise out of my treatment, including but not limited to: payment for my medical treatment; professional negligence by Dr. Treen; or lack of informed consent, then I agree to submit those matters to binding arbitration pursuant to the South Carolina Act (15-48-10 et. seq.).

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT.

Agreed to on this date:_____

_____
Patient Name Printed

_____
Patient Signature

_____
Witness