

Refund and General Release

PROFESSIONAL
PROTECTOR PLAN®
FOR DENTISTS



The patient, _____, will hold harmless and indemnify, the doctor, _____, against any claims, and actions, in exchange for \$_____.

The patient, _____, hereby releases the doctor, _____, and all other involved persons and their successors from any and all claims and liabilities arising from treatment provided by the doctor from the period of time _____ to _____.

I make this decision of my own free will relying upon my knowledge and judgement of any injury I may have sustained during treatment and my decision to release has not been affected by any false statements or representations pertaining to those injuries.

I understand that this action is just a business decision and agree this represents a compromise regarding a dispute between the patient and the doctor. Accordingly this payment or waiver of fee is not an admission of any liability regarding the doctor, _____.

Further, the terms and conditions of this settlement are to be kept confidential and will not be disclosed to any other party in the future.

I have carefully read this release and understand its contents, and I am signing it of my own free act.

Signed: _____ Date: _____

Patient _____

Signed: _____ Date: _____

Witness _____