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I _____ understand that I am entering into a contractual relationship with Scott M. Gulinson, M.D for professional care. I further understand that merit less 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 Scott M. Gulinson, M.D., I _____ and or my representative agree not to advance, directly or indirectly, any false, merit less, and or frivolous claims of medical malpractice against Scott M. Gulinson, MD.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I _____ and or my representative agree to use ABMS board-certified expert medical witnesses in the same or similar specialty as Scott M. Gulinson, M.D. Furthermore I agree that these expert witnesses will adhere to guidelines and or code of conduct defined by the specialty societies for expert witnesses in the area of medicine that would typically have the background and experience to opine such a case. In further consideration for this, I Scott M. Gulinson, M.D., agree to the same stipulation.

Physician/ Office Representative

Patient

Date: _____