

EDWARD J. McPherson, M.D.
Release of Responsibility in
Litigated Cases

I, the undersigned, hereby agree to the following:

1. I have consulted Dr. McPherson in his capacity as a medical doctor and orthopedic surgeon, and have submitted to treatment for my orthopedic condition only.
2. In exchange for receiving medical treatment, I will not seek Dr. McPherson's legal opinions or medical conclusions for use in any litigation, insurance claim, arbitration, mediation or other proceeding that may commence as a result of my condition and/or injury. I understand that while any and all of my medical records will be available in the above referenced legal proceedings and/or claims, I will not hold Dr. McPherson responsible in any manner.
3. Specifically, Dr. McPherson will not accept or return phone calls or correspondence from any party, attorney, arbitrator mediator, fact finder or insurance company and will not voluntarily testify in deposition, arbitration, trial or other proceeding.

Printed Name of Patient

Signature of Patient

Signature of Witness

Date of Signature