ANA C. MELNYK, D.D.S. 7150 FOOTHILL BLVD. TUJUNGA, CA 91042 Tel # 818-352-2669 Fax # 818-352-4980

Patient's Name:	Date:
DENTAL SERVICES AGREEMENT	
ANA C. MELNYK, D.D.S.	("Doctor"), and the undersigned patient ("Patient") have agreed as follows:
GENTLY OR INCOMPETENTLY RENDERE FORNIA LAW, AND NOT BY A LAWSUIT O JUDICIAL REVIEW OF ARBITRATION PRO	NY DISPUTE AS TO DENTAL MALPRACTICE, THAT IS AS TO WHETHER ANY DENTAL NTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY NEGLICED, WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PROVIDED BY CALIFOR RESORT TO COURT PROCESS EXCEPT, AS CALIFORNIA LAW PROVIDES FOR DOCEDINGS, BOTH PARTIES TO THIS CONTRACT, BY ENTERING INTO IT, ARE GIVING HAVE SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD TION.
officers, directors, shareholders, agents, rep writing to be bound by the arbitration provisi SHALL BE BY BINDING ARBITRATION AD Commercial Arbitration Rules of the Americ to an Arbitrator who is a dentist licensed in the cannot agree a sole Arbitrator, each party sea third dentist proceeding under the rules of Arbitrators who are dentists may be added to	and, controversy or dispute the essential nature of which involves personal injury, malpractice either or not minors, family at law or personal representatives against Doctor or any of Doctor's presentatives, employees, successors in interests, assigns or associates agreeing in ions of this agreement ("Affiliates"). THE SOLE METHOD FOR RESOLVING SUCH DISPUTE DMINISTERED BY THE AMERICAN ARBITRATE ASSOCIATION in accordance with the can Arbitration Association. The parties hereby agree that they shall submit their controversy California. Such Arbitrator shall be acceptable to both parties. In the event that the parties hall pick an Arbitrator who is a dentist licensed in California and the two Arbitrators shall pick the American Arbitration Association. Not withstanding, the foregoing two additional by the parties by agreement in writing to create an arbitration panel of three. It is agreed that attitlement of any dispute subject to this agreement may be intervened or joint.
tees and the arbitrator's fee, in prosecuting	oitration pursuant to this agreement shall be awarded all cost, including reasonable attorney's or defending the claim in arbitation, but not to exceed \$5,000 in amount. Furthermore, if any se attack the binding arbitration award, the losing party in the court action shall bear all the le attorney's fees.
ARTICLE 4. Any party initiating arbitration upon the HUNDRED DOLLARS (\$500) which storevail.	under this agreement shall file with his petition all bond or cash surety in an amount equal to hall provide security for attorney's fees and costs in the event that the moving party shall not
execution of this agreement is a precondition	Ill future services rendered to Patient by Doctor and Doctor's Affiliates and Associates, on to the furnishing of services by Doctor, but this agreement may be responded by written ignature. After this thirty days, this agreement may be changed or revoked only by a written
ARTICLE 6. Doctor hereby agrees to rende the rendering of a bill at the currently prevail	er dental care and service rendered to Patient. Patient agrees to pay Doctor prompty upon ling rates, or to cooperate with Doctor in obtaining payment from third payors.
ARTICLE 7. Except for the fact that Doctor is executed, Doctor has made no other representations.	has indicated professional services will not be rendered to Patient unless this agreement esentations or statements, oral or written, to induce Patient to execute this agreement.
ARTICLE 8. In the event that any provision provision shall be stricken and of no force a and effect, and to the extend required, shall	of this agreement shall be voided or unenforceable for any reason whatsoever, then such nd effect. The remaining provisions of this agreement, however, shall continue in full force be modified to preserve their validity. This agreement shall be governed by California Law.
THIS IS BINDING LEGAL DOCUMENT WH ATTORNEY ON ANY QUESTION YOU MAY	IICH MAY HAVE AN IMPORTANT EFFECT ON YOUR LEGAL RIGHTS. CONSULT YOUR Y HAVE.
	YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL/DENTAL MALPRACTICE DECIDED RE GIVING UP YOUR RIGHT TO JURY OR COURT TRIAL.
(PATIENT SIGNATURE)	DOCTOR
(PATIENT'S GUARDIAN OR REPR	RESENTATIVE) DATE OF SIGNING

(RELATIONSHIP TO PATIENT)