

Practice Policy Forms

Release/Refund

In exchange for the refund of \$ _____, I release Dr. _____ from any liability associated with the treatment of _____. I understand that the issuance of this refund is a business/practice management decision and is not an admission of liability or wrongdoing. My acceptance of this refund discharges Dr. _____ from any liability or damages stemming from the treatment administered. No further action or lawsuit related to this matter will be brought by either party, as the intent of this release is to fully to resolve the matter between myself and Dr. _____.

Patient Name: _____

Patient Signature: _____

Witness: _____

Date: _____

This sample document contains information that you may use or modify for your practice's needs. Your needs may vary based upon the laws in your state. This document does not constitute legal advice.