

Patient: _____

Date: _____

Consent to Treatment for Non-Ontario Residents

GOVERNING LAW

The patient agrees that the relationship between himself/herself and Dr. Bruno Paliani shall be governed and construed in accordance with the laws of the Province of Ontario.

JURISDICTION

The patient acknowledges that the treatment/service is to be performed in the Province of Ontario and agrees that the Courts of the Province of Ontario shall have exclusive jurisdiction to adjudicate any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment. The patient hereby agrees that he/she will commence any such legal proceedings in the Province of Ontario and only in the Province of Ontario and hereby submits to the jurisdiction of that Province.

Patient's Signature

Patient's Name (printed)

Date

Place (city)

Witness's Signature

Witness's Name (printed)