



MIAMI CENTER FOR
PLASTIC SURGERY
Gabriel E. Salloum M.D., F.A.C.S.

PHYSICIAN GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
(Apellido) (Nombre) (Initial)

ADDRESS: _____
(Dirección)

CITY: _____ STATE: _____ ZIP CODE: _____
(Ciudad) (Estado) (Código Postal)

TELEPHONE: _____ WORK: _____ CELL: _____
(Teléfono) (Teléfono del Trabajo) (Celular)

EMAIL: _____
(Correo Electronico)

(We constantly send out giveaways and special offers via e-mail! And even better, we NEVER disclose our patients' information with third parties!)

DATE OF BIRTH: _____ AGE: _____ SEX: _____ SOCIAL SECURITY: _____
(Fecha de Nacimiento) (Edad) (Sexo) (Seguro Social)

MARITAL STATUS: _____ REASON FOR VISIT: _____
(Estado Civil) (Razón de Su Visita)

EMPLOYER: _____ OCCUPATION: _____
(Empleador) (Ocupacion)

WHO REFERRED YOU TO OUR OFFICE? _____ MAY WE THANK THEM? _____
(Por Quien Fue Referido) (Podemos Agradécelos)

HOW DID YOU HEAR ABOUT US? WEBSITE GOOGLE MAGAZINE GROUPON
(Como Escucho De Nosotros)

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT #: _____
(Nombre De Contacto de Emergencia) (Teléfono De Contacto de Emergencia)

EMERGENCY CONTACT RELATION: _____



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AREAS OF INTEREST: (MARK ALL THAT APPLY)

FACIAL PROCEDURES

- BLEPHROPLASTY (EYELID LIFT)
- BOTOX
- BROW OR FOREHEAD LIFT
- FAT INJECTION
- FACIAL LIPOSUCTION
- FACE OR NECK LIFT
- OTOPLASTY (EAR PINNING)
- SKIN RESURFACING , LASER ETC
- DERMAL FILLERS
- RHINOPLASTY

BREAST PROCEDURES

- BREAST AUGMENTATION
- BREAST RECONSTRUCTION
- BREAST REDUCTION
- MASTOPEXY (BREAST LIFT)
- NIPPLE REDUCTION OR INVERSION

BODY PROCEDURES

- ABDOMINOPLASTY (TUMMY TUCK)
- BRACHIOPLASTY (ARM LIFT)
- FULL BODY LIFT
- LIPOSUCTION

OTHER PROCEDURES

- SKIN CARE
- LESIONS/MOLES
- TELANGECTASIA (SPIDER VEINS)
- LASER HAIR REMOVAL
- LEG VEINS
- ROSACEA
- HAIR RESTORATION
- VELASHAPE



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PHYSICIAN – PATIENT ARBITRATION AGREEMENT

Preface:

I, Dr. Gabriel Salloum, have decided under Florida Law to practice without Malpractice insurance. Under this practice, this Arbitration Agreement (“Agreement”) should be read carefully and fully understood. If you have any questions before or after reading and signing this statement please ask the staff or my office manager. Please read this document clearly. Thank you for your consideration.

Article 1: Agreement to Arbitrate: It is understood that my dispute as to medical malpractice that is, as to whether any medical services rendered under this contract were unnecessary, authorized or were improperly, negligently, or incompletely rendered, will be determined by submission to arbitration as provided by the Florida Arbitration Code, Chapter 682, and not by a lawsuit except as Florida law provides for judicial review or arbitration proceeding. Both Parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must Be Arbitrated: It is the intention of the parties that this Agreement bind all parties whose claims may arise out of related treatment or services provided by the physician including any spouse or heir of the patient or any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of a pregnant mother, the term “patient” herein shall mean both the mother and the mother’s expected child or children. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician’s partners, associate, association, corporation or partnership, and the employees, agents and estates of any of them must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties and must be within the time frame set forth in F.S.95.11 dealing with medical malpractice. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of demand for neutral arbitrator by either party. Each party to the arbitration shall pay such party’s prorated share of the expenses and fees to the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party’s own benefit. Arbitration shall take place within 30 days after the completion of discovery as provided in the Florida Rules of Civil Procedures (Rules 1.0280-1.0390) and the decision of the arbitration panel shall be binding upon the parties for all purposes. The time to responding to discovery requests shall be 10 days. All discoveries shall be completed within 2 months after the appointment of the panel of arbitrators, unless the time for the discovery is extended for good cause by the panel. The arbitration panel shall decide any disputes regarding discovery. The arbitration panel is expressly authorized to award all reasonable fees and costs, including attorney’s fees, to the prevailing party against any part who has violated this Agreement. The parties agree that the arbitrators have the immunity of a judicial officer for civil liability when acting in the capacity of arbitrator under this contract. The immunity shall supplement, not supplant, any other applicable statutory or common law provisions.

Patient’s initials _____



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- continue -

Either party shall have the absolute right to arbitrate separately the issues of liability and damages, upon written request to arbitrate separately the issues of liability and damages, upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be proper additional party in court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

Article 4: General Provision: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in on proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in civil action, would be barred by the applicable Florida statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for the arbitrator shall be governed by the Florida Rules of Civil Procedure provisions relation to arbitration.

(Patient's or Patient's Representative's Signature)

Date

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and effect and shall not be affected by the invalidity of any other provisions.

I understand that I have the right to receive a copy of this Arbitration Agreement.

“YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE”

UNDER FLORIDA LAW, PHYSICIANS ARE GENERALLY REQUIRED TO CARRY MEDICAL MALPRACTICE INSURANCE OR OTHERWISE DEMONSTRATE FINANCIAL RESPONSIBILITY TO COVER POTENTIAL CLAIMS FOR MEDICAL MALPRACTICE. THIS IS PERMITTED UNDER FLORIDA LAW SUBJECT TO CERTAIN CONDITIONS. FLORIDA LAW IMPOSES PENALTIES AGAINST NON-INSURED PHYSICIANS WHO FAIL TO SATISFY ADVERSE JUDGEMENTS ARISING FROM CLAIMS OF MEDICAL MALPRACTICE. THIS IS PROVIDED UNDER PURSUANT TO FLORIDA LAW.

“SU DOCTOR HA DECIDIDO NO TENER SEGURO DE MALAPRACTICA”

BAJO LA LEY DEL ESTADO DE LA FLORIDA, SE REQUIERE QUE LOS DOCTORES EN MEDICINA TENGAN SEGUROS DE MALA PRACTICA O, TENER QUE DEMOSTRAR SER FINANCIERAMENTE REPOSABLES PARA PODER CUBRIR RECLAMOS DE MALA PRACTICA MEDICA. ESTO ES PERMITIDO BAJO LA LEY DE LA FLORIDA BAJO CIERTAS CONDICIONES. LA LEY DE LA FLORIDA IMPONE PENALIDADES A LOS DOCTORES QUE NO ESTEN ASEGURADOS Y QUE NO SATISFAGAN JURISDICCIONES ADVERSAS POR DEMANDAS EN SU CONTRA COMO RESULTADO DE UNA MALA PRACTICA MEDICA. ESTA NOTA ESTA BASADA BAJO LA LEY DE LA FLORIDA.

PATIENT SIGNATURE: _____

(Firma De Paciente)

Date: _____

(Fecha)

PRINT NAME: _____

(Imprima Su Nombre)