

RELEASE OF ALL CLAIMS

FOR AND IN CONSIDERATION of the sum of _____ Dollars
(\$ _____), the receipt of which in the form of a check is hereby acknowledged,
I _____, the undersigned, do hereby voluntarily RELEASE,
ACQUIT ABSOLUTELY, and FOREVER DISCHARGE, and do for myself, my heirs,
executors, legal representatives, successors, and assigns RELEASE, ACQUIT, ABSOLUTELY
ABSOLVE, and FOREVER DISCHARGE Jonathan Penchas DMD, Jonathan Penchas DMD
PA, Associate dentists of Midtown Dentistry, Midtown Dentistry, and any other person, and/or
agents, employees, heirs and assigns of Jonathan Penchas DMD individually, Jonathan Penchas
DMD PA, Midtown Dentistry and his heirs, executors, legal representative, successors, assigns,
agents, attorneys and other representatives from any claims, demands and causes of action of
whatever nature, either civil or criminal and whether in contract or in tort that have accrued of
may ever accrue to the undersigned, and the undersigned's heirs, executors legal representatives,
successors or assigns, for, on account of as a result of, or in any way connected with any and all
claims or damages arising out of the treatment between
_____ and _____ or omission to
treat myself _____ by Jonathan Penchas DMD, Jonathan Penchas DMD PA,
Associate dentists of Midtown Dentistry, Midtown Dentistry.

Further, I _____, in consideration of the foregoing settlement amount, do
hereby decline any right to make, and do hereby waive and withdraw any and all claims and/or
complaints or notices, whether pending or tin the future, to the Better Business Bureau, The
Texas State Board of Dental Association, The Greater Houston Dental Society, and The
American Dental Association.

My receipt of this payment constitutes a final and full settlement of any claim I might have
against the dentist in this particular case, and my cashing of this check is not a contingency for
the effectiveness of enforceability of this release of claims.

NOTICE OF CONFIDENTIALITY:

The publishing by the patient _____, of the contents or terms of this
agreement and/or settlement to anyone other than the parties hereto, whether it be verbally,
written, or otherwise, shall render this agreement null and void, and shall entitle Jonathan
Penchas DMD, Jonathan Penchas DMD PA, Associate dentists of Midtown Dentistry, Midtown
Dentistry to damages in the above amount, as well as attorney's fees, costs of court, and any other
remedies available by law.

Signature _____ Date _____

Address _____

Witness _____ Date _____