

Enforcement of Claims

I,

.....
Surname / first name of patient

.....

.....
Address

.....

Country

hereby confirm that in the event of any detriment being inflicted upon my state of health as a result of treatment by

.....
Surname / first name of doctor

.....

.....
Address

also

.....

Name of representative and/or staff doctor

I will enforce any resulting claims only at the appropriate **Swiss court** in the same locality as the doctor's surgery.

I also declare my agreement that the relevant **Swiss law** applies, with regard to both material law and formal law.

.....
Place, date

.....
Signature

.....
Signature of legal representative