

**Anti Aging Arts Medical Center
Robert F. Sterner, Jr., M.D.
1516 W. Redwood St. Ste. 202
San Diego, CA 92101
619-543-1061**

SUBJECT: DISCLAIMER AND FEE DISCLOSURE

DISCLAIMER:

- 1) IN THE EVENT DR STERNER REQUIRES MEDICAL RECORDS FOR THE COMPLETION OF THE MEDICAL CANNABIS RECOMMENDATION, THE RESPONSIBILITY FOR DELIVERING OR MAILING A RELEASE OF MEDICAL RECORDS TO THE PHYSICIAN(S) IS ENTIRELY YOURS. FURTHER, YOU ARE ENTIRELY RESPONSIBLE TO FOLLOW-THROUGH AND CONFIRM THAT THE PHYSICIAN(S) YOU SENT RELEASES TO WILL SEND YOUR MEDICAL RECORDS TO DR. STERNER.

IMPORTANT: CALL YOUR PHYSICIAN(S) ONCE A WEEK TO CONFIRM THAT THEY HAVE SENT THE RECORDS TO DR. STERNER. ONCE YOU CONFIRM THEY WERE SENT, GIVE DR. STERNER'S OFFICE TWO WEEKS TO PROCESS YOUR PAPERWORK BEFORE CALLING THE OFFICE ON THE STATUS OF YOUR RECOMMENDATION.

FEE DISCLOSURE:

- 2) IN THE EVENT THAT YOU ARE INVOLVED IN ANY FORM OF LITIGATION THAT REQUIRES THE DOCTOR'S TESTIMONY, EXPERT OR OTHERWISE, A FEE OF \$125/HR TRAVEL TIME AND OF \$500/ HR OR FRACTION THEREOF FOR TESTIMONY WILL APPLY.

IMPORTANT: DR. STERNER'S FEES FOR TESTIMONY ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED AND APPLY TO ALL CASES REGARDLESS OF WHETHER YOU OR THE COURT CALLS FOR THE DOCTOR'S TESTIMONY.

SIGNED: _____

PRINT: _____

DATED _____

REMEMBER, ONLY YOU CAN ORDER YOUR MEDICAL RECORDS;
NO RECOMMENDATIONS WITHOUT RECORDS.