

Governing Law and Jurisdiction Agreement

To :

Dr. (name)
.....
..... (address)

I agree that, if there arises any dispute or difference in regard to your management in Malaysia of my healthcare (or the healthcare of my child or ward name), such dispute or difference shall be governed by the law of Malaysia and the courts in Malaysia shall have exclusive jurisdiction in regard to the same.

This agreement shall be binding on my heirs and permitted assigns (or the heirs of my child or ward).

Dated this day of

.....
Signature of patient or patient's parents
or guardian

Name of Patient :

Name of Patient's
Parent or Guardian :

Date :

.....
Signature of Doctor

Name of Doctor :