

Medical Decisionmaking Institute

www.MedAgree.com

Consulting Application for Shared Decision Making Agreements

Please provide the following information and send it by email to: Jerry@MedAgree.com. If your application doesn't require special needs that can be provided for my standard application retainer, you will be notified to pay a basic retainer of \$500 online, or a modified retainer, and may expect to receive your personalized Shared Decision Agreement within ten business days.

Date of Application:

Your name and practice specialty(s):

Corporate affiliations and fictitious names used:

Office address, telephone and email address:

Your website:

Your medical school and graduation date:

Residencies and dates:

Board Certifications and dates:

Non-standard treatment modalities employed in your practice:

Trainings and certifications in non-standard treatment modalities and dates:

Special Needs: