

Participating Physician Agreement

I _____ certify that:

1. I am licensed to practice ophthalmology or optometry in _____ (US State, or International Country).
2. I agree to follow the protocol for “betadine for EKC” as Documented on www.betadineforEKC.com, and to obtain Informed consent as provided.
3. I agree to report results of all patients treated.
4. I agree to provide liability coverage for my patient care. This protocol is provided to improve the ‘practice of medicine’ and all responsibility for liability resides with the treating physician.

Witness _____ Date _____

Printed Name _____

Signature _____

FAX signed agreement to 1-732-219-9557