



NON-SOLICITATION AGREEMENT

I, _____, (Patient, Power of Attorney, Executive Director, Department of Nursing, etc.) hereby truthfully state that I have not been solicited by Integrated Healthcare Mobile Solutions, LLC or any of their officers, staff or providers. I willfully wish to execute my/my family member's/my resident's/my client's legal rights to choose my own medical provider(s). Thus, I have chosen Integrated Healthcare Mobile Solutions, LLC for their medical services at my own free will.

Signature _____

Print Name _____

Title _____

Date _____