



TRIAL LAWYERS SINCE 1877

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AUTHORIZATION

TO: _____

Address: _____

RE: _____

Date of Birth: _____

OHIP #: _____

The undersigned, hereby authorizes you to release to my solicitors, Messrs. Beament Hebert Nicholson, Barristers & Solicitors, 979 Wellington Street W, Ottawa, Ontario, K1Y 2X7, any and all information they may require in connection with my physical condition and injuries, including but not limited to all X-rays, hospital records, medical reports, progress notes, nurses notes, reports on diagnostic tests, medical opinions and/or any other knowledge or information which you may possess, and for so doing, let this be your good and sufficient authority.

DATED at Ottawa this _____ day of _____, 20____.

SIGNATURE: _____

WITNESS: _____