



TRIAL LAWYERS SINCE 1877

**BEAMENT
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OTTAWA PERSONAL INJURY LAWYERS

Personal Injury Law Experts

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AUTHORIZATION

**TO: Ministry of Health
O.H.I.P.
Lawyers Enquiry Service
7th Floor – 75 Albert Street
Ottawa, ON
K1P 5Y9**

RE: _____

Date of Birth: _____

OHIP # _____

The undersigned hereby authorizes and directs you to forward to my solicitors, Messrs. Beament Hebert Nicholson, Barristers & Solicitors, 979 Wellington Street W., Ottawa, Ontario, K1Y 2X7 your decoded list of services setting out the medical services provided to me during the period _____ to the present and this shall be your good and sufficient authority for so doing.

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

SIGNATURE: _____

WITNESS: _____