

<u>Patient Release of Information</u> <u>(Uninsured Services)</u>

Name of Insurance Company/ Employer/ Law Office requesting test: Testing Arranged By: MRI Appointments York, ON N0A 1R0 Tel: 905 765 2620 Toll Free: 1 866 899 4674 Fax: 905 765 7099 Toll Free: 1 866 307 1247 Copies of the report to be sent to by fax: 1) _MRI Appointments - fax- 1 866 307 1247	Patient Name	Claim/ Reference No
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Authorized Signature	Name:	Date:
	Authorized Signature	

In Ontario: This test qualifies for third-party funding because the information provided is required for insurance purposes or medical-legal reasons and qualifies as an uninsured service as defined by the Ontario Health Insurance Act (Ontario Regulation 552 Par 8 and Par 24) or the Workplace Safety Insurance Act.