

Please complete and return this form to update our records:

Please indicate your choice of payment and return with your Visa number or cheque made out to your doctor.

Mailing Address: 390 Steeles Avenue West Unit 1, Thornhill, Ontario L4J 6X2

Surname.....First Name

Other dependent family members living at same address, who
are patients in this office:

Address

City.....Province.....Postal Code

Phone: Home

Work

Cell

Doctor

•

The annual fee is enclosed : Cheque () VISA CREDIT CARD ONLY ()

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Receipt Requested () Email:

[] INDIVIDUAL (\$150 + HST \$19.50) - TOTAL \$169.50

[] COUPLE (\$250 + HST \$32.50) - TOTAL \$282.50

[] FAMILY (\$300 + HST \$39.00) - TOTAL \$339.00
(includes dependent children living in the same house)

VISA NUMBER

Exp. Date

SIGNATURE