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|---|----------------|----------------|----------------|------------|
| PATIENT/ CLIENT ("Client") | Name: | Date of Birth: | | |
| | Address: | City: | Province: | Post Code: |
| | Telephone No.: | Fax No.: | Email address: | |
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|------------------------------|----------------|-----------------|----------------|--------------|
| LAWYER ("Lawyer") | Firm Name: | Contact lawyer: | | |
| | Address: | City: | Province: | Post Code: |
| | Telephone No.: | Fax No.: | Email address: | File number: |
| | | | | |

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| ACCIDENT DATE | |
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MRI SERVICES AGREEMENT

This is an agreement by the Client and Lawyer in favour of West Coast Medical Imaging Inc. ("WCMI").

CLIENT - I hereby:

- (1) request for MRI services from WCMI and agree to pay WCMI's charges below ("Charges") for the services. I also agree to pay 10% per annum simple interest on any outstanding Charges owing to WCMI commencing one year from the date of provision of the services, until full payment of the Charges. The payment of Charges and interest thereon are subject to paragraph (8) below;
- (2) request WCMI to defer immediate payment for their Charges on the terms in this agreement;
- (3) irrevocably direct and authorize my lawyer to disclose to WCMI information about me and my file necessary for WCMI to provide their services under this agreement or to give full effect to the provisions of this agreement, but in doing so I intend to waive no privilege;
- (4) confirm that this agreement is irrevocable, and I agree to notify WCMI in writing if I discharge or change lawyers at any time;
- (5) irrevocably direct and authorize my lawyer (including any lawyer who may represent me following a discharge or change in lawyers) to pay WCMI all Charges and interest thereon promptly upon their receipt of any funds relating to the above accident, including without limitation funds from settlement, judgement, disbursement or reimbursement; and
- (6) agree that in the event my lawyer fails to pay WCMI as directed in the preceding paragraph (5) or if I discharge or change lawyers at any time without the prior written consent of WCMI, I am solely responsible for payment of the Charges and interest thereon in accordance with paragraph (8) below.

Client's signature

Date

LAWYER – I/we hereby:

- (7) acknowledges the Client's obligations to pay WCMI, and the Client's irrevocable direction to pay WCMI in paragraph (5) above;
- (8) acknowledge and agree that the Charges and interest thereon is only due and payable if: (a) the Client (or we on behalf of the Client) receives funds relating to the above accident including without limitation funds from settlement, judgement or disbursement reimbursement; and if we receive such funds we agree to promptly pay to WCMI Charges and interest thereon; or (b) the Client discharges or change lawyers at any time without the prior written consent of WCMI, whichever is earlier; and
- (9) agree to immediately notify WCMI in writing if we are discharged as counsel to the Client or my solicitor/client relationship is terminated for any reason, and agree to provide a copy of this agreement to any new counsel representing the Client relating to the above accident.

Lawyer's signature

Date

MRI Services Charges: \$1295.00-\$1850.00 (per scanned area plus \$325.00 if intravenous Gadolinium contrast is requested), depending on the body region scanned, and applicable taxes.