

AUTHORIZATION

RE:
D.O.B.

I, _____, of the City of Calgary, in the Province of Alberta,
HEREBY AUTHORIZE AND DIRECT you to forward to Michael Oykhman, Barrister and
Solicitor, of the firm:

Savage Oykhman
Suite 840, 396 11th Avenue SW
Calgary, Alberta
T2R 0C5
Telephone: (403) 266-4440
Fax: (403) 234-0337

any and all medical information that he may require respecting my medical condition including,
but not restricted to, any reports, x-ray results, physician's or nurse's notes, hospital records or
laboratory records.

DATED at the City of Calgary, in the Province of Alberta, this _____ day of _____,
201__.

WITNESS