104 - 5668 192nd
Surrey, BC V3S 2V7
Phone: 1-800-317-0627
Fax: 1-800-317-0627
Email: info@tnds.ca
TNDS:

PLEASE FILL OUT ALL FIELDS BELOW - THIS FORM DOES NOT NEED TO BE FILLED OUT BY YOUR DOCTOR

Medical Practitioner's Information

Name: _____

Gender: _____

Address: Street: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

How long have you been attending this office? _____

Type of Physician: ☐ Family Doctor ☐ Nurse Practitioner Specialist _____

Patient's Information

Name: _____

Address: Street: _____ City: _____

Province: _____ Postal Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: (YYYY/MM/DD) _____ Gender: _____

I hereby authorize the above medical practitioner to release any and all information pertaining to my Disability Tax Credit claim to True North Disability Services, and for True North Disability Services to release any information pertaining to my Disability Tax Credit claim to the medical practitioner above.

Patient's Signature: _____ Date: _____