



MRI Financial Services Agreement & Authorization

Lawyer's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_
Firm Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_
Lawyer's Tel & Fax No: \_\_\_\_\_ Patient's Tel & Fax No: \_\_\_\_\_
Lawyer's E-mail: \_\_\_\_\_ Patient's E-mail: \_\_\_\_\_
Lawyer's File No: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

I hereby authorize my lawyer to discuss the particulars of my case and/or to provide Canadian Magnetic Imaging with any information necessary for the provision of the MRI services that have been requested.

I hereby irrevocably direct and authorize my lawyer to have payment for the MRI financial services provided to me paid directly to Canadian Magnetic Imaging from any payments for these MRI financial services received for this accident from whatever source including settlement, judgment or disbursement reimbursement and to promptly notify and pay Canadian Magnetic Imaging upon receipt of such funds.

I understand and acknowledge that payment for the MRI financial services will only be required if and when any payments are received by me or my counsel for this accident from whatever source, including settlement, judgment or disbursement reimbursement.

I understand that Canadian Magnetic Imaging is providing a financial service.

I understand that this agreement is irrevocable and shall apply to any cause of action arising from this accident whether or not I should discharge counsel or substitute counsel at any future time. I further understand and agree to notify Canadian Magnetic Imaging in writing if I change or terminate either this or any future solicitor/client relationship.

\_\_\_\_\_  
Patient's Signature Date

I, the undersigned, being the counsel of record for the above patient, do hereby agree to observe all the terms of the above agreement. Further, I agree to withhold such sums from any payments for these MRI financial services received by me or my firm on behalf of the above patient for this accident whether from settlement, judgment or disbursement reimbursement and to promptly notify and pay Canadian Magnetic Imaging upon receipt of such funds for the MRI financial services rendered.

I furthermore agree to immediately notify Canadian Magnetic Imaging in writing should there occur a substitution of counsel, referral to another lawyer or law firm, retention of co-counsel, or should the solicitor/client relationship be terminated or modified in any manner.

\_\_\_\_\_  
Lawyer's Signature Date