



WELCOME NEW PATIENTS!

Clinic Overview

Medicor was founded in 2006 as a way to enhance the care provided under the public health system in Canada. We have evolved into a specialty treatment center providing highly promising scientifically rational therapies that are generally not available (for administrative, financial or political reasons) through hospitals or oncologists.

We only provide therapies that are legal to use in Canada, and we do not provide therapies that have been proven to be ineffective. We have treatments available for **all cancer types**, and we treat patients of **all ages**. We also have an innovative new 5 point cancer prevention program! Learn about it here: www.prevent-cancer.ca

There are many health care practitioners who treat cancer in different ways. Our experience indicates the best outcomes often result from a combined approach in which certain allopathic therapies (medications, surgery etc.) are used along with non-traditional or natural therapies. As a result, our Medical Director Dr. Akbar Khan (MD) now provides "**integrative care**" in conjunction with qualified naturopathic doctors (ND or equivalent).

Because of his belief in integrative care, Dr. Khan only sees patients who share this philosophy. Consultations and visits at Medicor will therefore be conducted in cooperation with Dr. Andrews, ND.

How to Become a Medicor Patient

This New Patient Package must be completed and submitted to our office (by fax / mail / email or in person) before an appointment will be booked. The only exception is a request **we determine to be urgent**. In that case, an appointment will be given first and the completed forms **must be received by our office at or before the appointment time.**

Relevant medical reports should be brought to the consultation appointment (if applicable): pathology report, latest blood test report, latest scan report, doctor's recent consultation note or doctor's summary note

These can be obtained from your oncologist, family doctor, naturopathic doctor or hospital Medical Records Office. The consultation will be more complete if medical reports are brought along.

Contact Information

Address: 4576 Yonge St, Suite 301, Toronto, M2N 6N4 (at Yonge St and Highway 401)

Phone: 416-227-0037

Fax: 416-227-1915

Email - office manager Yasmine Ibrahim: yibrahim@medicorcancer.com

Please arrive 10 minutes before your appointment time in order to find parking, since the office location is very busy.

Limited parking is available in the building's parking lot and on the street outside the building. Underground parking is not available. Street parking in the neighbourhood has very limited due to new No Parking zones, enforced daily. The nearest public parking lot is at Avondale and Yonge St (N-W corner) across from Starbucks. Check Medicor website for more information: <http://medicorcancer.com/contact/>

Checklist to Book Consultation Appointment

- Patient Questionnaire (completed and signed)
- Medicor General Consent (reviewed and signed)
- Email Policy (reviewed and signed)
- Fees List and Payment Authorization (reviewed and signed)

NON-CANADIAN PATIENTS ONLY:

- Governing Law Agreement (reviewed and signed)

Reports to Bring to Consultation Appointment:

- Copy of latest blood test report, if applicable
- Copy of latest scan report(s), if applicable
- Copy of pathology report(s), if applicable
- Copy of recent doctor's consultation note or doctor's summary note

We look forward to assisting with your care and treatment!

Sincerely,

The Medicor Team



MEDICAL QUESTIONNAIRE

To complete this form on your computer, please use free Adobe PDF Reader:
<https://get.adobe.com/reader/>

PERSONAL INFORMATION	
First Name: _____	Last Name: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Wid. <input type="checkbox"/> Other _____	
Street: _____	Unit # _____
City: _____	State/Prov: _____ Country: _____
Postal Code: _____	
Home phone: _____	Work Phone: _____
Cell phone: _____	Fax number: _____
5. Email address: _____	
6. Date of birth: (day/month/year) _____	
7. Health card number: _____ VC: _____ Health card province: _____ (for Canadian patients only)	
8. Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
9. Who should be contacted in case of emergency?	
Name: _____	Relationship: _____
Contact numbers: _____	
10. Second language (optional): _____	
11. Religion (optional): _____	

Revised Jun 30, 2017

CANCER HISTORY SUMMARY

What type of cancer do you have?

How was it diagnosed?

Diagnosis date:

Was a biopsy obtained? Yes No Not sure

What treatments have you received?

Chemotherapy Yes No Not yet, starting soon Not sure

Radiation therapy Yes No Not yet, starting soon Not sure

Surgery Yes No Not yet, starting soon Not sure

Experimental therapy Yes No Not yet, starting soon Not sure

Natural therapy Yes No Not yet, starting soon Not sure

CANCER HISTORY DETAILS

Please describe **briefly** what happened that led to the diagnosis of cancer.

Please describe **briefly** the sequence of treatment(s), response(s), recurrence(s).

PAST MEDICAL HISTORY

Do you have (or have you ever had) any of the following? *(check only if yes)*

	Disease	√	About when was it diagnosed?
Cardiovascular disease	High blood pressure	<input type="checkbox"/>	
	Angina	<input type="checkbox"/>	
	Heart attack	<input type="checkbox"/>	
	Congestive heart failure	<input type="checkbox"/>	
	Abnormal heart rhythm	<input type="checkbox"/>	
	Blood clot (DVT)	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Lung disease	Asthma	<input type="checkbox"/>	
	Bronchitis/Pneumonia	<input type="checkbox"/>	
	Emphysema	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Kidney disease	Stones	<input type="checkbox"/>	
	Infections	<input type="checkbox"/>	
	Kidney failure	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Liver disease	Hepatitis	<input type="checkbox"/>	
	Jaundice	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Neurological problems	Stroke	<input type="checkbox"/>	
	Seizures	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Diabetes		<input type="checkbox"/>	
High cholesterol		<input type="checkbox"/>	
Thyroid disease: specify		<input type="checkbox"/>	
Skin disease: specify		<input type="checkbox"/>	
Depression		<input type="checkbox"/>	
Stomach or duodenal ulcer		<input type="checkbox"/>	
Previous cancer		<input type="checkbox"/>	

Do you have any other health problem or have you had any operations?

Other Health Problems / Operations	Approximate date(s)

SOCIAL HISTORY

Occupation

Have you ever smoked cigarettes? Yes No

How long? _____ years

How much? _____ per day

Are you still smoking now? Yes No

Do you drink alcohol? Yes No

If yes, how much?

_____ drinks per day OR _____ drinks per week OR occasionally

Have you ever used recreational drugs? Yes No

If yes:

Please list: _____

MEDICATIONS – CONVENTIONAL and NATURAL

Please list all of your **current medications** (name, dose and how often you take them). If you are not sure of the dose, please just list the name(s).

Name	Dose	How often

ALLERGIES / ADVERSE REACTIONS

Have you ever had an **allergy** or **adverse reaction** to any of the following?

Category	Yes √	No √	Please list
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Foods	<input type="checkbox"/>	<input type="checkbox"/>	
Others (pollen, grass, pets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

FAMILY HISTORY

Please provide the following information regarding blood relatives

Relation	List major illness (e.g. diabetes, cancer, ulcers, blood clots, heart, lung, liver, kidney disease)
Father	
Mother	
Sisters	
Brothers	
Children	<input type="checkbox"/> Not applicable How many boys? _____ How many girls? _____
Other	

ECOG PERFORMANCE STATUS

Please indicate your level of activity (check one)	√
Fully active, able to carry on all activities (same as before cancer diagnosis) without restriction.	<input type="checkbox"/> 0
Restricted in strenuous activity but walking and able to carry out light work e.g. office work.	<input type="checkbox"/> 1
Walking and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of the day.	<input type="checkbox"/> 2
Capable of only limited self-care (washing, changing clothes, going to washroom), confined to bed or chair more than 50% of the day.	<input type="checkbox"/> 3
Completely disabled. Cannot carry on any self-care (washing, changing clothes, going to washroom). Totally confined to bed or chair.	<input type="checkbox"/> 4

FUNCTIONAL ENQUIRY

Height: ____ ft ____ in or ____ cm Body weight: _____ pounds kg

Weight Decreasing Stable Increasing

Appetite Decreased Normal Increased

Sleep Decreased Normal Increased

Mood Depressed Normal

Energy level Low Normal High

Do you have any of the following: Check a box $\sqrt{\quad}$ (0=none, 10=worst)

Fever 0 1 2 3 4 5 6 7 8 9 10

Chills 0 1 2 3 4 5 6 7 8 9 10

Sweating 0 1 2 3 4 5 6 7 8 9 10

Mouth sores 0 1 2 3 4 5 6 7 8 9 10

Nausea 0 1 2 3 4 5 6 7 8 9 10

Vomiting 0 1 2 3 4 5 6 7 8 9 10

Food sticking when swallowing 0 1 2 3 4 5 6 7 8 9 10

Pain when swallowing 0 1 2 3 4 5 6 7 8 9 10

Constipation 0 1 2 3 4 5 6 7 8 9 10

Diarrhea 0 1 2 3 4 5 6 7 8 9 10

Cough 0 1 2 3 4 5 6 7 8 9 10

Shortness of breath 0 1 2 3 4 5 6 7 8 9 10

Dizziness 0 1 2 3 4 5 6 7 8 9 10

Palpitations (feeling of abnormal heartbeat) 0 1 2 3 4 5 6 7 8 9 10

Limb swelling legs arms 0 1 2 3 4 5 6 7 8 9 10

Facial swelling 0 1 2 3 4 5 6 7 8 9 10

Headache 0 1 2 3 4 5 6 7 8 9 10

Numbness / tingling of hands or feet 0 1 2 3 4 5 6 7 8 9 10

Any other parts of the body? (if yes, please list):

Restlessness 0 1 2 3 4 5 6 7 8 9 10

Confusion 0 1 2 3 4 5 6 7 8 9 10

Memory problems 0 1 2 3 4 5 6 7 8 9 10

Rash 0 1 2 3 4 5 6 7 8 9 10

Bleeding problems 0 1 2 3 4 5 6 7 8 9 10

Urination problems 0 1 2 3 4 5 6 7 8 9 10

Pain 0 1 2 3 4 5 6 7 8 9 10

If yes, what parts of the body? _____

MISCELLANEOUSIs any "conventional" cancer treatment being offered now? Yes NoAre you or do you think you may be pregnant? Not applicable Yes NoAre you receiving nursing care at home? Yes No Not sure

Do you have a "power of attorney" for:

Personal care? Yes (name: _____) No Not sureFinances? Yes (name: _____) No Not sure**HEALTH CARE INFORMATION**

Please provide the following information about your health care providers:

Specialty	Name	Phone Number	Hospital
Family doctor			
Oncologist			
Radiation oncologist			
Surgeon			
Naturopathic doctor			
Other			

Would you like any of your doctors informed about your treatment with us?

 Name: _____ Fax: _____ Email: _____**MEDICOR**

As per Medicor Cancer Centres Privacy Policy, we do not give confidential personal information over the phone. If such a request is made, we may require correct answers to some questions before giving out any information. This is only for your protection. In order to do this, please provide answers to the following questions:

a. Place of birth _____

b. Mother's name _____

c. Favourite colour _____

How did you find out about Medicor Cancer Centres?
_____*Thank you for providing this information. Please sign and date below.***Signature:** _____**Date:** _____



Common Fees

updated Oct 2017

Medical Doctors' Services – medical services are tax exempt, *HST taxable	\$CDN
Phone / fax / email a repeat prescription (up to 3 drugs)	30
Phone / fax / email a new prescription, includes assessment of a new problem	85
Phone / fax / email copies of test results at patient's request *	20
Fax / email copy of patient chart to other doctor *	100
Phone / email / telemedicine assessment and medical advice (non-urgent)	hourly ¹
Phone / email ongoing care ² (order/interpret tests, discussion/advice, arrange procedures/referrals)	245 / month
Phone / email ongoing care for autoimmune patients ² (RA, MS, colitis, lupus etc.)	125 / month
Phone discussion with patient's other doctor(s), at patient's request	hourly ¹
Forms completion *	hourly ¹
Research into specific treatments by patient request, not with an office visit ³	hourly ¹
Disability Tax Credit form (includes further forms if CRA audits the claim) *	300
CPP Disability Benefits form *	300
Telemedicine Consultation, 3 - 10 day turnaround (<i>by special request only</i>)	504
Telemedicine Consultation, 2 day turnaround (<i>by special request only</i>)	709

1 - Billed at a rate of \$504 per hour of physician time (minimum 5 min or \$42 per contact).

2 - Not covered by OHIP. Required for patients who are on oral therapies, or any patients who prefer to be in close contact with their Medicor doctor. Some patients may qualify for free telemedicine care (see Telemedicine and Email Policy).

3 - Canadian patients: research can be done at no charge during office visits, limited by available appointment time.

Naturopathic Doctors' Services – medical services are tax exempt	\$CDN
Time-based service (per 15 minutes)	45
Integrative Consultation (first visit, with valid health card, except Québec)	390 (350 online) ⁴
Integrative Consultation (first visit, Québec patient)	520 (480 online) ⁴
Integrative Consultation (first visit, non-Canadian or Canadian w. no health card)	690 (650 online) ⁴
Follow up visit	hourly ⁵
Phone or email assessment and medical advice (non-urgent)	hourly ⁵
online payment at: https://shop.prevent-cancer.ca/product/integrative-consultation/	

4 - \$40 discount if paid online before the consultation

5 - Billed at a rate of \$180 per hour of naturopathic doctor time (minimum 15 minutes).

Medications – natural medicines are taxable (unless prescribed)	\$CDN
DCA oral 500mg caps or 200mg/ml oral liquid (depends on dose)	approx. 300 – 800 / month
DCA iv, 250mg/ml x 30ml (7500mg), 1 vial	145
LDN capsules or flavoured oral liquid	approx. 60 - 90 / month
Medications are moving to the new Medicor web store:	
https://shop.prevent-cancer.ca	

Approximate medication prices are shown. Please check with the office for most up-to-date pricing.



Required for all new patients.

CONSENT AND DIRECTION FOR INTEGRATIVE TREATMENT

I hereby confirm that I have been diagnosed with cancer, or have risk of cancer and I have chosen to receive “**Integrative Prevention / Treatment**” at Medicor Cancer Centres Inc. (“Medicor”) which consists of combined therapies provided by a **medical doctor** (M.D.) working with a **naturopathic doctor** (N.D.).

Naturopathic medicine involves the treatment and prevention of diseases by natural means. Naturopathic doctors use gentle, non-invasive techniques in order to stimulate the body’s own healing capacity. A number of the following approaches may be used throughout the course of treatment:

Diet and nutritional supplements are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity and general well-being.

Botanical medicine is a plant based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and/or disease.

Homeopathy is a form of medicine that uses a tiny dose of the same substance which causes adverse symptoms in health people. These minute doses of natural chemicals are used to stimulate the body’s ability to heal itself.

Asian medicine includes the use of acupuncture, Eastern herbs, and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or strong teas to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

Physical medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems.

Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system

Lifestyle counseling involves identifying risk factors and making recommendations to help optimize one’s physical, mental, and emotional environment.

Intravenous therapy involves infusion of natural medicines (such as vitamin C) to address deficiencies, treat disease processes, and promote health. The benefits may include reduction or slowing of disease processes, improved body functions and increased quality of life.

I understand that Medicor provides integrative cancer prevention/treatment based on preliminary favourable medical research, and these treatments are considered to have preliminary scientific proof of effectiveness. I understand that oncologists and the College of Physicians and Surgeons of Ontario consider these promising treatments to be outside of the usual practice of medicine in this province.

Potential Benefits

I understand that:

- Medicor's integrative prevention strategies may delay or prevent cancer from forming, or may allow early detection of cancer
- Medicor's integrative treatments may cause slowing or stabilization of cancer growth, shrinking of cancer, or remission of cancer
- Medicor's integrative treatments may enhance the effects of my other cancer treatments (like radiation or chemotherapy) if taken according to the instructions given to me by my doctors
- Medicor's integrative treatments may improve quality of life
- the likelihood of these benefits is unknown
- Medicor may collect information from my treatment to help doctors and patients learn more about the treatment for cancer, and that this information may be used to help future cancer patients
- my privacy will be maintained at all times in this process

Potential Risks

I understand that:

- some patients experience allergic reactions to some supplements and herbs
- there could be minor pain, bruising, fainting or injury from acupuncture, taking blood, or i.v. insertion
- I will be watched carefully for any side effects
- doctors don't know all the side effects that may happen
- side effects may be mild or serious
- integrative treatments may interact with other medications I am taking, and my doctors will advise me of potential interactions
- naturopathic treatments may interfere with other cancer therapies if I do not follow the instructions given to me by my doctors

Unknown Side Effects

I understand that:

- integrative treatments may cause side effects which are as yet unknown, and unpredictable
- integrative treatments may not be effective at treating my cancer, but are unlikely to worsen my cancer

Monitoring for Side Effects

I understand that:

- while receiving integrative treatments I will be monitored to ensure safety, and for effectiveness of the treatment.

- the exact monitoring will depend on the nature of my cancer, my age, my underlying medical conditions, my concurrent medications and other factors
- in most cases, a detailed assessment and tests will be done at the start of treatment, and ongoing assessment will generally be performed on a regular basis

General

My decision to undergo treatment at Medicor is entirely voluntary. I understand that

- I may discontinue treatment at any time
- treatment may be stopped if the medical staff so determine that it is in my best medical interests
- Medicor is owned by a family member of the Medical Director
- any products, diagnostic tests or treatment provided by the Medical Director and/or Medicor will be only for my benefit, and that I have a choice of where I may obtain them
- the results of integrative treatments are not guaranteed. No guarantee or assurance has been made by anyone from Medicor
- the Medicor office / building is monitored by CCTV cameras for security reasons, but my privacy will be maintained according to current regulations.

I have been given the opportunity to read this form and to ask any questions I may have. I voluntarily consent to integrative prevention/treatment at Medicor.

Costs

I understand that I am responsible for the cost of integrative prevention/treatment, since the medicines prescribed and the services of naturopathic doctors and are not funded by Government Health Insurance and may only be partially funded by Private Medical Insurance. I have read the attached list of **Medicor Fees**. I will also be responsible for the costs of any tests that may be useful for my medical care but are not covered under Government Health Insurance or Private Medical Insurance.

I understand that for any services not on the **Medicor Fees** list, the **naturopathic doctor's time** is charged at **\$45 per 15 minutes**. This includes in-person visits, telephone advice and email advice.

I understand that if I have a valid Health Card from any province (except Québec), in-person visits with the medical doctor are covered by Government Health Insurance. Many important medical doctors' services are not covered by Government Health Insurance. Some examples include:

- telephone or email patient assessments
- ongoing telephone / email communications (although this is free in limited cases)
- new prescriptions given by phone / email / fax to the pharmacy
- repeat prescription given by phone / email / fax to the pharmacy
- completion of certain forms

I understand that for any services not on the **Medicor Fees** list, the **medical doctor's time** is charged at **\$42 per 5 minutes**. This only includes services not covered by Government Health Insurance.

I understand that if I request services not covered by Government Health Insurance, I will be responsible for their costs. I understand that published rates for services are subject to change without notice and the current rate will be available on request from the office manager.

I understand that I may qualify for free ongoing telephone / email communications, based on the attached **Telemedicine and Email Policy**. I have read and understand the **Telemedicine and Email Policy**. I understand the risks associated with email communication, and I consent to the conditions outlined in the policy.

Patient's Signature
(or legal substitute)

Printed Name

Date

The following notice is a legal requirement:

Physician uninsured services are billed at a rate of \$504 per hour of physician time (minimum 5 min or \$42 per contact), which may be greater than the OMA Fee Guide.

Phone / email ongoing care fee is not covered by OHIP (except for limited cases). This is required for patients who are on oral therapies, or any patients who prefer to be in close contact with their Medicor doctor. Some patients may qualify for free telemedicine care. See Telemedicine Policy for details. Option for payment per call / email at \$504/hr. Annual fee is \$2940 (\$1500 for autoimmune patients). Patient may pay monthly instalments for convenience (\$245 for cancer patients or \$125 for autoimmune patients), and cancel any time.

See CPSO Policy: <http://www.cpso.on.ca/Policies-Publications/Policy/Block-Fees-and-Uninsured-Services>



Telemedicine and Email Policy

At Medicor we are pleased to offer telemedicine / email communications to our patients. Communicating information by email can be very convenient, but it creates some issues which you should be aware of:

- The privacy and security of email communication cannot be guaranteed.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of Medicor or the patient.
- Email senders may accidentally misaddress an email, resulting in it being sent to unintended and unknown recipients.
- Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Emails can introduce viruses into a computer system, and potentially disrupt the computer (Medicor uses anti-virus software on all of its computers).

Medicor will use reasonable means to protect the security and confidentiality of email information sent and received. Due to the issues outlined above, Medicor requests that you understand the following:

- Emails to or from you form part of your medical record, and may be printed or saved electronically by Medicor. Other individuals authorized to access the medical record will have access to those emails.
- Emails may be forwarded internally if necessary to those involved in diagnosis, treatment, reimbursement or health care operations. Medicor will not forward emails to independent third parties without your written consent, except as authorized or required by law.
- Medicor will try to read and respond promptly to emails, but we cannot guarantee that any particular email will be read and responded to within any particular period of time. **You should not use email for medical emergencies or other time-sensitive matters.**
- Email communication is not a substitute for clinical examination. You are responsible for following up on the physician's email and for scheduling appointments with the Medicor doctor or your other doctor(s) when it is appropriate.
- If your email requests or requires a response from Medicor and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- You should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, mental health, or substance abuse. Similarly, Medicor will not generally discuss such matters by email (there may be rare exceptions).
- You are responsible for informing Medicor of any types of information you do not want to be sent by email.
- Medicor is not responsible for information loss due to technical failures.
- Emails will be encrypted during transmission using SSL.

Instructions for Communication by Email

To communicate by email, please do the following:

- Limit or avoid using an employer's computer.
- Inform Medicor of any changes in your email address.
- Include in the email: 1) patient name
2) a description in the email's subject line (e.g., "prescription renewal")
- Review the email to make sure it is clear and that all needed information is provided before sending to Medicor.
- Take precautions to preserve the confidentiality of emails.

Should you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on email. Rather, you should call Medicor for advice or an appointment, call your family doctor or specialist, go to the nearest hospital Emergency Department, or take other appropriate action.

Telemedicine and Email Fees

Email and telemedicine are generally not covered by Government Health insurance in Canada. **Individual services** are available to all patients and are billed according to the Medicor Fees List.

Free Services For Canadian patients only (except Québec)

Some email / telemedicine services (patient not present in the office) may be free. For example: ordering tests and interpreting test results, coordinating community and hospital care, discussion with and providing advice.

Canadian patients who have been seen in person at the Medicor office may obtain these free services at Medicor by getting their family doctor or oncologist to sign and fax the form on the next page to the Medicor office.

Note: Québec patients are excluded because the Québec government will not automatically pay for their medical care in Ontario. Québec patients are responsible for payment of all medical services up front and may apply to the Ministère de la Santé for reimbursement.



Certification of Patient Prognosis

This form qualifies the patient for doctor's phone / email care under the fee code G512A.

I confirm that my patient _____ has a diagnosis of incurable cancer and a prognosis of less than 1 year.

I also confirm that I am NOT the most responsible physician providing quality of life enhancing care / treatment ("palliative" care / treatment).

Signature (oncologist or family physician)

Doctor's Name

Date

Please fax back to **416-227-1915**.

Thank you.



Credit Card / Debit Payment Authorization Form

I authorize Medicor Cancer Centres Inc. (MCC) to charge my:

VISA MasterCard AMEX OTHER _____

For:

Integrative MD / ND Consultation - \$390 for Canadians with a valid health card (except Québec)
or
\$350 if paid online (*\$40 discount*)
<https://shop.prevent-cancer.ca/product/integrative-consultation/>

Integrative MD / ND Consultation - \$520 for patients from Québec
or
\$480 if paid online (*\$40 discount*)
<https://shop.prevent-cancer.ca/product/integrative-consultation/>

Integrative MD / ND Consultation - \$690 Non-Canadians or Canadians without a valid Health Card
or
\$650 if paid online (*\$40 discount*)
<https://shop.prevent-cancer.ca/product/integrative-consultation/>

under the terms and conditions agreed to by me with MCC until such time as written notice to the contrary is given. **Consultation services are non-refundable once rendered.**

Credit card number: _____ Expiry date: _____/20_____

Name on the card: _____

Billing address: _____

I consent to disclosure of personal information in this authorization to MCC's financial institution, to the extent necessary. I will notify MCC in writing of any changes in the account information or termination of this authorization 24 hour prior to the next due date of any pre-authorized debit. I agree to pay a fee of \$25 for each transaction that is refused by my financial institution for insufficient funds (NSF). I have read and understood MCC's Refund Policy and Privacy Statement (next page).

Name: _____ Signature: _____ Date: _____

REFUND / CANCELLATION POLICY

If for any reason, you wish to cancel your services, we will gladly offer you a refund based on the following MCC policy.

Consultation services:

A full refund will be given if cancellation is made at least 24 hours before the first appointment. Cancellations made with less than 24 hours' notice before the first Consultation appointment will be subject to a \$100 missed appointment fee. If a Consultation has already taken place, no portion of the consultation fee is refundable.

Medications:

All prescription and compounded medications are non-refundable once dispensed. Medications damaged or lost in transport must be claimed under the insurance of the shipping company. Non-prescription medication such as natural supplements that are sealed and in new condition may be returned for exchange or refund within 14 days of the purchase date. A 15% re-stocking charge applies to returned items (unless defective).

PRIVACY STATEMENT

We are bound by law and ethics to safeguard your privacy and the confidentiality of your personal health information.

This includes:

- collecting only the information that may be necessary for your care;
- keeping accurate and up-to-date records;
- safeguarding the medical records in our possession;
- sharing information with other health care providers and organizations on a "need to know" basis where required for your health care;
- disclosing information to third parties only with your consent or where required by law; and
- retaining or destroying records in accordance with the law.

Your request for care implies consent for the collection, use and disclosure of your personal information for purposes related to your care. As noted above, other purposes require your express consent.

You have the right to request access to or correction of your health records. Please speak to the receptionist for further information.

If you have any specific questions or concerns regarding the use, collection or disclosure of your personal health information, or would like to contact the Information and Privacy Commissioner of Ontario, please feel free to speak with Dr. Humaira Khan (Medicor CEO).



**Governing Law and Jurisdiction Agreement
(For Non-Canadian Patients Only)**

I hereby agree that:

- a) all aspects of the relationship between me and Medicor Cancer Centres Inc., as well as its agents, delegates, employees, and any physicians and other independent health care practitioners providing medical or other health care and treatment to me, or in association with Medicor Cancer Centres Inc., including without limitation any medical or other health care and treatment provided to me, and
- b) the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement,

shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

I hereby acknowledge that the medical or other health care and treatment I receive from Medicor Cancer Centres Inc. will be provided in the Province of Ontario, and that the Courts of the Province of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that medical or other health care and treatment, or from any other aspect of my relationship to Medicor Cancer Centres Inc.

Date

Name of Patient (Please print)

X_____
Signature of Patient or
Substitute decision-maker on behalf of patient