

DIRECTION

Matthew W. Napier, Q.C.
Boyne Clarke
700-33 Alderney Drive
P. O. Box 876
Dartmouth, NS B2Y 3Z5

Dear Mr. Napier:

Please consider this my irrevocable direction and authorization for you to pay from the proceeds of any settlement or Court award arising out of my accident of [*day/month/year*] the account for the cost of treatment provided to me by:

[*Name of Treatment Provider*]
[*Name of Clinic*]
[*Address of Clinic*]

DATED at Dartmouth, Nova Scotia, this _____ day of [month] [year].

WITNESS

Name of Client