



# REQUEST FOR DATE(S) OF VISIT(S) FOR INCOME TAX PURPOSES

Please only one client per form.

Client's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Community/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

MCP #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The list of date(s) of visit(s) provided to you will include visits from all Central Health facilities that use electronic registration. If you require a list of visit(s) from a Central Health medical clinic, community health centre or hospital, please provide the clinic(s) name below.

**Central Health will only provide you with the date(s) of visit(s) for the last calendar year, unless otherwise specified on your request.**

Specify facility and year(s): \_\_\_\_\_

Clients **16 and over** must sign their own form.

\_\_\_\_\_  
Signature of Requestor Date

If the person requesting information is not the client, state the relationship and authority to do so.

\_\_\_\_\_  
Signature of Authorized Representative Relationship

**Please note that date(s) of visit(s) for a clinic/facility not operated by Central Health must be directed to that specific clinic/facility.**

The fee associated with this request is \$10.00 (HST included) per client. **Please submit payment with your request.** The list of date(s) of visit(s) **will be mailed to the requestor.** Please allow up to 60 days for processing.

If paying by cheque, please make cheque payable to Central Health.

### Return options:

**By mail:** Accounts Receivable – Central Health  
James Paton Memorial Regional Health Centre  
125 Trans Canada Highway, Gander, NL A1V 1P7

**By fax:** (709) 256-5651

**By email:** [accounts.receivable@centralhealth.nl.ca](mailto:accounts.receivable@centralhealth.nl.ca)

**For inquiries concerning the processing of this form, please call 709-256-5994**

