

Please complete and return to the Woodbridge Medical Centre

April 1, 2025

In Office Use
Patient Chart number

1. My Uninsured Services Plan

☐ Yes I will subscribe to the Uninsured Services Plan (select one plan)

☐ Individual \$ 130.00 per person

☐ Family \$ 210.00 (includes children to age 18 & full-time students)

2. My Information (and family members who are current patients of Woodbridge Medical Centre if taking Family Plan)

Last Name	First Name	Date of Birth (dd/mm/yy)	Doctor

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____

3. My Payment

☐ Cheque made payable to Woodbridge Medical Centre is enclosed

☐ Credit Card

Card# _____ ☐ Visa ☐ Mastercard

Expiry Date ____ / ____ CVC# _____ Name on Card _____

☐ Cash/Debit (please make all cash/debit payments in person at the office)

4. My Consent

I agree to pay the above fees that cover the specific uninsured services for a period of one year.

Signature: _____ Date: _____

5. Return the registration form to the Woodbridge Medical Centre by mail or in person

Woodbridge Medical Centre
9600 Islington Ave. Unit A13
Woodbridge, ON L4H 2T1
Tel: (905) 893-8085