**$$$FirstName$$$, $$$LastName$$$**

**$$$FileNumber$$$**



**MEDICAL BRIEF**

**OF $$$FirstName$$$ $$$LastName$$$**



**ROGER R. FOISY PROFESSIONAL CORPORATION**

**2000 Argentia Road**

**Plaza IV, Suite 295**

**Mississauga, Ontario**

**L5N 1W1**

**Roger R. Foisy (LSUC 43061V)**

**Tel: (905) 286-1110**

**Fax: (905) 286-4381**

**Solicitors for the Plaintiff**

**$$$Report$$$**

**$$$TodaysDate$$$**

**/tad**