

## AFFIDAVIT

I, Wendy Ho, translator in the City of Toronto, Province of Ontario, make oath and a

1. I am fluent in both Chinese and English.
2. I have translated the annexed documents and carefully compared the translations from Chinese into English with regard to the following documents:

Outpatient Service Charge Lists

3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

**SWORN** before me at the City of Toronto  
In the Regional Municipality of Metropolitan  
Toronto

This 27<sup>th</sup> day of NOV, 2025

A Notary Public in and for the  
Province of Ontario

  
Tel: 416-416-4161  
Tel: 416-416-4161



# Shanghai Pacific Stomatological Medical Center

## Outpatient Service Charge List

Patient's Name: [REDACTED]  
 Medical Record No.: [REDACTED]

Examining Doctor: [REDACTED]  
 Charging Time: 2025-01-11 09:51

| Item                                                             | Unit Price (RMB) | Quantity                        | Amount (RMB)  |
|------------------------------------------------------------------|------------------|---------------------------------|---------------|
| Registration Fee                                                 | 6.00             | 1                               | 6.00          |
| 110200001b - Secondary Hospital                                  | 10.00            | 1                               | 10.00         |
| 310511012 - Pulp Devitalization (per tooth)                      | 100.00           | 1                               | 100.00        |
| 330100001 - Local Infiltration Anesthesia (per session)          | 20.00            | 1                               | 20.00         |
|                                                                  |                  |                                 |               |
|                                                                  | Discount Amount: |                                 | Total: 136.00 |
| Amount Received (in words): One Hundred and Thirty-Six Yuan Only |                  | Amount Actually Paid This Time: | 136.00        |
| Accumulated Arrears: 0                                           |                  | Cashier: [REDACTED]             |               |

Seal: Shanghai Pacific Stomatological Medical Center Co., Ltd.  
 Special Seal for Invoice



[REDACTED] IST  
 Barrister, Solicitor, Notary Public  
 Markham, ON



上海太平洋口腔医疗中心 门诊 收费清单

病人姓名:

检查医生:

病历编号:

收费时间: 2025- - 08:5

| 项 目                | 单 价 (元) | 数 量 | 金 额    |
|--------------------|---------|-----|--------|
| 挂号费                | 6.00    | 1   | 6.00   |
| 110200001b二级医院     | 10.00   | 1   | 10.00  |
| 310511012牙髓失活术(每牙) | 100.00  | 1   | 100.00 |
| 330100001局部浸润麻醉(次) | 20.00   | 1   | 20.00  |

折扣金额:

合计: 36.00

实收大写: 壹佰叁拾陆元整

本次实付金额: 36.00

累计欠费: 0

收银员:

I certify that this is a true copy  
of the original document

Date: 2025- - 08:5