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Attesté

5. at / **à** **Toronto, Ontario**

6. the / **le** **2026-01-23**

7. by / **par** [redacted]

8. N° / **sous n°** [redacted]

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AFFIDAVIT

I, WUWEN GUO, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.

2. I have translated the annexed document and carefully compared the translation from English into Chinese with regard to the following document:

   Physician's Letter Confirming Diagnosis and Surgical Treatment of Right Breast DCIS

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

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

This 21st day of Jan., 2026

A Notary Pu
Province of

WUWEN GUO

NUME 医学诊所
医生
医疗服务计划（MSP）编号：
地址：Coquitlam, BC，邮编
电话：
传真：

患者：
出生日期：19 年 月 日
电话：
电子邮箱：
保险编号：BC

-----信件---

202 年 月 日

致相关人士：

上述患者经诊断患有右乳导管原位癌（DCIS），已接受活检及手术切除。该病灶于 202 年 月首次发现，后续数月内完成了上述诊断及手术流程。术后患者将接受辅助放疗。

[签名]
医生（MSP 编号：
日期：20 年 月 日

医生
E 医学诊所
电话：( ) -
传真：( )
MSP 编号： CPSID：

NUME MD Medical Clinic
Dr. [redacted]
MSP Number: [redacted]
[redacted] Anson Ave
Coquitlam, BC [redacted]
Phone: ([redacted])
Fax: ([redacted])

Patient: [redacted]
DOB: 19[redacted]
Ph: ([redacted])
E-mail: [redacted]@gmail.com
Insurance: [redacted] | BC

------ Letter ------

2026-[redacted]

To whom it may concern,

The above patient has been diagnosed with right breast cancer (DCIS), and underwent biopsy and surgical excision. This lesion was first found in July 202[redacted] and underwent subsequent aforementioned diagnostic and surgical procedure the following months. She will be undergoing adjuvent radiation therapy after this.

[redacted]

[redacted] (MSP [redacted])
Date: 20[redacted]

NUME MD Clinic
Dr. [redacted]
Phone: [redacted]
Fax: [redacted]
MSP: [redacted] CPSID: [redacted]