Client Name: _____ Tax Year: _____

MEDICAL TRAVEL AND RECEIPT CHECKLIST

- PRESCRIPTIONS
- DENTAL/ORTHODONTICS
- EYE GLASSES
- EYE EXAMS
- LAB FEES
- PARKING @ HOSPITAL OR DOCTOR
- COMMUNITY CARE
- NURSING HOMES
- HOSPITAL CO-PAYMENT FEES
- ORTHOTICS
- CHIROPRACTIC

- MENTAL HEALTH THERAPY
- ACCUPUNCTURE
- NATUROPATH/HOMEOPATH CONSULTATION ONLY
- DIABETIC SUPPLIES
- MASSAGE THERAPY
- FOOT CARE
- NURSING CARE
- MOST OTHER DEVICES AND/OR FEES CHARGED BY A LICENSED MEDICAL PRACTITIONER

MEDICAL TRAVEL

Mileage may be claimed if you had to travel at least 40km one-way to obtain medical services

Mileage, accommodation, meal, and parking expenses may be claimed if you had to travel at least 80 km one-way to obtain medical services

DATE	DR. NAME	CITY	# OF KMS ONE WAY	# OF HRS AWAY FROM HOME	PARKING (RECEIPT REQUIRED)