Medical Expense Sheet – 2017

- Please fill in the following information from your medical receipts
- Please keep your original receipts with you (CRA may request these at a later time)
- If you need to send your receipts, please send only copies of your receipts

First Name	Date or Range of Dates	Paid to: (Pharmacy, Optician, Doctor, Dentist)	Description of product or service (Prescriptions, Glasses, Doctor Visit)	Receipt Total	Amount Paid By Insurance Company	Amount Paid Out-of-Pocket
Example:						
John	January 7 to March 15	ABC Drug Mart	Prescriptions	100.00	60.00	40.00