



2023 Medical Expense Worksheet

Name:	_____	SIN #	_____
Name:	_____	SIN #	_____

Medical Receipts (please attach) \$

Prescriptions _____

Dental _____

Private Health Care Premiums (ex Blue Cross) _____

Chiropractor _____

Optical _____

Other - _____

Other - _____

Other - _____

Medical Travel - (Worksheet Attached)

Meals	_____	# of meals @ \$23/meal	_____	-
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Travel	_____	# of KM @ \$0.68/ KM	_____	-
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Accomodations _____

Total Travel	_____	-
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Total Medical Receipts and Travel	_____	-
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