

MEDICAL FEES

Taxation year : _____

- ▶ *Complete one document per family.*
- ▶ *Enter only the part you actually paid, that is to say the part not reimbursed by your insurance including that of the R.A.M.Q.*
- ▶ *Take note that massage therapy, natural products, over-the-counter medications, surgery and cosmetic treatments without medical reason are not eligible.*

First name : _____ Last name : _____

Private insurance premium(s) _____

Prescription medications (*ask your pharmacist for a summary*) _____

Dentist (*teeth whitening is not permissible*) _____

Dental prosthesis, orthodontist _____

Optometrist (*complete separately*) : _____

- eye exam
- glasses, contact lenses
- frame

Laser correction for the treatment of myopia _____

Chiropractor _____

Orthopedic shoes _____

Acupuncturist, occupational therapist, speech therapist,
audiologist, psychologist, podiatrist _____

Osteopathy, psychotherapist * _____

Naturopath (*naturopathic products are not eligible*) * _____

Homeopath (*homeopathic products are not eligible*) * _____

* *Québec only*

Others (specify) : _____

Signature : _____

Date : _____

(ddmmyy)