Robel
INCOME TAX SERVICE LTD.

2025 Medical Expenses

PERIOD COVERED:	January 01, 2025 to December 31, 2025	
PATIENT NAME: (ONE TAXPAYER PER FORM)		
	FIRST NAME	*LAST NAME*

Note: Please provide one total for each service provider

Payment Date	Provider	Expense Category (Vision, Dental, Prescription, RMT, Physio, etc)	Total Cost	Amount Reimbursed	Net Claim
				Total :	

COMMENTS/NOTES FOR ROBEL: