

Medical expenses

Attach receipts (see line 330 in the guide). If the space is insufficient, attach a statement.

Period covered by claim: From _____ 19 ____ to _____ 19 ____

Date of payment

| Day | Month | Year | Name of patient | Payment made to: | Description of medical expenses | Amount paid |
|-----|-------|------|-----------------|------------------|---------------------------------|-------------|
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Premiums paid to private (not federal or provincial) medical or hospital care plans for the period ending in 1992 (you do not have to file the receipts)

| | |
|--|-------------------------------------|
| Name of plan _____ | Total amount of premiums paid _____ |
| Total medical expenses (enter this amount on line 330 on page 3 of your return and calculate the allowable portion) | |

If the patient was other than a dependant who is included in your claim for personal amounts, give the following details about that person (you do not have to give this information if the patient was your spouse):

| | |
|---------------|-----------------------------|
| Name _____ | Relationship to you _____ |
| Address _____ | Net income in 1992 \$ _____ |
