GISLASON TARGOWNIK PETERS - Medical

PAYMENTS MADE FOR MEDICAL EXPENSES

From MM/DD/YY	To MM/DD/YY

Date paid	Name of patient	Payment made to	Decription of expenses	Amount paid
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
TOTAL				$

TRAVEL - please list only those trips that were made for services not available within 40Kms of your home

Date	Name of patient	Destination	# Meals	Distance	Lodging costs
				km	$
				km	$
				km	$
				km	$
				km	$
				km	$
				km	$
				km	$
				km	$
TOTAL				km	$

(Please indicate if, for any trip, another person was required by doctor to accompany the individual)

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