

# DEDUCTION WORKSHEET FOR MEDICAL EXPENSES

CLIENT \_\_\_\_\_

TAX YEAR \_\_\_\_\_

Note: These expenses must be paid by the taxpayer and for the taxpayers self, spouse or dependents. Do not deduct expenses which are reimbursed by insurance or other sources.

**MEDICATIONS & DRUGS**

Prescribed Controlled Substances		Other	
Insulin		<b>TOTAL MEDICATIONS AND DRUGS</b>	

**DOCTORS, DENTISTS, PSYCHIATRISTS, CHIROPRACTORS, ACUPUNCTURE, OTHERS**

Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		Dr.	
Dr.		<b>TOTAL DOCTORS AND DENTISTS</b>	

**HOSPITALS**

		<b>TOTAL HOSPITAL EXPENSES</b>	

**INSURANCE**

Health Insurance		Contact Insurance	
Hospital Insurance		School Insurance	
Group Insurance		Supplemental Medicare	
Other Insurance (Do not include life)		Other (Do not include income protect plans)	
Other Insurance (Do not include pet)		<b>TOTAL INSURANCE PREMIUMS</b>	

**OTHER MEDICAL AND DENTAL EXPENSES**

Anesthesia		X-Rays	
Oxygen		Clinics	
Laboratories		Sanitariums	
Nurses		Nurses Aids	
Ambulance		Psychologists	
Psychiatric Care		Physical Therapy	
Mental Therapy		Eyeglasses	
Optometrists		Contact Lenses	
Hearing Aids		Hearing Aid Batteries	
Prescribed Pools and Spas		Surgical Equipment	
Hospital Equipment		Hospital Supplies	
Orthopedic Shoes		Canes	
Crutches		Braces	
Elastic Hose		Prosthetic Devices	
Heating Pads		Massage Units	
Humidifiers		Capital Improvements (Not adding to FMV)	
Asthmatic Air Conditioner		Elevator for Heart Patient	
Wheel Chair		Wheel Chair Ramps	
Repairs on Capital Improvements		Water Fluoridation Systems	
Wigs		Prescribed Health Institutes, Gym, Spa	
Prescribed Exercise Equipment		Special Schools for Handicapped	
Telephone to Schedule Appointments		Travel and Transportation Lodging	
Travel: Transportation, Parking, Fees			
Blood Sugar Test Kits or Supplies		Medical Mileage (All doctor appointments)	
Thermometers			
Laser Eye/Vision Correction Surgery			
		<b>TOTAL OTHER MEDICAL EXPENSES</b>	