

1315 Derry Road East, Unit4,2F Mississauga, ON L5T 1B6 905-817-8170

INVOICE #:002554

DATE:December 14, 2024

BHARAT SHARMA

552 Fernforest Drive Brampton , Ontario L6R 0V8 \$495.00

Item / Item Description	QTY	Unit Cost	Total
Custom Made Orthotics	1	\$495.00	\$495.00
		TOTAL	\$495.00
AMOUNT PAID			\$495.00
BALANCE			\$0.00

DATE DISPENSED: _____



220 Duncan Mill Road, Unit 317, Toronto M3B 3J3, Telephone: 416-445-3555, Fax: 416-445-3554

INVOICE

Invoice No. 029261

Invoice Date: June 06, 2025

Customer Info

Name:

CARSON LEE

Address:

241 Rivermill Crescent

MAPLE Ontario L6A 0G8

Referring MD: Dr. Minoo, A.

ITEM DESCRIPTION

QTY PRICE

2

AMOUNT

Service Date

Custom Made Orthotics

\$500.00

\$1,000.00

Total: \$1,000.00

Payment Info

Dispense Date:

June 06, 2025

Amount:

\$1,000.00

Amount Due:

\$0.00

Method:

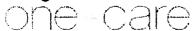
MasterCard

Payment Date:

June 06, 2025

Received by and date:

bodybliss



BodyBliss One Care 1585 Markham Rd, Suite 401, Scarborough, ON M1B2W1

T: 416.479.4467 F: 416.850.5370

INVOICE

Invoice No. 008947 Date: June 12, 2025 Customer Name: DAVID MAK Referring MD: Dr. Leung, J.

Address: 106 SEEDLING CRESCENT Stouffville Ontario L4A 4V5

ITEM DESCRIPTION	QTY	PRICE	AMOUNT	SERVICE DATE
Knee Brace	2	\$360.00	\$720.00	06/12/2025

Total:\$720.00

Amount: \$720.00

Amount Due: \$0.00

Dispense Date: June 12, 2025

Payment Method: VISA

Payment Date: June 12, 2025

Signed:	

bodybliss

A3-220 Duncan Mill Road Toronto, Ontario M3B3J5 Tel # 416-224-9900 Fax 416-849-0363

INVOICE

Invoice No. 037345

Date: June 10, 2025

Customer Name: IRENE FONG

Referring MD: Dr. Der, A.

Address: 10 EPSOM AVENUE Toronto Ontario M4C 2A6

ITEM DESCRIPTION	QTY	PRICE	AMOUNT	SERVICE DATE
Compression Hose (20-30 mmHg) Model Juzo 2001AT Pantyhose	4	\$200.00	\$800.00	06/10/2025

Total: \$800.00

Amount: \$800.00

Amount Due: \$0.00

Dispense Date: June 10, 2025

Payment Method: MasterCard

Payment Date: June 10, 2025

MY Cloud

203-3459 Sheppard Ave .East Toronto,Ontario, M1T 3K5 Tel# 647-349-7420 Fax # - 647-349-7425

PATIENT NAME: EVA CALLOS

ADDRESS:806 - 1154 Wilson Avenue Toronto Ontario

M3M 1J6

INVOICE #: 003369 DATE: February 20, 2025

NAME / DESCRIPTION	QTY	Service Date	UNIT PRICE	AMOUNT
Compression Hose (20-30 mmHg) Model Juzo 2001AT Pantyhose	4		\$250.00	\$1,000.00

INVOICE NOTES

Date Product Received	

 Total
 \$1,000.00

 Amount Paid
 \$1,000.00

 Balance Due
 \$0.00