

Form MED 2 - Dental Expenses Certified by Dental Practitioner



Claimant's Name and Address

Martina O'Brien
8 Fionnain,
Magazine Rd,
Athlone.

Note: This form is a receipt and should be retained by you as evidence of expenses incurred.

The quickest, easiest and most convenient way to claim Health Expenses is by using PAYE Services in myAccount. To register go to www.revenue.ie and select myAccount.

If you pay income tax under the self-assessment system this relief is claimed by completing the Health Expenses section on your annual tax return.

PPS No.

7825166V

Nature of treatment (see overleaf)	Insert <input type="checkbox"/> in appropriate box	Date(s) on which treatment was carried out	Date(s) on which payments were made	Amount paid * €
A	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
E	<input type="checkbox"/>			
F	<input type="checkbox"/>			
G	<input type="checkbox"/>			
H	<input checked="" type="checkbox"/>	22/5/17 to 18/4/18	22/5/17 to 18/4/18	3200-
I	<input type="checkbox"/>			
J	<input type="checkbox"/>			

* The amounts entered on Form Med 2 should be inclusive of all payments made to the relevant practitioner in relation to all non-routine treatment, including any consultations and related diagnostic procedures.

I certify that all particulars given on this form are correct and that I have received the amounts shown above.

Signature of Dental Practitioner

Name and Address of Dental Practitioner
(use CAPITAL LETTERS)

Qualifications of Dental Practitioner
(use CAPITAL LETTERS)

PPS No. of Dental Practitioner

Confirm total amount paid
(in words)

Dr. Sarah Enright

B.Dent. (S.T.C.D.) Hon. Sch. Msc. Res. Dent. London
Woodstown Dental Centre

Woodstown, Knocklyon,
Dublin 16

Tel: 01 4952523

Date

18 04 18

Total Amount
paid by patient

€ 3200.00

THREE THOUSAND, TWO HUNDRED EURO

Dr Niall McGauran MB, Bch, BAO, DCH, DOBS, DTher. MICGP
The Health Centre
EyreCourt, Ballinasloe, Galway
Tel: 090-9675107
Fax: 090 9675107
MCN: 006567

RECEIPT

Ms MARTINA O'BRIEN
MAYOUR
EYRECOURT
BALLINASLOE

20/06/2018

Consultation Charge & Medical Exam

€ 50.00

For the following Charges:

20/06/2018 Consultation Charge+Medical Examination € 50.00

With Thanks

Signed: _____

DR NIALL MC GAURAN
GMS 88013 MC006567
0909675107
EyreCourt, Health Centre
Ballinasloe