**Sample receipt for massage therapy treatment or complementary therapy as part of treatment plan**

**JANE DOE, MT**

**NAME OF CLINIC, ADDRESS AND TELEPHONE NUMBER**

**OFFICIAL RECEIPT**

Date:

Received from

The sum of for Massage Therapy Treatment

Duration of Treatment Massage therapist’s Signature

Registration number: G.S.T. number (If applicable)

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**Sample receipt for products & services outside the scope of practice**

**NAME (omit MT designation)**

**NAME OF CLINIC, ADDRESS AND TELEPHONE NUMBER**

**OFFICIAL RECEIPT**

Date:

Received from

The sum of for **(enter product, service, or modality provided)**

Signature

G.S.T. number (If applicable)

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**Sample receipt for redemption of gift certificate**

**JANE DOE, MT**

**NAME OF CLINIC, ADDRESS AND TELEPHONE NUMBER**

**OFFICIAL RECEIPT**

Date: \_

Received from  **Name of person paying with gift certificate**

**Gift Certificate Redeemed**

Massage therapist’s signature \_

Registration number:

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