

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 third party paying for treatment

JANE DOE, MT  
NAME OF CLINIC, ADDRESS AND TELEPHONE NUMBER

OFFICIAL RECEIPT

Date: \_\_\_\_\_

Received from Name of person paying for treatment

The sum of \_\_\_\_\_ for Massage Therapy Treatment for (enter name of person receiving treatment)

Duration of Treatment \_\_\_\_\_ Massage therapist's signature \_\_\_\_\_

Registration number: \_\_\_\_\_ 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: \_\_\_\_\_