

# Therapy Invoice Submission – Form D

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**COLLEGE OF CHIROPODISTS OF ONTARIO**  
*Regulating Chiropodists and Podiatrists in Ontario*

The therapist must sign and submit a copy of this form with each invoice for therapy/counselling provided.

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None of the information provided by me in Form B (Therapist/Applicant Information Form) has changed, except the following:

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Signature of Therapist

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Date