

De Frey en Vennote Ing.

PR. 1451979 Reg 2017/095638/21 VAT # 4940174529

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TRAVEL DOCTOR
CORPORATE

Client : DISNEY CRUISE LINE MEDICAL - FOOD HANDLER (CHEF, WAITERS ETC) Please send POP to : info@TravelDocCorp.com PLEASE USE YOUR SURNAME / INVOICE NUMBER AS REFERENCE WHEN MAKING PAYMENT Upfront payment is required to schedule and book an appointment	Invoice Number	SAMSA-DCL/23
	Account Number	COD001
Valid until 28 Feb 2024		
INVOICE		Page no: 1 of 1

Our Ref	Description	Qty	Unit Price	VAT	Total Excl.
	SAMSA (EXTENDED) Medical by Doctor, including * Consultation * Urine Dip Stick	1	R 1 095.65	15.0%	R 1 095.65
	Occupational Health Items X-Ray Chest: Reported by a Specialist Radiologist	1	R 691.30	15.0%	R 691.30
	OHS - Audiometry	1	R 239.13	15.0%	R 239.13
	OHS - Vision	1	R 239.13	15.0%	R 239.13
	Laboratory Items : TO NOTE : Additional tests may be needed, and payable at time of Consultation.				
	* Laboratory administration fee	1	R 60.87	15.0%	R 60.87
	* MC&S (Stool) - FOR FOOD HANDLERS (CHEF, WAITERS ETC)	1	R 702.61	15.0%	R 702.61
	* Full Blood Count with ESR	1	R 291.30	15.0%	R 291.30
	* Glucose (FASTING)	1	R 66.96	15.0%	R 66.96
	* Hepatitis B Surface Antigen (HbsAg)	1	R 266.09	15.0%	R 266.09
	* ALT	1	R 100.00	15.0%	R 100.00
	* AST	1	R 100.00	15.0%	R 100.00
	* Alkaline Phosphatase	1	R 130.00	15.0%	R 130.00
	* RPR	1	R 239.13	15.0%	R 239.13
	* U&E Creatinine (includes Blood Urea Nitrogen - BUN)	1	R 357.39	15.0%	R 357.39
	Additional Laboratory Items : WHERE APPLICABLE * HbA1C Hb @ R301.00 incl VAT - IF REQUIRED / DIABETIC				
	To note : * Excludes any specialists referrals requirements identified during Consultation, resting ECG and / or lung function, other laboratory tests, which may be required depending on clinical presentation. * Vaccines / malaria prophylaxis and medical kits are also available - to be discussed on the day of the Consultation * Any additional items (lab tests, vaccines, kits etc) will be payable on the day of the Consultation				
	RECOMMENDED VACCINES : TO DISCUSS ON THE DAY OF THE CONSULTATION * Influenza - Vaxigrip Tetra @ R140.00 incl VAT * Varicella - Varilrix / Onvara @ R632.50 incl VAT * MMR - Priorix @ R294.00 incl VAT				

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Payments Can be Made to:
Account name : DE FREY EN VENNOTE ING
ABSA Clearwater Strubens Valley, Branch Code: 632005
Account no: 4067 486 631
Please send POP to : info@TravelDocCorp.com

Sub Total ex VAT	R 4 579.57
VAT 15%	R 686.93
Total	R 5 266.50
Discounts	
Balance	R 5 266.50

Notes:
• Terms : 100% to be paid upfront to secure booking
• In the event of not arriving for the scheduled appointment, the full amount will be used as a "no-show fee" and no refund will be applicable.