

**TRAVEL DOCTOR CORPORATE**

De Frey en Vennote Ing.  
 PR.1451979 Reg 2017/095638/21 VAT # 4940174529  
 P.O. Box 2938  
 Cresta  
 2118  
 South Africa  
 Phone: +27-10-900-3013



Client : **SEA CHEFS CRUISES MEDICAL - FOOD HANDLERS (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 SC-SHIP/2023  
 Account Number COD001  
 Valid until 28 Feb 2024  
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**INVOICE**

Our Ref	Description	Qty	Unit Price	VAT	Total Excl.
	<b>SAMSA Medical by Doctor, including</b> * Consultation * Urine Dip Stick	1	R 1 095.65	15.0%	R 1 095.65
	Resting ECG	1	R 243.48	15.0%	R 243.48
	<b>Occupational Health Items</b> 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
	<b>Laboratory Items : TO NOTE : Additional tests may be needed, and payable at time of Consultation.</b>				
	* 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 254.00
	* Hepatitis B Surface Antibody (HbsAb)	1	R 266.09	15.0%	R 313.04
	* Hepatitis B Surface Antigen (HbsAg)	1	R 266.09	15.0%	R 313.04
	<b>To note :</b> * 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				
	<b>RECOMMENDED VACCINES : TO DISCUSS ON THE DAY OF THE CONSULTATION</b> * Yellow Fever - Stamaril @ R445.50 incl VAT * Varicella - Varilrix / Onvara @ R632.50 incl VAT * MMR - Priorix @ R294.00 incl VAT				



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 4 152.26
VAT 15%	R 622.84
<b>Total</b>	<b>R 4 775.10</b>
Discounts	
<b>Balance</b>	<b>R 4 775.10</b>

**Notes:**  
 • 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.  
 • Terms : 100% to be paid upfront to secure booking, additional items to be invoiced and paid on day of consultation