

De Frey en Vennote Ing.

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

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De Frey en Vennote Ing.

TRAVEL DOCTOR
CORPORATE

Client : **WINDSTAR CRUISES MEDICAL - NON-FOOD HANDLER**
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-WSC/23
Account Number COD001
Valid until 28 Feb 2024
Page no: 1 of 1

INVOICE

Our Ref	Description	Qty	Unit Price	VAT	Total Excl.
	SAMSA (EXTENDED) Medical by Doctor, including	1	R 1 095.65	15.0%	R 1 095.65
	* Consultation				
	* Urine Dip Stick				
	Resting ECG	1	R 243.48	15.0%	R 243.48
	Urine Multi-Drug Screen / Rapid (Cup)	1	R 217.39	15.0%	R 217.39
	* Drug screen cup - Marijuana, Cocaine, Opiates, Amphetamines, Metamphetamines - excludes Phencyclidine				
	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
	* ALT	1	R 100.00	15.0%	R 100.00
	* AST	1	R 100.00	15.0%	R 100.00
	* 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
	* Lipid Screen / Lipogram	1	R 497.04	15.0%	R 497.04
	* U&E Creatinine (includes Blood Urea Nitrogen - BUN)	1	R 357.39	15.0%	R 357.39
	TO NOTE : A PREGNANCY TEST IS MANDATORY FOR FEMALE CANDIDATES : THIS COST IS ADDITIONAL				
	* bHCG Test @ R235.80 incl VAT				
	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 * Yellow Fever - Stamaril @ R445.50 incl VAT				
	Recommended Vaccines : TO DISCUSS ON THE DAY OF THE CONSULTATION * Varicella - Varilrix / Onvara @ R632.50 incl VAT				
	Recommended Vaccines : TO DISCUSS ON THE DAY OF THE CONSULTATION * MMR - Priorix / Omzyta @ R294.00 incl VAT				
	Recommended Vaccines : TO DISCUSS ON THE DAY OF THE CONSULTATION * TdAP - Adacel Quadra @ R442.50 incl VAT				
	COVID Vaccines :				
	Please ensure COVID vaccines are up to date : 2 vaccines are required prior to attending medical (as per Windstar requirements)				

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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 4 199.65
VAT 15%	R 629.95
Total	R 4 829.60
Discounts	
Balance	R 4 829.60

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.