

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 : **SETE YACHT MANAGEMENT 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-SETE/22

Account Number COD001

Valid until 28 Feb 2024

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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				
	Stress ECG	1	R 869.57	15.0%	R 869.57
	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
	OHS - Spirometry	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
	* Alcohol / Ethanol Test	1	R 227.83	15.0%	R 227.83
	* Blood group	1	R 145.22	15.0%	R 145.22
	* CRP	1	R 199.13	15.0%	R 199.13
	* 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 A IgG Levels	1	R 266.09	15.0%	R 266.09
	* Hepatitis A IgM Levels	1	R 266.09	15.0%	R 266.09
	* Hepatitis B Surface Antigen (HbsAg)	1	R 266.09	15.0%	R 266.09
	* Hepatitis C Screen (HCVAb)	1	R 266.09	15.0%	R 266.09
	* HIV ELISA	1	R 156.52	15.0%	R 156.52
	* Lipid Screen / Lipogram	1	R 497.04	15.0%	R 497.04
	* Liver Function Profile	1	R 704.35	15.0%	R 704.35
	* QuantiFERON-TB (0192)	1	R 913.04	15.0%	R 913.04
	* 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
	* Uric acid	1	R 69.91	15.0%	R 69.91
	* Urine Analysis : Drug Screen - complete	1	R 2 173.91	15.0%	R 2 173.91
	* Urine Analysis : Phencyclidine (PCP) - Urine Test	1	R 482.61	15.0%	R 482.61
	* Varicella IgG Levels	1	R 521.74	15.0%	R 521.74
	* Varicella IgM Levels	1	R 521.74	15.0%	R 521.74
	To note :				
	* EXCLUDES DENTAL & OPTICAL CHECK-UP, PSYCHOLOGICAL EXAMINATION, ULTRASOUND, SPUTUM SAMPLES				
	* Excludes any other specialists referrals requirements identified during Consultation, 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				

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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 12 066.96
VAT 15%	R 1 810.04
Total	R 13 877.00
Discounts	
Balance	R 13 877.00

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.