

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 : **MSC MEDICAL - FOOD & 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-MSC/23

Account Number COD001

Valid until 28 Feb 2024

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**INVOICE**

Our Ref	Description	Qty	Unit Price	VAT	Total Excl.
	<b>SAMSA (EXTENDED) Medical by Doctor, including</b>	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				
	<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
	* ALT	1	R 100.00	15.0%	R 100.00
	* AST	1	R 100.00	15.0%	R 100.00
	* Blood group	1	R 145.22	15.0%	R 145.22
	* Cholesterol <b>(FASTING)</b>	1	R 97.83	15.0%	R 97.83
	* Gamma GT & FBC + ESR	1	R 378.26	15.0%	R 378.26
	* HbA1C Hb	1	R 261.74	15.0%	R 261.74
	* 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
	* 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
	<b>IF REQUIRED : WHERE APPLICABLE</b>				
	* QuantiFERON-TB (0192) @ R1050.00 incl VAT				
	<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>				
	* Hepatitis A + B @ R443.00 incl VAT				
	* MMR @ R294.00 incl VAT				
	* Tetanus @ R442.50 incl VAT				
	* Varicella - Varilrix / Onvara @ R632.50 incl VAT				
	* Yellow Fever - Stamaril @ R445.50 incl VAT				

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CORPORATE

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 5 421.30

VAT 15% R 813.20

Total R 6 234.50

Discounts

**Balance R 6 234.50**

**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.