De Frey en Vennote Ing. PR.1451979 Reg 2017/095638/21 VAT # 4940174529							
P.O. Box 2938 Cresta 2118	Cresta			C O R P O R A T E			
South Africa Phone: +27-10-900-3013							
Client :				Invoice Number SAMSA-RCC/26			
	Please send POP to : samsa@TravelDocCorp.com PLEASE USE YOUR SURNAME / INVOICE NUMBER AS REFERENCE WHEN MAKING PAYMENT		Account Number		COD001		
Upfront payment is required to schedule and book an appointment			Valid until 28 Feb 2026				
INVOICE				Page no:		1 of 1	
Our Ref	Description		Qty	Unit Price	VAT	Total Incl.	
CN042	* Consultati * Urine Dip		1	R 1 450.00	15.0%	R 1 450.00	
TS027	Resting ECG		1	R 295.00	15.0%	R 295.00	
LB127		ug Screen / Rapid (Cup) cup - Marijuana, Cocaine, Opiates, Amphetamines, Metampheta	1 mines -	R 262.50 excludes Phen		R 262.50	
	Occupational	Health Items					
TS010	•	Reported by a Specialist Radiologist	1	R 850.00	15.0%	R 850.00	
TS000	OHS - Audiom	etry	1	R 315.00		R 315.00	
TS008	OHS - Vision		1	R 315.00	15.0%	R 315.00	
	Laboratory Ite	ems : TO NOTE : Additional tests may be needed, and payable	at time	of Consultation	on.		
LB188	Laboratory adr		1	R 79.00		R 79.00	
LB078 LB000	ALT	- FOR FOOD HANDLERS (CHEF, WAITERS ETC)	1	R 832.50 R 130.00		R 832.50 R 130.00	
LB004	AST		1	R 130.00		R 130.00	
LB038	Full Blood Cou		1	R 375.50		R 375.50	
LB044	Glucose (FAS	TING)	1	R 85.00		R 85.00	
LB048 LB056	HbA1C Hb Hepatitis A IgN		1	R 379.50 R 385.00		R 379.50 R 385.00	
LB030		rface Antigen (HbsAg)	1	R 385.00		R 385.00	
LB195	Hepatitis C Sc		1	R 385.00		R 385.00	
LB064	HIV ELISA		1	R 190.00		R 190.00	
LB068 LB104	Lipid Screen / RPR	Lipogram	1	R 480.00 R 350.00		R 480.00 R 350.00	
LB104 LB116		e (includes Blood Urea Nitrogen - BUN)	1	R 458.00		R 458.00	
LB118	Uric Acid		1	R 89.50		R 89.50	
	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 TH * Yellow Fever - Stamaril @ R514.00 incl VAT * Tetanus Combo - Adacel @ R494.50 incl VAT * Hepatitis A + B - Twinrix - @ R497.00 incl VAT						
		· Varilrix / Onvara @ R650.00 incl VAT iorix @ R323.00 incl VAT					
Do Front Versenter I	De Freyer Vernote Ing. Payments Can be Made to:			Sub Total ex V	/AT	R 7 149.13	
TRAVEL DOCTOR		Account name: DE FREY EN VENNOTE INC		VAT 15%		R 1 072.37	
C O R P O R A T E		Investec Bank Ltd, 100 Grayston Drive, Branch Code: 580105		Total		R 8 221.50	
CURFURATE		Account no: 10013369349 Swift code: IVESZAJJ	Discounts				
		Please send POP to: samsa@TravelDocCorp.com		Balance		R 8 221.50	

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.