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 : samsa@TravelDocCorp.com **PLEASE USE YOUR SURNAME / INVOICE NUMBER AS REFERENCE WHEN MAKING PAYMENT** Upfront payment is required to schedule and book an appointment
	INVOICE

Invoice Number	SAMSA-MSC/26
Account Number	COD001
	Valid until 28 Feb 2027
Page no:	1 of 1

Our Ref	Description	Qty	Unit Price	VAT	Total Incl.
CN042	**SAMSA (EXTENDED) Medical by Doctor, including** * Consultation * Urine Dip Stick	1	R 1 800.00	15.0%	R 1 800.00
TS027	Resting ECG	1	R 305.00	15.0%	R 305.00
LB127	Urine Multi-Drug Screen / Rapid (Cup) * Drug screen cup - Marijuana, Cocaine, Opiates, Amphetamines, Metamphetamines - excludes Phencyclidine	1	R 299.00	15.0%	R 299.00
	Occupational Health Items				
TS010	X-Ray Chest: Reported by a Specialist Radiologist	1	R 883.00	15.0%	R 883.00
TS000	OHS - Audiometry	1	R 330.00	15.0%	R 330.00
TS008	OHS - Vision	1	R 330.00	15.0%	R 330.00
	Laboratory Items : TO NOTE : Additional tests may be needed, and payable at time of Consultation.				
LB188	Laboratory administration fee	1	R 85.00	15.0%	R 85.00
LB000	ALT	1	R 135.00	15.0%	R 135.00
LB004	AST	1	R 135.00	15.0%	R 135.00
LB010	Blood group	1	R 179.00	15.0%	R 179.00
LB018	Cholesterol (Fasting)	1	R 131.00	15.0%	R 131.00
LB042	Gamma GT & FBC + ESR	1	R 520.00	15.0%	R 520.00
LB048	HbA1C Hb	1	R 379.50	15.0%	R 379.50
LB056	Hepatitis A IgM Levels	1	R 385.00	15.0%	R 385.00
LB194	Hepatitis B Surface Antigen (HbsAg)	1	R 385.00	15.0%	R 385.00
LB195	Hepatitis C Screen (HCVAb)	1	R 385.00	15.0%	R 385.00
LB064	HIV ELISA	1	R 190.00	15.0%	R 190.00
LB104	RPR	1	R 350.00	15.0%	R 350.00
LB116	U&E Creatinine (includes Blood Urea Nitrogen - BUN)	1	R 478.00	15.0%	R 478.00
	IF REQUIRED : WHERE APPLICABLE				
LB147	QuantiFERON-TB		R 1 270.00	15.0%	R 0.00

To note :
*** Excludes any specialists referrals identified during Consultation.**
*** Any additional items (lab tests, vaccines, kits etc) will be payable on the day of the Consultation**
*** Please note BMI requirements stated as per website**

RECOMMENDED VACCINES : TO DISCUSS ON THE DAY OF THE CONSULTATION
Yellow Fever - Stamaril @ R535.00 incl VAT
Tetanus Combo - Adacel Quadra @ R515.00 incl VAT
Hepatitis A + B - Twinrix - @ R515.00 incl VAT
Varicella - Varilrix / Onvara @ R776.00 incl VAT
MMR - Priorix @ R337.00 incl VAT

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Payments Can be Made to:
Account name: DE FREY EN VENNOTE INC
Investec Bank Ltd, 100 Grayston Drive, Branch Code: 580105
Account no: 10013369349 Swift code: IVESZAJJ
Please send POP to: samsa@TravelDocCorp.com

Sub Total ex VAT	R 6 682.17
VAT 15%	R 1 002.33
Total	R 7 684.50
Discounts	
Balance	**R 7 684.50**

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.