

De Frey en Vennote Ing.

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

P.O. Box 2938

Cresta

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South Africa

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De Frey en Vennote Ing.

TRAVEL DOCTOR
C O R P O R A T E

Client : **VIRGIN VOYAGES MEDICAL - 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 Number SAMS-VVM/26

Account Number COD001

Valid until 28 Feb 2027

INVOICE

Page no: 1 of 1

Our Ref	Description	Qty	Unit Price	VAT	Total Incl.
CN042	SAMSA (EXTENDED) Medical by Doctor, including Consultation,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)	1	R 299.00	15.0%	R 299.00
	* Drug screen cup - Marijuana, Cocaine, Opiates, Amphetamines, Metamphetamines - excludes Phencyclidine				
	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
LB154	Bilirubin	1	R 206.00	15.0%	R 206.00
LB010	Blood group	1	R 179.00	15.0%	R 179.00
LB018	Cholesterol (FASTING)	1	R 131.00	15.0%	R 131.00
LB038	Full Blood Count with ESR	1	R 375.50	15.0%	R 375.50
LB044	Glucose (FASTING)	1	R 89.00	15.0%	R 89.00
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
LB209	Phencyclidine (PCP) - Urine Test	1	R 590.00	15.0%	R 590.00
LB104	RPR	1	R 350.00	15.0%	R 350.00
LB198	Triglyceride Serum	1	R 195.50	15.0%	R 195.50
LB116	U&E Creatinine (includes Blood Urea Nitrogen - BUN)	1	R 478.00	15.0%	R 478.00
LB118	Uric acid	1	R 94.00	15.0%	R 94.00
	Additional Laboratory : WHERE APPLICABLE				
LB137	Females : bHCG Test / Pregnancy		R 245.00		
LB100	Males over 50 : PSA Test		R 360.00		
	To note :				
	* Excludes PAP SMEARS and ULTRASOUND and any specialists referrals requirements identified during Consultation,				
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	* 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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C O R P O R A T E**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 7 247.83
VAT 15%	R 1 087.17
Total	R 8 335.00
Discounts	
Balance	R 8 335.00

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.