

## Proforma invoice

<b>First and Last Name</b>	Daniel	
<b>Date of Application</b>	26/07/2024	
<b>PACKAGE DETAILS</b>		
<b>Department(s)</b>	Physical Therapy and Rehabilitation Department	
<b>Doctor(s)</b>	<b>Dr. Ashhan Sever</b>	
<b>Treatment Info</b>	Spinal Cord Injury Treatment	
<b>Treatment plan</b>	<ul style="list-style-type: none"><li>✓ 3 Sessions Of Exercise Per Day (Muscle Strengthening Walking Balance Sitting Exercises)</li><li>✓ 2 Sessions Of Electrotherapy (Electric Current For Muscle Strengthening Or Pain Relief) Per Day</li><li>✓ 3 Times A Week Robotic Treatment, (eligibility depends on the doctor)</li><li>✓ The first consultations of Orthopedics, Neurosurgery and Neurology are included in the package. However, daily medications used by the patient, examinations such as MRI or X-Ray blood tests are not included in the package.</li><li>✓ 30 days hospital stay + 1 companion</li></ul>	
<b>Estimated Total Cost</b>	<b>7.000 USD</b>	
<b>Other Services (Free of Charge)</b>	Transfer between the airport, the hotel and the hospital, translation services, only one companion	
<b>Notes</b>	This is the estimated cost of the investigations and recommended procedures. The mentioned price may vary depending on the individual diagnosis and existing medical complications as well as additional or special services provided by the attending physicians. All amounts concerning the procedures must be paid before starting the procedures.	
<b>COMPANY NAME: BHT CLINIC SAĞLIK ANONİM ŞİRKETİ</b> <b>“BHT CLINIC SAĞLIK ANONİM ŞİRKETİ BHT CLINIC İSTANBUL TEMA HASTANESİ”</b> <b>BRANCH VAKIFBANK</b> <b>SWIFT CODE: TVBATR2A</b>		
USD	EURO	TL
<b>IBAN: TR600001500158048014554990</b>	<b>IBAN: TR920001500158048014554996</b>	<b>IBAN: TR190001500158007309438092</b>
<b>ACCOUNT NO: 00158048014554990</b>	<b>ACCOUNT NO: 00158048014554996</b>	<b>ACCOUNT NO: 00158007309438092</b>



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