

Proforma Invoice

Name Surname	DANIEL MINDEV	
Date of Application	10.08.2024	
PACKAGE DETAILS		
Department(s)	Urology Department	
Doctor (s)	Assoc. Prof. Yasin YITGIN	
Treatment Detail	Urologic Examination	
Treatment Plan	<ul style="list-style-type: none">✓ Urologic Examination✓ Tests✓ Analysis And Medical Imaging	
Total Estimated Cost	500 USD	
Other Services (Free of Charge)	Transfer from Airport to Hospital, Translation Services, One Companion	
Notes	This is the estimated cost for the recommended investigations and procedures. The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services provided by the treating doctors. All amounts regarding procedures should be paid before starting the procedures. This price is valid for 30 days.	
COMPANY NAME: BHT CLINIC SAĞLIK ANONİM ŞİRKETİ "BHT CLINIC SAĞLIK ANONİM ŞİRKETİ BHT CLINIC İSTANBUL TEMA HASTANESİ" BRANCH VAKIFBANK SWIFT CODE: TVBATR2A		
USD	EURO	TL
IBAN: TR600001500158048014554990	IBAN: TR920001500158048014554996	IBAN: TR190001500158007309438092
ACCOUNT NO: 00158048014554990	ACCOUNT NO: 00158048014554996	ACCOUNT NO: 00158007309438092



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İSTANBUL TEMA HASTANESİ
Mehmet KARAKİS
Uroloji Hastalıkları Merkezi
Sorumlusu

Atakent Mahallesi 4. Cadde No: 36 PK: 34307 Kuşçukçektepe / İstanbul T 0850 811 34 00 F 0212 912 43 33

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