

PROFORMA INVOICE

Patient Name/Surname: GEORGI PLAMENOV MINKOV(19.06.2017)

Dear Georgi Plamenov Minkov .Thank you for choosing (FİZİKON MEDİCAL CENTER) for your healthcare needs. We will be pleased to assist you during your visit to our center. You may find all the information about the requested below.

Best regards.

Dr. Nagihan YARAROĞLU MD. Physical Therapy and Rehabilitation

	Unit Price	Number of Sessions	Total
Regenerative Stem Cell Treatment	4200\$	1	4200\$
Examination	50 \$	1	50 \$
TMS (Transcranial Magnetic Stimulation)	30 \$	10	300 \$
Ozone Therapy	30 \$	10	300 \$
Frozen Stems Cells	300 \$	1	300 \$
Dietitian	Free	1	0 \$
Wet Cupping	35\$	1	35 \$

TOTAL :5185\$

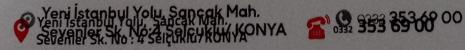
Bank Account Information

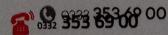
Bank Name Bank /Branch Address Bank Branch Code Account Name Swift Code **IBAN**

Özel Fizikon Tıp Merkezi Dizm. Dr. Nagihan YARAROĞLU Dip, Teb. No.85653 Mesul Müdür

Yapı Kredi Bankası KONYA MESNEVİ ŞUBESİ HASAN OĞUZ SAĞLIK HİZ.LTD.ŞTİ **YAPITRISXXX** TR700006701000000096504235









^{*} If there are different analysis and transactions other than those specified in the list, they will be priced extra.

^{**}This offer is valid for 10 days.