

PROFORMA INVOICE

Patient Name/Surname:

Dear GEORGI PLAMENOV MINKOV (19.06.2017). Thank you for choosing (FİZİKON MEDICAL 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.

Prof.Dr.HASAN OĞUZ ^{Tip Merkezi}
Prof. Dr. Hasan OĞUZ
Dip. Tes. No: 74512
Uzm. Ter. No: 24001
Fiz. Uzmanı

	Unit Price	Number of Sessions	Total
Regenerative Stem Cell Treatment	4200 \$	1	4200\$
Examination	50 \$	1	50 \$
TMS (Transcranial Magnetic Stimulation)	25 \$	14	350 \$
Ozone Therapy	25 \$	14	350\$
Frozen Stems Cells	300\$	1	300 \$
EKSOSOM	1000 \$	1	1000 \$
MEDICINE	2000\$		2000\$

TOTAL :8250\$

* 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.

Bank Account Information

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

Yapı Kredi Bankası
KONYA MESNEVİ ŞUBESİ
1130
HASAN OĞUZ SAĞLIK HİZ.LTD.ŞTİ
YAPITRISXXX
TR700006701000000096504235

www.fizikon.com.tr

www.fizikon.com.tr