

PROFORMA INVOICE

Patient's name : NATALIA MITKOVA
Country : BULGARIA
Department : ONCOLOGY
Doctor : PROF. MUTLU DEMİRAY
Hospital : Medicana International Atasehir Hospital

GENETIC TEST	Total 5.670 EUR = 5.900 USD
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- The need for further tests /appointment and the definitive course of treatment will be evaluated during the first appointment(s).
- The actual final charges may vary from the estimated amount within this Proforma.
- These cost estimations do not cover any price changes due to any complications.
- The payment should be made prior to each procedure.

Bank	SWIFT Code	Branch	EUR Account IBAN No:	Account Holder Name
Garanti	TGBATRISXXX	Kozyatağı	TR53 0006 2001 6080 0009 0986 69	Medicana Hastane İşletmeciliği A.Ş

Yours sincerely,

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International Patient Center
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