

PROFORMA INVOICE

Date : 03.08.2022

Patient's Name : NİKOLA İVAYLOV UZUNOV

Dear NİKOLA İVAYLOV UZUNOV .Thank your for choosing "Fizikon Physical Therapy Hospital" 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 treatment below.

Best regards ...

Dr. Nagihan YARAROĞLU MD,
Physical Therapy and Rehabilitation Specialist

Özel Fizikon Tıp Merkezi
Uzm. Dr. Nagihan YARAROĞLU
Dip. Tescil No: 45853
Uzm. Tıp Uzmanı



Treatment Proposed	Operation code	Cost
BONE MARROW DERIVED MONONUCLEAR CELL	FZKN08.012022	\$3.900,00

TOTAL FEE :

\$3.900,00

NOTE: Services such as laboratory fees, drug fees, transportation expenses, accommodation fee, food fee are not included in this amount.

Bank account information

Bank Name

YAPI KREDİ BANKASI

Bank / Branch Address

KONYA MESNEVİ ŞUBESİ

Bank Branch Code

1130

Account Name

HASAN OĞUZ SAĞLIK HİZ.LTD.ŞTİ

Swift Code

YAPITRISXXX

IBAN

TR700006701000000096504235