

## PROFORMA INVOICE

**Patient Name/Surname:** NİKOLA İVAYLOV UZUNOV

Dear NİKOLA İVAYLOV UZUNOV. 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.

Dr.Nagihan YARAROĞLU MD.  
Physical Therapy and Rehabilitation

	Unit Price	Number of Sessions	Total
Regenerative Stem Cell Treatment	3900 \$	1	3900 \$
Examination	50 \$	1	50 \$
TMS (Transcranial Magnetic Stimulation)	25 \$	10	250 \$
Ozone Therapy	25 \$	10	250 \$
Frozen Stems Cells	250 \$	1	250 \$
Dietitian	Free	1	0 \$
Wet Cupping	35 \$	1	35 \$

**TOTAL : 4735\$**

\* 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

Özel Fizikon Tıp Merkezi  
Uzm. Dr. Nagihan YARAROĞLU  
Dip. Tes. No: 85653  
Mesul Müdür

Özel Fizikon Tıp Merkezi  
Uzm. Dr. Nagihan YARAROĞLU  
Dip. Tes. No: 85653  
Uzm. Tes. No: 7  
Fizyon