

PROFORMA INVOICE

Patient Name/Surname: NIKOLA IVAYLOV UZUNOV 30.10.2015

Dear. NIKOLA IVAYLOV 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.

Specialist . Dr. Nagihan Yararoğlu

	Unit Price	Number of Sessions	Total
Regenerative Stem Cell Treatment	3900\$	1	3900\$
Examination	35 \$	1	35 \$
TMS (Transcranial Magnetic Stimulation)	18\$	10	180 \$
Ozone Therapy	18 \$	10	180 \$
Frozen Stems Cells	300 \$	1	300 \$
Wet Cupping	35\$	1	35\$

TOTAL :4630\$

* 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

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