

**PROFORMA INVOICE**

**Patient's name** : Kiril Kirov  
**Country** : Bulgaria  
**Department** : Medical Oncology  
**Doctor** : Prof. Dr. Mutlu Demiray  
**Hospital** : [Medicana International Atasehir Hospital](#)

Procedures	Price
<b>1.Day</b> <b>YERVOY 50 MG (Not included)</b> CISPLATIN 150 MG YERVOY APPLICATION VASCULAR WAY + OBSERVATION HYPERTHERMIA LOCAL VITAMIN C 50 GR MATERIAL + PMEMEDIKAS TESTS 12	
<b>2.Day</b> <b>OPDIVO 400 MG (Not included)</b> OPDIVO APPLICATION ESTABLISHING VASCULAR ACCESS + OBSERVATION VITAMIN C 50 GR HYPERTHERMIA LOCAL MATERIAL + PMEMEDIKAS	<b>Total: 8 000 Euro</b>

- **The treatment will be repeated every 21 days.**

- 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.

<b>Bank</b>	<b>SWIFT Code</b>	<b>Branch</b>	<b>USD Account IBAN No:</b>	<b>Account Holder Name</b>
Garanti	TGBATRISXXX	Kozyatađı	TR26 0006 2001 6080 0009 0986 70	Medicana Hastane İřletmeciliđi A.ř
<b>Bank</b>	<b>SWIFT Code</b>	<b>Branch</b>	<b>EUR Account IBAN No:</b>	<b>Account Holder Name</b>
Garanti	TGBATRISXXX	Kozyatađı	TR53 0006 2001 6080 0009 0986 69	Medicana Hastane İřletmeciliđi A.ř

**Yours sincerely,**

**Medicana International Hospital**

International Patient Center

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- 1421

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**MEDICANA**  
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Alemdađ Cad. No:113 Üsküdar / İST.  
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