

MAYS CHEMISTS MELVILLE

RIGINAL*ORIGINAL*

AIN ROAD, MELVILLE, 2092 CHARGE-ACC
OX 91063, AUCKLAND PARK, 10953166
011 726 8014 2020/09/25
011 726-8014
011 726-1768

INVOICE V.A.T REG. NO: 4150121905
IER: JENNIFER DODGEN
NO: 0001

No: 010603
SIDE SANCTUARY
RD P.O. BOX 29172
ESLOE DELIVE ONCMELVILLE
2109
0000

I. BONNELL

	x	0.00	0.00 TO
PTS	RX, NO: 02490485	0920N 242033	
	1 x	96.73	96.73 T1

Subtotal:	96.73
Discount:	0.03
Total>>>:	96.70
(Incl. VAT @15%):	12.62

Time: 15:14:35 *****1.000 ITEM/S
Change given:

30DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
30DAYS	30-DAYS	CURRENT	BALANCE
956.81	15191.67	5050.05	29198.53

THANK YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10952983
TEL: 011 726 8014 2020/09/23
Tel: 011 726-8014
Fax: 011 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHALICE MASON
TILL NO: 0002

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE DELIVE ONCMELVILLE
2109
0000

MR. J. BONNELL

	x	0.00	0.00 TO
SCRIPTS	RX, NO: 02490055	0920N 242033	
	1 x	32.10	32.10 T1
SCRIPTS	RX, NO: 02490056	0920N 242033	
	1 x	1438.72	1438.72 T1

Subtotal:	1470.82
Discount:	0.02
Total>>>:	1470.80
(Incl. VAT @15%):	191.85

Time: 11:47:26 *****2.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
8956.81	15191.67	4871.85	29020.33

THANK YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10949860
TEL: 011 726 8014 2020/08/22
Tel: 011 726-8014
Fax: 011 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: TUMELO GADEOTSE
TILL NO: 0001

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE DELIVE ONCMELVILLE
2109
0000

MR. BONNEL, J

	x	0.00	0.00 TO
SCRIPTS	RX, NO: 02482521	0820N 242033	
	1 x	281.54	281.54 T1

Subtotal:	281.54
Discount:	0.04
Total>>>:	281.50
(Incl. VAT @15%):	36.71

Time: 13:23:27 *****1.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	1088.59
60DAYS	30-DAYS	CURRENT	BALANCE
8884.02	30021.07	6377.50	46371.18

THANK YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

ORIGINAL*ORIGINAL*

11 ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10947436
011 726 8014 2020/08/18
011 726-8014
011 726-1768

NVOICE V.A.T REG. NO: 4150121905
ER: HEIDI MULLER
NO: 0001

10: 010603
11 DE SANCTUARY
RD P.O. BOX 29172
COTTESLOE DELIVE ONCMELVILLE
2109
0000

PTS J BONNELL

x 0.00 0.00 TO
PTS RX NO: 02481610 0820N 242033
1 x 436.43 436.43 T1

Subtotal: 436.43
Discount: 0.03
Total>>>: 436.40
(Incl. VAT @15%): 56.93

: 16:53:46 *****1.000 ITEM/S
ge given:

ODAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
ODAYS	30-DAYS	CURRENT	BALANCE
72.61	8884.02	23353.45	42210.08

K YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10947436
TEL: 011 726 8014 2020/07/29
Tel: 011 726-8014
Fax: 011 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: JENNIFER DODGEN
TILL NO: 0001

Acc No: 010603
WOODSIDE SANCTUARY
DOB RD P.O. BOX 29172
COTTESLOE DELIVE ONCMELVILLE
2109
0000

MAST. W. WIESE

x 0.00 0.00 TO
SCRIPTS RX NO: 02476880 0720N 157499
1 x 457.86 457.86 T1

Subtotal: 457.86
Discount: 0.01
Total>>>: 457.85
(Incl. VAT @15%): 59.72

Time: 12:54:10 *****1.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	12392.85
60DAYS	30-DAYS	CURRENT	BALANCE
9972.61	8884.02	7962.05	39211.53

THANK YOU FOR YOUR SUPPORT



mays
chemists
melville
CARE
SORG
VAT No. 4150121905

11 Main Rd. / Weg
Cor. / H/v 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-81
FAX: (011) 721

mays chemists melville
11 MAIN ROAD/WEG, COR./H/V 4th AVE, MELVILLE
P.O. BOX/POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768

Name JANSEN VAN VUUREN, J. MS
Address WOODSIDE SANCTUARY
Adres 1 DORRIS STREET

Rx: 2564408 JANSEN VAN VUUREN/JAQUELINE 57225
2021/07/26 HEIDI M Gross: 373.27

3-Items Debt: 060256

IDES



RXP-057225

2467896

Date / E

26/07/21

Amount Received By/Bedrag Ontvang Deur: Total/Totaal: R373.27
Accounts: 060256 No Of Items/Aantal Items: 3 TOTAL/TOTAAL R373.27

Name JANSEN VAN VUUREN, J. MS Patient/Pasiënt: JAQUELINE Profile / Profiel
Address WOODSIDE SANCTUARY Phone/Foon: 0845133183 057225
Adres 1 DORRIS STREET Med. Scheme/Med Skema: PR36 Accounts: 060256

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

704328001 - DEPRAMIL 20MG TABS 15 {30} 6 30D R47.23
TAKE HALF A TABLET ONCE A DAY (RPT 2 OF 6) ICD10: Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ****
771996004 - TREPILINE 25MG TABS 15 {500} 6 30D R25.48
TAKE HALF A TABLET AT NIGHT (RPT 2 OF 6) ICD10: Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ****
761079010 - RIVOTRIL 0.5MG TABS 120 {100} 6 30D R300.56
TAKE TWO TABLETS TWICE A DAY (RPT 2 OF 6) ICD10: Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ****

CARE
SORG

Pharmacist/Apteker

PAID/BETAAL Total/Totaal

R373.27

Pharmacy: Mays Chemists Melville
Aptek: Mays Chemists Melville

Pharmacy Number: 6017754
Registration Number:

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema PR36 PRIVATE 36% CAPT R59.40

Member/Lid:
Patient/Pas: Code/Kode: 000

Member/Lid: JANSEN VAN VUUREN JAQUELINE J ID. No./Nr. D.O.B./G.D.
Patient/Pas: JANSEN VAN VUUREN JAQUELINE J

Doctor/Dokter: CARSTENS ANRIE

Practice/Praktyk No: 0862665

Dispenser: HEIDI MULLER

Author/Magtiging No:

Script/Voorskrif: 02564408

Date/Datum: 26/07/2021 Time/Tyd: 09:59 No. of items/Aantal Items: 3

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.

TERME: Verrekening verskeid binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.

TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am entitled to medicine benefits.

I have received the medicine referred to on this prescription and am aware of its value. Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gewillig geregtig is op 'n medisynevoordeel. Ek het die gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

Member/Lid/patient/pasiënt:

R324.38

+VAT R48.69
TOTAL R373.27

m **mays**
chemists
melville
CARE
SORG
VAT No. 4150121905

11 Main Rd. / Wen
Cor. / Hv 4th /
Melville
P.O. Box/Posbus
AUCKLAND P
2006
TEL: (011) 726-800
FAX: (011) 726-1

m **mays chemists melville**
11 MAIN ROAD/WEG, COR./HV 4th AVE, MELVILLE
PO BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL:(011)726-8001/8014 * FAX:(011)726-1768
Rx:2567246 FITCHET/BELINDA #100866
2021/08/06 JACO H. Gross: 223.78
1-Items

Name FITCHET, B. MS
Address WOODSIDE SANCTUARY
Adres DOBIE RD



Date / Datum	Ref / Verw	Profile / Profiel
06/08/2021	02567246	100866

Amount Received By/Bedrag Ontvang Deur: Total/Totaal: R223.78
No Of Items/Aantal Items: 1 TOTAL/TOTAAL R223.78

Name FITCHET, B. MS Patient/Pasiënt: BELINDA Profile / Profiel
Address WOODSIDE SANCTUARY Phone/Foon: 100866
Adres DOBIE RD Med. Scheme/Med Skema:

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

719156001 - CIPLA-AZITHROMYC 500 3 30 R223.53
ANTIBIOTIC COMPLETE COURSE TAKE ONE ICD10:Z76.9
TABLET ONCE A DAY AFTER FOOD FOR THREE DAYS

Copy/Afskrif: R0.25

Pharmacist/Apteker

PAID/BETAAL Total/Totaal R223.78

Pharmacy: **Mays Chemists Melville**
Aptek:

Pharmacy Number: 6017754
Registration Number:

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR

Member/Lid:
Patient/Pas: Code/Kode: 0

Member/Lid: Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Patient/Pas: FITCHET BELINDA B
FITCHET BELINDA B

Doctor/Dokter: MKHATSWA NTOMBI
Dispenser: JACO HAVENGA

Practice/Praktyk No: 1521616
Author/Magtiging No:

Script/Voorskrif: 02567246 Date/Datum: 06/08/2021 Time/Tyd: 11:43 No. of Items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verrekening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days.
This is to certify that I am a bona fide member

I have received the medicine referred to on this prescription and am aware of its value.
Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynevoordiel. Ek het die gemaakte medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R194.59
VAT R29.19
TOTAL R223.78

MAYS CHEMISTS MELVILLE

ORIGINAL*ORIGINAL

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10984262
TEL: 011 726 8014 2021/08/10
Tel: 011 726-8014
Fax: 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHIRMAIN STONE
TILL NO: 0003

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

H.MCLOED

X 0.00 0.00 TO
REVITE OMEGA-3 FISH OIL 1000MG 90
6006367000343 1 x 136.90 136.90 T1

Subtotal: 136.90
Discount: 0.00
Total>>>: 136.90
(-1.VAT @15%): 17.86

Time: 14:46:10 *****1.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	17414.20	7552.20	24966.40

THANK YOU FOR YOUR SUPPORT

Name: [REDACTED]
Address: [REDACTED]
Adres: [REDACTED]

Date / Datum	Ref / Verw	Profile / Profiel
[REDACTED]	[REDACTED]	[REDACTED]

Name: [REDACTED] Patient/Pasiënt: [REDACTED] Profile / Profiel: [REDACTED]
Address: [REDACTED] Phone/Foon: [REDACTED]
Adres: [REDACTED] Med. Scheme/Med Skema: [REDACTED]

CERTIFIED COPY OF DOCTOR'S SCRIPT / GEBEÏDEGDE AFSCRIF VAN DOKTER VOORSKRIF

MAYS CHEMISTS MELVILLE

ORIGINAL*ORIGINAL

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, I0984260
TEL: 011 726 8014 2021/08/10
Tel: 011 726-8014
Fax: 011 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHIRMAIN STONE
TILL NO: 0003

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

MS.B.FITCHETT

x 0.00 0.00 TO
SCRIPT RX RX.NO: 02567930 0821N 278510
0000000000001 1 x 780.81 780.81 T1

Subtotal: 780.81
Discount: 0.01
Total>>>: 780.80
(Incl.VAT @15%): 101.84

Time: 14:44:58 *****1.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	17414.20	7415.30	24829.50

THANK YOU FOR YOUR SUPPORT

Pharmacy: **Mays Chemists Melville**

Pharmacy Number: [REDACTED]
Registration Number: [REDACTED]

P.O./E.V.K. No./Nr.

Scheme/Skema:

Member/Lid:

Patient/Pas:

Member/Lid: Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.

Patient/Pas:

Doctor/Dokter:

Practice/Praktijk No:

Dispenser:

Author./Magtiging No:

Script/Voorskrif:

Date/Datum: [REDACTED] Time/Tyd: [REDACTED] No. of items/Aantal Items:

The member certifies that I am liable for the full account, until full and final settlement by the medical aid.
ERME: Verrekening verskuldig binne 30 dae.
X, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf redeliese fonds ontvang is.
ERMS: Payment required in 30 days.
His is to certify that I am a bona fide member

I have received the medicine referred to on this prescription and am aware of its value.
Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynevoordeel. Ek het die gemiddelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

mays chemists melville
11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posb
AUCKLAND
2001
TEL: (011) 726 8672
FAX: (011) 726 8672

mays chemists melville
11 MAIN ROAD/VEG, COR./HV 4th AVE, MELVILLE
P.O. BOX/POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8000/8014 * FAX: (011) 726-1768
Rx: 2579618
2021/09/22 HEIDI M
FITCHETT/BELINDA
Gross: #278510
2-Items 867.72

Name: FITCHETT, B. MS
Address: WOODSIDE SANCTUARY
Adres:



LEMMES
S!!

Date / Datum	Rx / Voorskrif	Ref
22/09/2021	02579618	278510

Amount Received By/Bedrag Ontvang Deurs: Total/Totaal: R867.72
No Of Items/Aantal Items: 2 TOTAL/TOTAAL: R867.72

Name: FITCHETT, B. MS Patient/Pasiënt: BELINDA Profile / Profiel: 278510
Address: WOODSIDE SANCTUARY Phone/Foon: 278510
Adres: Med. Scheme/Med Skema:

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

780839005 - LOSIX 80MG TABS 30 00 R780.56
TAKE ONE TABLET IN THE MORNING
702947001 - SANDOZ-K 600MG TABS 30 1100 00 R86.91
TAKE ONE TABLET IN THE MORNING

Copy/Afskrif: R0.25

Pharmacist/Apteker PAID/BETAAL Total/Totaal R867.72

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Aptek: Registration Number:

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR
Member/Lid: Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Patient/Pas: FITCHETT BELINDA B
Patient/Pas: FITCHETT BELINDA B
Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0862665
Dispenser: HEIDI MULLER Author/Magtiging No:
Script/Voorskrif: 02579618 Date/Datum: 22/09/2021 Time/Tyd: 16:34 No. of items/Aantal Items: 2

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verifikasie verskuldig binne 30 dae.
Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days.
This is to certify that I am a bona fide member

I have received the medicine referred to on this prescription and am aware of its value.
Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynevoorskrif. Ek het die gemaakte medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.
+VAT R113.18
TOTAL R867.72



mays
chemists
melville

CARE
SORG

11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-8
FAX: (011) 72

VAT No. 4150121905



Name JANSSEN VAN VUUREN, J. MS
Address WOODSIDE SANCTUARY
Adres 1 DORRIS STREET

mays
chemists
melville

11 MAIN ROAD, WEG, COR. / HV 4th AVE, MELVILLE
P.O. BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001 / 8014 * FAX: (011) 726-1768

Rx: 2579845 JANSSEN VAN VUUREN / JAQUELINE 57225
2021/09/23 HEIDI M
Gross: 373.27
3-Items Debt: 060256



RXP-057225

2485500

Date /
23/09/2021

Amount Received By/Bedrag Ontvang Deur: Total/Totaal: R373.27
Account: 060256 No Of Items/Aantal Items: 3 TOTAL/TOTAAL R373.27

Name	JANSSEN VAN VUUREN, J. MS	Patient/Pasiënt:	JAQUELINE	Profile / Profiel
Address	WOODSIDE SANCTUARY	Phone/Foon:	0845133183	057225
Adres	1 DORRIS STREET	Med. Schema/Med Skema:	PR36	Account: 060256

CERTIFIED COPY OF DOCTOR'S SCRIPT / GESERTIFISEERDE AFSKRIF VAN DOKTER VOORSKRIF

704328001 - DEPRAMIL 20MG TABS 15 (30) 6 300 R47.23
TAKE HALF A TABLET ONCE A DAY (RPT 4 OF 6) ICD10: Z76.9
*** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ***

771996004 - TREPILINE 25MG TABS 15 (500) 6 300 R25.48
TAKE HALF A TABLET AT NIGHT (RPT 4 OF 6) ICD10: Z76.9
*** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ***

761079010 - RIVOTRIL 0.5MG TABS 120 (100) 6 300 R300.56
TAKE TWO TABLETS TWICE A DAY (RPT 4 OF 6) ICD10: Z76.9
*** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ***

Pharmacist/Apteker PAID/BETAAL Total/Totaal R373.27

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Aptek: Registration Number:

C.P.O./E.V.K. PR	No./Nr.	Member/Lid:		
Schema/Skema PR36	PRIVATE 36% CAPT R59.40	Patient/Pas: Code/Kode: 000		
Sumama/Van	First Name/Voornaam	Init.	ID. No./Nr.	D.O.B./G.D.
Member/Lid: JANSSEN VAN VUUREN	JAQUELINE	J		
Patient/Pas: JANSSEN VAN VUUREN	JAQUELINE	J		
Doctor/Dokter: CARSTENS AMRIE	Practice/Praktyk No: 0862665			
Dispenser: HEIDI MULLER	Author/Magliging No:			
Script/Voorskrif: 02579845	Date/Datum: 23/09/2021	Time/Tyd: 13:04	No. of Items/Aantal Items: 3	

I, the member certify that I am liable for the full amount, until full and final settlement by the medical aid.
TERMS: Voorskrif is geldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days.

I have received the medicine referred to on this prescription and am aware of its value.
Hiermee sertifiseer ek dat ek 'n bona fide lid van die beoogde skema is en gevolglik geregtig is op 'n medisynevoorskrif. Ek het die gemiddelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R324.48

4VAT R48.69

MAYS CHEMISTS MELVILLE

ORIGINAL*ORIGINAL

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10988897
TEL: 011 726 8014 2021/09/29
Tel: 011 726-8014
Fax: 011 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHIRMAIN STONE
TILL NO: 0003

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

LEAH SITHOLE

	x	0.00	0.00 TO
INTRASITE GEL 15G SNG	66000383		
50223480	3 x	205.95	617.85 T1
MX GAUZE SWABS NON-WOVEN 10CM 4PLY 100'S			
5057881792291	2 x	45.95	91.90 T1

Subtotal:	709.75
Discount:	0.00
Total>>>:	709.75
Incl.VAT @15%:	92.58

R617.18 excl Vat

Time: 13:04:21 *****5.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	12144.05	5997.45	18141.50

THANK YOU FOR YOUR SUPPORT

12/11/14
17/10/15
23/07/2017

mays chemists melville
CARE SORG
VAT No. 4150121905

11 Main Rd. / We
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 9
AUCKLAND PAF
2006
TEL: (011) 726-8001
FAX: (011) 726-17

mays chemists melville
11 MAIN ROAD/VEG, COR./HV 4th AVE, MELVILLE
P.O. BOX / POSBUS 91083, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1708
Rx: 2583508 RODRIGUES/TREVOR
2021/10/08 MARTIE S Gross: 372.99
1-Items

Name: RODRIGUES, T
Address: WOODSIDE
Adres: 7 DORRILL STREET



Date / Datum	Ref / Verw	Profile / Profiel
08/10/2021	08193708	175235

Amount Received By/Deuren Ontvangen Betragt: 372.99
No of Items/Aantal Items: 1 Total: 372.99

Name: RODRIGUES, T
Address: WOODSIDE
Adres: 7 DORRILL STREET
Patient/Pasiënt: TREVOR
Phone/Foon: 0217867716
Profile / Profiel: W 23

CERTIFIED COPY OF DOCTOR'S SCRIPT/GECERTIFICEERDE AFSCRIF VAN DOKTER VOORSKRIF
774006000
TAKE ONE CAPSULE THREE TIMES A DAY
R372.99

Pharmacist/Apotheker

6017704
Total/Totaal: 372.99

Pharmacy: **Mays Chemists Melville**
Apteeek:

Pharmacy Number: 6017704
Registration Number:

C.P.O./E.V.K. No./Nr.
Schema/Skema:

Member/Lid: 300
Patient/Pas: 300
D.O.B./G.D.

Member/Lid: RODRIGUES
Patient/Pas: RODRIGUES
Surname/Van: TREVOR
First Name/Voornaam: TREVOR

Doctor/Dokter: GREGG, ANNE
Dispenser: MARTIE S
Script/Voorskrif: 08193708
Practice/Praktyk No: 08193708
Author/Magtiging No:

Date/Datum: 08/10/2021 Time/Tyd: 12:11 No. of Items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.

TERME: Verifikasie verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days.

I have received the medicine referred to on this prescription and am aware of its value. Hiermee sertifiseer ek dat ek in bonta lide lid van die ooreenstemmende skema is en geregtig is op 'n medisynevoorskrif. Ek het die geneesmiddel volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

324.36



11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville

P.O. Box/Posbus 91063
AUCKLAND

TEL: (011) 726-8001
FAX: (011) 726-1768

mays chemists melville
11 MAIN ROAD / WEG, COR. / HV 4th AVE, MELVILLE
P.O. BOX / POSBUS 91063, AUCKLAND PARK, 2008
TEL: (011) 726-8001 * FAX: (011) 726-1768

Name: **HUNT, GARY**
 Address: **WEDDING**
 Adres:

Rx: 2584530 HUNT/GARY
 2021/10/12 GABRIEL
 Gross: 305.95
 #298990



RXP-298990

Date / I

Amount Received By/Bedrag Ontvangen Door: **2584.53**
 Total Amount: **2584.53**
 No of Items/Aantal Items: **1**

Name: **HUNT, GARY** Patient/Pasiënt: **GARY** Profile / Profiel:
 Address: **WEDDING** Phone/Foon:
 Adres: Med. Scheme/Med Skema:

CERTIFIED COPY OF DOCTOR'S SCRIPT / GEBELTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

77400000 - ORIGINAL OF SCRIPT
 TAKE ONE CAPSULE THREE TIMES A DAY
 10/10/2021


Pharmacy: **Mays Chemists Melville** Pharmacy Number:
 Apteek: Registration Number:

C.P.O./E.V.K. No./Nr.
 Scheme/Skema: **PRIVAT 264 1001 1/9/10** Member/Lid:
 Patient/Pas: **2021/10/12**
 Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
 Member/Lid: **HUNT** **GARY** **G**
 Patient/Pas: **HUNT** **GARY** **G**
 Doctor/Dokter: **GABRIEL PARSLEY** Practice/Praktyk No:
 Dispenser: **GABRIEL PARSLEY** Author./Magtiging No:
 Script/Voorskrif: **06184700** Date/Datum: **12/10/2021** Time/Tyd: **09:00** No. of Items/Aantal Items: **1**

I, the member certify that I am liable for the full amount, until full and final settlement by the medical aid.
 Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gewillig oorgelyf is op 'n medisynevoorskrif. Ek het die geneemde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.
 TERMS: Payment required in 30 days.
 This is to certify that I am a bona fide member.

R266.04

MCMI-HA
WT 65095
20/07/2021



mays chemists melville
CARE SORG
VAT No. 4160121905

11 Main Rd / Weg
Cor / Hv 4th Ave
Melville
P.O. Box / Posbus 91063
AUCKLAND
2006
TEL: (011) 726-
FAX: (011) 726-

mays chemists melville
11 MAIN ROAD/WEG, COR/HV 4th AVE, MELVILLE
P.O. BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768

Name: FITCHETT, B. MS
Address: WOODSIDE SANCTUARY
Adres:

MR: 2566186 FITCHETT/BELINDA #278510
2021/10/19 CARMEN B Gross: 87.16



INDEX

Date: 19/10/2021
2492680 02566186 278510

Amount Received By/Bedrag Ontvang Deurs: 2492680
No Of Items/Aantal Items: 1
Total/Totaal: 887.16
Net Total: 887.16

Name: FITCHETT, B. MS Patient/Pasiënt: BELINDA Profile / Profiel: 278510
Address: WOODSIDE SANCTUARY Phone/Foon:
Adres: Med. Scheme / Med Skema:

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSKRIF VAN DOKTER VOORSKRIF
702947001 - SANDOZ-K 600MG TABS 30 1000 00 R86.91
TAKE ONE TABLET IN THE MORNING

Copy/Afskrif: R0.25

Pharmacist/Apteker: PAID/BETAAL Total/Totaal: R87.16

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Aptek: Registration Number:

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR Member/Lid:
Patient/Pas: Code/Kode: 0
Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Member/Lid: FITCHETT BELINDA B
Patient/Pas: FITCHETT BELINDA B
Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0362655
Dispenser: CARMEN BROWN Author/Magtiging No:
Script/Voorskrif: 02566186 Date/Datum: 19/10/2021 Time/Tyd: 12:43 No. of Items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verantwoordlik verskuldig blynde 30 dae.
Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.

I have received the medicine referred to on this prescription and am aware of its value.
Hiermee sertifiseer ek dat ek in kennis is van die bogenoemde skema se en goedgekeurde waarde.
Ek het die geneesmiddel volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R75.79

VAT R11.37

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mays chemists melville
CARE SORG
VAT No. 4150121905

11 Main Rd. / Weg
Cor. / Hw 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-8001/8014
FAX: (011) 726-1768

mays chemists melville
11 MAIN ROAD, WEG, COR. / HW 4th AVE, MELVILLE
P.O. BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768

Rx: 2567096 FITCHETT/BELINDA #278510
2021/10/22 COBUS Gross: 780.81

1-Items



RXP-2785104

Name: FITCHETT, B. MS
Address: WOODSIDE SANCTUARY
Adres:

Date / Datum	Ref / Verw	Profile / Profiel
24/07/2021	02/6/096	278510

2493724

Amount Received By/Bedrag Ontvang, Debet: Total/Totaal: R780.81
No Of Items/Aantal Items: 1 TOTAL TOTAL: R780.81

Name: FITCHETT, B. MS Patient/Pasiënt: BELINDA Profile / Profiel
Address: WOODSIDE SANCTUARY Phone/Foon: E78 110
Adres: Med. Scheme/Med Skema:

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

700039006 - LASIX BONG TABS 30

TAKE ONE TABLET IN THE MORNING

00

R780.81

Qty/Quantiteit R0.81

Pharmacist/Apteker

PAID/ELTOM Total/Totaal R780.81

Pharmacy: Mays Chemists Melville
Aptéek:

Pharmacy Number: 601/20
Registration Number:

G.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR

Member/Lid:
Patient/Pas: Date/Rekas 0

Member/Lid: Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Patient/Pas: FITCHETT BELINDA E 14101

Doctor/Dokter: CHRISTENS ANNE Practice/Praktik No: 00000001

Dispenser: COBUS BETHA Author/Magtiging No:

Script/Voorskrif: 02567096 Date/Datum: 20/10/2021 Time/Tyd: 14101 No. of items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.

TERMS: Verifying verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.

TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am

I have received the medicine referred to on this prescription and am aware of its value. Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik aanspreeklik is op 'n medisynevoorskrif. Ek het die medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R578.97

PAID 21/10/21 R578.97

=====

MIS MELVILLE

=====

*ORIGINAL*ORIGINAL*

=====

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10991340
TEL: 011 726 8014 2021/10/25
Tel: 011 726-8014
Fax: 011 726-1768

=====

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHIRMAIN STONE
TILL NO: 0003

=====

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

=====

WARD STOCK

	x	0.00	0.00 TO
SOLAL VITAMIN K2 120MCG 30			
6009663998321	1 x	234.95	234.95 T1

=====

Subtotal:	234.95
Discount:	0.00
Total>>>:	234.95
(Incl.VAT @15%):	30.65

=====

R204.30 exd vat

Time: 15:33:57 *****1.000 ITEM/S
Change given:

=====

180-DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60-DAYS	30-DAYS	CURRENT	BALANCE
0.00	12461.55	1984.60	14446.15

=====

THANK YOU FOR YOUR SUPPORT

=====

MDM: PA
VT 69055
20/07/2021



11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-8001/801
FAX: (011) 726-1768

mays chemists melville
11 MAIN ROAD, WEG, COR. HV 4th AVE, MELVILLE
P.O. BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768
Rx: 2587602 JANSEN VAN VUUREN/JAQUE#57225
2021/10/25 VENTER RIA Gross: 373.27
3-Items Debt: 060256



RXP-0572254

Name: JANSEN VAN VUUREN, J. MS
Address: WOODSIDE SANCTUARY
Adres: 1 DORRIS STREET

MAINTAIN FOR TAX PURPOSES.

Acc 60256

Date / Datum	Ref / Verw	Profile / Profiel
20/10/2021	0572256	05/225

Amount Received By/Sedran Ontvang Deurs: Total/Totaal: R373.27
Account: 060256 No Of Items/Aantal Items: 3 TOTAL TOTAL: R373.27

Name: JANSEN VAN VUUREN, J. MS Patient/Pasiënt: J. JAQUELINE Profile / Profiel
Address: WOODSIDE SANCTUARY Phone/Foon: 0941133163 057225
Adres: 1 DORRIS STREET Med. Scheme/Med Skema: PR36 Account: 060256

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

704320001 - DEMIGRIL 20MG TABS 12 (100) 6 30D R47.23
TAKE HALF A TABLET ONCE A DAY (RPT 5 OF 6) ICD10:Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****
771996004 - TRIPOLINE 20MG TABS 15 (100) 6 30D R21.43
TAKE HALF A TABLET AT NIGHT (RPT 5 OF 6) ICD10:Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****
761079010 - RIVOTRIL 0.5MG TABS 120 (100) 6 30D R300.76
TAKE TWO TABLETS TWICE A DAY (RPT 5 OF 6) ICD10:Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****

Pharmacist/Apteker: PAID/MILIAI Total/Totaal: R373.27

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Aptek: Registration Number:

C.P.O./E.V.K. PK No./Nr.
Scheme/Skema: PR36 PRIVAT 30% DAPT R/9.40 Member/Lid:
Patient/Pas: Code/Notas: 000
Member/Lid: SURNAME/VAN JANSEN VAN VUUREN First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Patient/Pas: JANSEN VAN VUUREN JAQUELINE J.
Doctor/Dokter: CAROLINE ANKIE Practice/Praktyk No: 0002565
Dispenser: VENTER RIAN Author/Magting No:
Script/Voorskrif: 02587602 Date/Datum: 27/10/2021 Time/Tyd: 12:41 No. of Items/Aantal Items: 3

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verleëning vanstutdig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am
I have received the medicine referred to on this prescription and am aware of its value.
Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynewaarde. Ek het die genoemde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.
B324.58
TOTAL: R373.27

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=====

MAYS CHEMISTS MELVILLE

=====

*ORIGINAL*ORIGINAL*

=====

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, I0992137
TEL: 011 726 8014 2021/11/03
Tel: 011 726-8014
Fax: 011 726-1768

=====

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHALICE MASON
TILL NO: 0002

=====

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

=====

L.SITHOLE
x 0.00 0.00 TO
SABAX POUR SALINE 0.9% 1000ML
6003252105787 2 x 27.95 55.90 T1

Subtotal: 55.90
Discount: 0.00
Total>>>: 55.90
(Incl.VAT @15%): 7.29

=====

R 48.62 excl Vat

Time: 12:17:06 *****2.000 ITEM/S
Change given:

=====

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	12461.55	5150.50	17612.05

=====

THANK YOU FOR YOUR SUPPORT

=====

=====

MAYS CHEMISTS MELVILLE

=====

ORIGINAL*ORIGINAL

=====

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10992564
TEL: 011 726 8014 2021/11/08
Tel: 011 726-8014
Fax: 011 726-1768

=====

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: CHALICE MASON
TILL NO: 0002

=====

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

=====

HEIDI

x 0.00 0.00 TO
REVITE ORGANO OM-3 VEGICAP 1000MG 90'S
6006367005188 1 x 162.96 162.96 T1

Subtotal: 162.96
Discount: 0.01
Total>>>: 162.95
(Incl.VAT @15%): 21.26

R141.69 excl vat

Time: 10:29:53 *****1.000 ITEM/S
Change given:

=====

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	12461.55	5594.00	18055.55

=====

THANK YOU FOR YOUR SUPPORT

=====



11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville

P.O. Box/Posbus
AUCKLAND 1
2006

TEL: (011) 726-8
FAX: (011) 726-8

mays chemists melville
11 MAIN ROAD, WEG, COR, HV 4th AVE, MELVILLE
P.O BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1788

Rx: 2591275 WOODSIDE SANCTUARY/WOOD#72624
2021/11/09 HEIDI M Gross: 478.72

Name WOODSIDE SANCTUARY
Address 7 DORBIE STREET
Adres COTTESLOE



RXP-072624

Date / Da.

2498690

09/11/2021

02591275

072624

Receipt of Prescribed Medicine

Amount Received By/Bedrag Ontvang Deurs: Total/Totaal: R478.72
No Of Items/Aantal Items: 1 TOTAL/TOTAAL R478.72

Name WOODSIDE SANCTUARY Patient/Pasiënt: WOODSIDE Profile / Profiel
Address 7 DORBIE STREET Phone/Foon: 011 726 7318 072624
Adres COTTESLOE Med. Scheme/Med Skema: PR36

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

793035043 - ADVANTAN OINT 40 G207 00 R478.72

CARE
SORG

Pharmacist/Apteker

PAID/BETAAL Total/Totaal

R478.72

Pharmacy: **Mays Chemists Melville**
Aptek: Mays Chemists Melville

Pharmacy Number: 6017/54
Registration Number:

C.P.O./E.V.K. PR
Schema/Skema PR36

No./Nr.
PRIVATE 36% CAPT R59.40

Member/Lid:
Patient/Pas: Code/Kode: 000

Member/Lid: WOODSIDE SANCTUARY WOODSIDE
Patient/Pas: WOODSIDE SANCTUARY WOODSIDE

Init. ID. No./Nr. D.O.B./G.D.

Doctor/Dokter: CARSTENS ANRIE
Dispenser: HEIDI MULLER

Practice/Praktyk No: 0862665
Author/Magtiging No:

Script/Voorskrif: 02591275 Date/Datum: 09/11/2021 Time/Tyd: 15:26 No. of items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verrekening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am

I have received the medicine referred to on this prescription and am aware of its value. Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynevoordeel. Ek het die geneesde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R416.26

+VAT R62.44
TOTAL R478.72

MAYS CHEMISTS MELVILLE

ORIGINAL*ORIGINAL

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10992902
TEL: 011 726 8014 2021/11/11
Tel: 011 726-8014
Fax: 011 726-1768

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: JENNIFER DODGEN
TILL NO: 0001

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

LEA SITHOLE

INTRASITE GEL 15G SNG 66000383
50223480 3 x 205.95 617.85 T1

Subtotal: 617.85
Discount: 0.00
Total>>>: 617.85
(Incl.VAT @15%): 80.59

R537.26 excl vat

Time: 10:13:26 *****3.000 ITEM/S
Change given:

180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	12461.55	7984.40	20445.95

THANK YOU FOR YOUR SUPPORT

=====

MAYS CHEMISTS MELVILLE

=====

*ORIGINAL*ORIGINAL*

=====

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, IO996737
TEL: 011 726 8014 2021/12/17
Tel: 011 726-8014
Fax: 011 726-1768

=====

TAX INVOICE V.A.T REG. NO: 4150121905
CASHIER: JENNIFER DODGEN
TILL NO: 0001

=====

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD P.O. BOX 29172
COTTESLOE MELVILLE
2109
0000

=====

L.SITHOLE
x 0.00 0.00 TO
JELONET 100X100MM 36 PIECES
5000223439507 1 x 147.95 147.95 T1
MICROPORE 72MM X 3M
6001340121725 1 x 66.95 66.95 T1
INTRASITE GEL 15G SNG 66000383
50223480 2 x 205.95 411.90 T1

=====

Subtotal: 626.80
Discount: 0.00
Total>>>: 626.80
(Incl.VAT @15%): 81.76

=====

Time: 12:36:44 *****4.000 ITEM/S
Change given:

=====

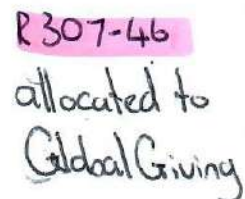
180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	0.00	9221.25	9221.25

=====

THANK YOU FOR YOUR SUPPORT

=====

£545.04 excl vat



mays
chemists
melville
CARE
SORG
VAT No. 4150121905

11 Main Rd. / V
Cor. / Hv 4th /
Melville
P.O. Box / Posb
AUCKLAND
200F
TEL: (011) 72f
FAX: (011)

mays chemists melville
11 MAIN ROAD, AVEG, COR. HV 4th AVE, MELVILLE
P.O. BOX / POSBUS 91003, AUCKLAND PARK, 2006
TEL: (011) 726-8006/8014 * FAX: (011) 726-1760
Rx: 2602116 MCLEOD/HEIDI
2021/12/24 RIAAN-W
1-Items Gross: #298478 27.95



MELEINDES
SES!!

Name MCLEOD, H. MS
Address WOODSIDE SANCTUARY
Adres

2511072

Date / Datum	Ref / Verw	Profile / Profiel
24/12/2021	02602116	298478

Amount Received By/Bedrag Ontvang Deur: Total/Totaal: R27.95
No Of Items/Aantal Items: 1 TOTAL/TOTAAL R27.95

Name MCLEOD, H. MS Patient/Pasient: HEIDI Profile / Profiel
Address WOODSIDE SANCTUARY Phone/Foon: 298478
Adres Med. Scheme/Med Skema: PR36

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

754064018 - PERSIVATE CREAM 15 50 R27.95
APPLY AS DIRECTED

Pharmacist/Apteker

PAID/BETAAL Total/Totaal R27.95

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Aptek: Registration Number:

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR36 PRIVATE 36% CAPT R59.40 Member/Lid:
Patient/Pas: Code/Kode: 0
Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Member/Lid: MCLEOD HEIDI H
Patient/Pas: MCLEOD HEIDI H
Doctor/Dokter: MKHAYSHWA NTOMBI Practice/Praktyk No: 1521616
Dispenser: RIAAN WELGEMOED Author/Magtiging No:
Script/Voorskrif: 02602116 Date/Datum: 24/12/2021 Time/Tyd: 12:10 No. of Items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verifying verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am

I have received the medicine referred to on this prescription and am aware of its value. Hiermee sertifiseer ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynevoordeel. Ek het die gemaakte medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R24.30

*VAT R3.65
TOTAL R27.95

mays
chemists
melville
CARE
SORG
VAT No. 4150121905

11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006

TEL: (011) 726-
FAX: (011) 726-

mays chemists melville
11 MAIN ROAD/WEG, COR./HV 4th AVE, MELVILLE
P.O. BOX/POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768

Name: FITCHETT, D. MS
Address: WOODSIDE SANCTUARY
Adres:

Rx: 2603291 FITCHETT/BELINDA #278510
2021/12/31 HEIDI M Gross: 188.68

2-Items



RXP-278510

INDEX

Date / I

2512393

31/12

Amount Received By/Bedrag Ontvang Deur: Total/Totaal: R188.68
No Of Items/Aantal Items: 2 TOTAL/TOTAAL: R188.68

Name: FITCHETT, D. MS Patient/Pasiënt: BELINDA Profile / Profiel: 278510
Address: WOODSIDE SANCTUARY Phone/Foon:
Adres: Med. Scheme/Med Skema:

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSCRIF VAN DOKTER VOORSKRIF

758272006 - PURESIS 40MG TABS 60 (30) 00 R101.52
TAKE TWO TABLETS IN THE MORNING
702947001 - SANDOZ-K 600MG TABS 30 (100) 00 R86.91
TAKE ONE TABLET IN THE MORNING

Copy/Afskrif: R0.25

Pharmacist/Apteker

PAID/BETAL Total/Totaal R188.68

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Aptek: Registration Number:

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR

Member/Lid:
Patient/Pas: Code/Kode: 0

Member/Lid: Surname/Van: BELINDA Init. ID. No./Nr. D.O.B./G.D.
Patient/Pas: FITCHETT BELINDA B

Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0862665

Dispenser: HEIDI MULLER Author/Magtiging No:

Script/Voorskrif: 02603291 Date/Datum: 31/12/2021 Time/Tyd: 11:01 No. of items/Aantal Items: 2

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.

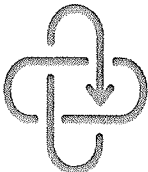
TERME: Verrekening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.

TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am

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R184.07

VAT R24.61
TOTAL R188.68



Transpharm PRETORIA

GAUTENG DIVISION

VAT No.: 4560103477 REG No.: 1994/006582/07

Street Address :
387 Taljaard Street
Hermanstad
Pretoria, 0082

Postal Address :
PO Box 23297
Gezina

Tel : 012-3779000
Fax : 012-3770929
Email :
clientservice@transpharm.co.za

Account	22992
Order No.	1286355
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TRIP: J091 / MELVILLE / MAYFAIR

TAX INVOICE	
Invoice No.	INV24629554
Invoice Date	07/12/2022 - 09:31:42



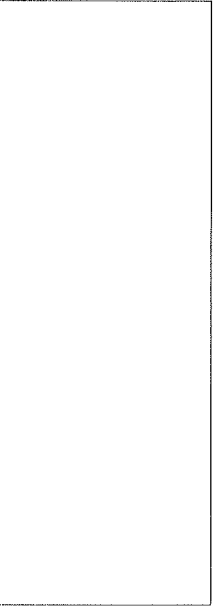
Printed: 10/12/2022 - 03:57:25

LOCAL

*** Computer Generated Copy Tax Invoice ***

Customer Name :
DR CARSTENS A(WOODSIDE SANCTUARY)
CNR DORBE AND CANARY STR
COTTESLOE AUCLAND PARK
JOHANNESBURG
2109

Deliver To :
CNR DORBE AND CANARY STR
COTTESLOE AUCLAND PARK
JOHANNESBURG
Tel 011 726 7318
Client VAT No.: 4290105073



TFM CODE	SCH	BATCH No.	EXPIRY	NAPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
26485	0	KG20015	30/12/2023	868078026	6006352001997	CKM24-09	SOFLAX TAB 200	10	186.38	1 863.80
R264.36 Allocated to GlobalGiving Medications										

TOTAL QTY : 10.00 TOTAL WEIGHT : 0.600kg ☒ TOTAL EXCL : 1 863.80 VAT @ 15% : 279.57 TOTAL INCL : 2 143.37

** All prices in ZAR - South African Rands **
(BONUS) - Bonus stock received
(Combo) - Combo Deal stock received

Bank Name : Standard Bank Branch Name : Gezina
Account No. : 013141732 Branch Code : 014845

INTEREST OF 2.0 % WILL BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
RETURNS WITHIN 2 DAYS ONLY BY CONSENT
**** FRIDGE PARCELS ARE NON RETURNABLE ****