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
TESLOE 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

e: 15:14:35 ********1.000 ITEM/S
nge given:

30DAYS 150-DAYS 120-DAYS 90-DAYS
0.00 0.00 0.00 0.00
60DAYS 30-DAYS CURRENT BALANCE
956.81 15191.67 5050.05 29198.53

NK 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
8955.81 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, 10949850
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 GAOBOTSE
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

RIGINAL*ORIGINAL*

P ROAD, MELVILLE, 2092 CHARGE-ACC
. 063, AUCKLAND PARK, 10949451
011 726 8014 2020/08/18
011 726-8014
011 726-1768

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

lo: 010603
IDE SANCTUARY
RD P.O. BOX 29172
SLOE DELIVE ONCMELVILLE
2109
0000

TS J BONNELL
x 0.00 0.00 T0
TS 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

R345.43
Portion Allocated to GlobalGiving Funding

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

0DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
0DAYS	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
DOBI RD P.O. BOX 29172
COTTESLOE DELIVE ONCMELVILLE
2109
0000

MAST.W.WIESE
x 0.00 0.00 T0
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

MCMT-HA
WT 67799
09/02/2021

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) 726-8(
FAX: (011) 72(

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:2564408 JANSEN VAN VUUREN/JAQUE#57225
2021/07/26 HEIDI M Gross: 373.27
3-Items Debt.060256 IDES

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

RXP-0572254

Date / D
26/07/2

2467896

)Receipt of Prescribed Medicines(

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

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

Patient/Pasiënt: JAQUELINE
Phone/Foon: 0845133183
Med. Scheme/Med Skema: PR36

Profile / Profiel
057225
Account:060256

CERTIFIED COPY OF DOCTOR'S SCRIPT/GESERTIFISEERDE AFSKRIF 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 ****

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

Pharmacy: Apteek: **Mays Chemists Melville**
Pharmacy Number: 6017754
Registration Number:

C.P.O./E.V.K. PR
Scheme/Skema PR36 No./Nr. PRIVATE 36% CAPT R59.40
Member/Lid:
Patient/Pas: Code/Kode: 000

	Surname/Van	First Name/Voornaam	Init.	ID. No./Nr.	D.O.B./G.D.
Member/Lid:	JANSEN VAN VUUREN	JAQUELINE	J		
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: Vereffening 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 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 gevolglik 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

mays chemists melville
CARE SORG
VAT No. 4150121905

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

mays chemists melville
CARE SORG
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:2567246 FITCHET/BELINDA #100866
2021/08/06 JACO H Gross: 223.78
1-Items

RXP-100866+

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

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

2471176

/Receipt of Prescribed Medicine/

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

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

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

/19156001 - CIPLA-AZITHROMYC 500 3 3D 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/Apteek: **Mays Chemists Melville**
Pharmacy Number: 6017754
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:	FITCHET	BELINDA	B		
Patient/Pas:	FITCHET	BELINDA	B		

Doctor/Dokter: MKHATSHWA NTOMBI Practice/Praktyk No: 1521616
Dispenser: JACO HAVENGA 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: Vereffening 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 medisynevoordeel. Ek het die gemelde 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
PO BOX 91063, AUCKLAND PARK,
TEL: 011 726 8014
Tel: 011 726-8014
Fax: 726-1768

CHARGE-ACC
I0984262
2021/08/10

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

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD
COTTESLOE

P.O. BOX 29172
MELVILLE
2109
0000

H.MCLOED

	x	0.00	0.00 T0
REVITE OMEGA-3 FISH OIL 1000MG 90			
6006367000343	1 x	136.90	136.90 T1

Subtotal:	136.90
Discount:	0.00
Total>>>:	136.90
(Incl.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

mays chemists melville

CARE SORG

VAT No. 4150121905

11 Main Rd. / W
Cor. / Hv 4th Av
Melville
P.O. Box/Posbus 91
AUCKLAND PAR
2006
TEL: (011) 726-8001/
FAX: (011) 726-176

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:2567930 FITCHETT/BELINDA #278510
2021/08/10 HEIDI M Gross: 780.81
1-Items

RXP-278510+

Name
Address
Adres

Date / Datum	Ref / Verw	Profile / Profiel

Name
Address
Adres

Patient/Pasiënt:
Phone/Foon:
Med. Scheme/Med Skema:

Profile / Profiel

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

Pharmacy:
Apteek: **Mays Chemists Melville**

Pharmacy Number:
Registration Number:

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

Member/Lid:
Patient/Pas:

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

Doctor/Dokter:
Dispenser:
Script/Voorskrif:

Practice/Praktyk No:
Author./Magtiging No:
Date/Datum: Time/Tyd: No. of items/Aantal Items:

I the member certify that I am liable for the ull account, until full and final settlement by he medical aid.
ERME: Vereffening verskuldig binne 30 dae. k, die lid aanvaar aansprreeklikheid vir die olle rekening tot finale betaling vanaf iediese 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 gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

CHARGE-ACC
I0984260
2021/08/10

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

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD
COTTESLOE

P.O. BOX 29172
MELVILLE
2109
0000

MS.B.FITCHETT

	x	0.00	0.00 T0
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