

MAYS CHEMISTS MELVILLE

ORIGINAL*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 DODGEM
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
DOB 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 GAEBOTSE
TILL NO: 0001

Acc No: 010603
WOODSIDE SANCTUARY
DOB 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 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 10947436
011 726 8014 2020/08/18
011 726-8014
011 726-1768

INVOICE V.A.T REG. NO: 4150121905
CASHIER: HEIDI MULLER
TILL NO: 0001

URGENT

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

SCRIPTS J BONNELL
1 x 0.00 0.00 TO
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

236543
Portion
Allocated to
GlobalGiving
Fundry

Time: 16:53:46 *****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
72.61 8884.02 23353.45 42210.08

THANK 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

SCRIPTS MAST. W. WIESE
1 x 0.00 0.00 TO
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:

180-DAYS 150-DAYS 120-DAYS 90-DAYS
0.00 0.00 0.00 12392.85
60-DAYS 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. / Hv 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./HV 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 DORBIE STREET

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



Date / E
26/07/21

2467896

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 DORBIE STREET Med. Scheme/Med Skema: PR36 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 02530004 ****
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 02530004 ****
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 02530004 ****

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

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
Apteeek: 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:	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: Verrekening verskeidig 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 geweldig geregtig is op 'n medisynevoordeel. Ek het die gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R324.30
+VAT R48.69
TOTAL R373.27

m mays
chemists
melville
CARE
SORG
VAT No. 4160121905

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 Dour: 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 AFSKRIF VAN DOKTER VOORSKRIF

19156001 - 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 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 First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
Patient/Pas: FITCHET BELINDA B
FITCHET BELINDA B
Doctor/Dokter: MKHATSWA 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: Verleëning verskuldig binne 30 dae. Ek, die lid aanvaar aanspreekbaarheid 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 oortuig ek dat ek 'n bona fide lid van die bogenoemde skema is en gevolglik geregtig is op 'n medisynevoorraad. 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 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: FITCHETT, B.L.
Address: WOODSIDE SANCTUARY
Adres:

Date / Datum	Ref / Verw	Profile / Profiel

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

CERTIFIED COPY OF DOCTOR'S SCRIPT / GEBERTIFISEERDE AF-SKRIF 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
000000000001 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:
pteek: Registration Number:

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: Practice/Praktik No:
Dispenser: Author./Magtiging No:
Script/Voorskrif: Date/Datum: Time/Tyd: No. of items/Aantal Items:

The member certifies that I am liable for the full account, until full and final settlement by me medical aid.
ERME: Verrekening verskuldig binne 30 dae. X, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
ERMS: 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.



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

mays chemists melville
 11 MAIN ROAD, WEG, COR./HW 4th AVE, MELVILLE
 P.O. BOX / POSBUS 91003, AUCKLAND PARK, 2006
 TEL: (011) 726-8000/8014 * FAX: (011) 726-1768
 Rx: 2579618
 2021/09/22 HEIDI M
 FITCHETT/BELINDA
 #278510
 Gross: 867.72

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



LEINDES
 S!!

Date / Datum	Rx / vo...	#tel
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/Paslént: BELINDA Profile / Profiel: 278510
 Address: WOODSIDE SANCTUARY Phone/Foon: Med. Scheme/Med Skema:
 Adres:

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

780839005 - LASIX 80MG TABS 30	00	R780.56
702947001 - SANDOZ-K 600MG TABS 30	1100	R86.91

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

Pharmacy: Mays Chemists Melville Pharmacy Number: 6017754
 Apteek: 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:	FITCHETT	BELINDA	B		
	FITCHETT	BELINDA	B		

Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0062665
 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.
 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.

R754.54
 +VAT R113.18
 TOTAL R867.72

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mays chemists melville
 CARE SORG
 VAT No. 4180121905

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
 CARE SORG
 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

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

Rx: 2579845
 2021/09/23 HEIDI M
 Gross: 373.27
 3-Items Debt: 060256



Date / Datum: 23/09/2021

Amount Received By/Bedrag Ontvang Deurs: 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: 057225
 Address: WOODSIDE SANCTUARY Phone/Foon: 0845133183
 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 - RIVORIL 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
 Apteek: Registration Number:

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

Member/Lid:	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

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I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
 Hiermee sertifiseer ek dat ek 'n bona fide lid van die beoogde skema is en gevolglik geregtig is op 'n medisynevoorskrif. Ek het die gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

TERMS: Payment required in 30 days.

373.27
 RAB.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

02/21/14
17 6:00
23/07/2021

m **mays**
CARE
SORG **chemists**
melville
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) 726-1788

m **mays chemists melville**
CARE SORG
11 MAIN ROAD, WEG, COR/HV 4th AVE, MELVILLE
P.O BOX / POSBUS 91083, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1788
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	08293008	07223

Amount Received By/Deure: *Handeure Deure* Total: *372.99*
No of Items/Aantal Items: 1 Total: *372.99*

Name: RODRIGUES, T Patient/Pasiënt: TREVOR
Address: WOODSIDE Phone/Foon: 0217862216 Profile / Profiel: 07223
Adres: 7 DORRILL STREET Med. Scheme/Med Skema: 07223

CERTIFIED COPY OF DOCTOR'S SCRIPT/GECERTIFIGEERDE AFKRIJF VAN DOKTER VOORSKRIF
774006000
TAKE ONE CAPSULE THREE TIMES A DAY
Pharmacist/Aflever: *MARTIE S* No. 21
Total/Totaal: *372.99*

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

C.P.O./E.V.K. No./Nr.
Schema/Skema: Member/Lid:
Patient/Pas: Code, Kod. No.
Member/Lid: RODRIGUES TREVOR ID, No./Nr. D.O.B./G.D.
Patient/Pas: RODRIGUES TREVOR
Doctor/Dokter: GREGGONS ANNE Practice/Praktyk No: 032606
Dispenser: WOODSIDE Author./Magtiging No:
Script/Voorskrif: 08293008 Date/Datum: 08/10/2021 Time/Tyd: 12:41 No. of items/Aantal Items: 1

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I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Verifisering verskuldig binne 30 dae. Ek, die lid aanvaar aanspreekbaarheid vir die volle rekening tot finale betaling vanaf mediese fondse 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 bona fide lid van die ooreenstaende skema is en geëlig geregtig is op 'n medisynevoorskrif. Ek het die gemiddelde medisyne volgens hierdie voorskrif ontvang en is blywe van die waarde daarvan.
324.36

mays
chemists
melville

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

VAT No. 4150121905

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: WOODSIDE
Adres:

Rx: 2584530 HUNT/GARY
2021/10/12 GABRIEL

#298990
Gross: 305.95
1-Items



RXP-298990*

Date / I	Amount	Balance
2021/10/12	305.95	305.95

Amount Received By-Debet: Omvang Debet	Total: 305.95
No Of Items/Aantal Items: 1	305.95

Name: HUNT, GARY
Address: WOODSIDE
Adres:

Patient/Pasiënt: GARY
Phone/Foon: 0274242000
Med. Scheme/Med Skema: PHARM

Profile / Profiel: 000000

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

77400000 - ORIGINAL OF SCRIPT/AFSKRIF VAN DOKTER VOORSKRIF

TAKE ONE CAPSULE THREE TIMES A DAY

Pharmacy: Mays Chemists Melville

Pharmacy: Mays Chemists Melville
Aptek: Mays Chemists Melville

Pharmacy Number: 0274242000
Registration Number:

C.P.O./E.V.K. No./Nr.
Scheme/Skema: PHARM 264 1001 1/9/10
Member/Lid: 000000
Patient/Pas: 000000 0

Surname/Van	First Name/Voornaam	Init.	ID. No./Nr.	D.O.B./G.D.
HUNT	GARY	G		
HUNT	GARY	G		

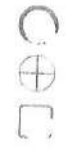
Doctor/Dokter: GABRIEL MARSCH
Dispenser: GABRIEL MARSCH
Practice/Praktyk No: 000000
Author/Magtiging No: 000000
Script/Voorskrif: 02584530 Date/Datum: 2021/10/12 Time/Tyd: 09:00 No. of items/Aantal Items: 1

I, the member certify that I am liable for the full amount, until full and final settlement by the medical aid.
TERME: Verleëning vaskeuldig binne 30 dae. Ek, die lid aanvaar aanspreekbaarheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERME: 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 gegrensde skema is en gewillig oorgifte is op 'n medisynevoorskrif. Ek het die geneesmiddel volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R266.04

TEL
FAX
JUL
Sch
JUL
Hh



12/01/14
WT 06095
20/07/2021

12/01/14
WT 06095
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
 AUCLAND LANE
 200E
 TEL: (011) 726-8001
 FAX: (011) 726-8004

mays chemists melville
 11 MAIN ROAD / WEG, COR. / HV 4th AVE, MELVILLE
 P.O. BOX / POSBUS 91063, AUCLAND PARK, 200E
 TEL: (011) 726-8001/8004 * 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
 1-Items



INDEX

Date: 19/10/2021
 2492680 02566186 278510

Amount Received By / Bedrag Ontvang Deurs: 2492680
 No Of Items / Aantal Items: 1
 Total / Totaal: R87.16
 Total / Totaal: R87.16

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 R100.00 OD 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
 Apteek: 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: 0062655
 Dispenser: CARMEN BROWN Author/Magtig No:
 Script/Voorskrif: 02566186 Date/Datum: 19/10/2021 Time/Tyd: 12:43 No. of items/Aantal Items: 1

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I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
 TERME: Verantw. verskuldig binne 30 dae. Ek, die lid aanvaar aanspreekbaarheid 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 'n hant-toe-lyf van die bogenoemde skema is en gawiglik.
 geregtig is op 'n medisynevoordeel. Ek het die gemiddelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R75.79

4 VAT R11.37

MEMT-11A
WT 66005
2007/2008

m 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) 726-8001/8014
FAX: (011) 726-1768

m 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: 2587096 FITCHETT/BELINDA #278510
2021/10/22 COBUS Gross: 780.81

1-Items



RXP-2785104

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

2493724

Date / Datum	Ref / Verw	Profile / Profiel
2021/10/22	02187096	278510

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: 278 110
 Adres: Med. Scheme/Med Skema:

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

700039006 - LASIX BONG TABS 30 00 R780.81
TAKE ONE TABLET IN THE MORNING

Pharmacist/Apteker

PAUL BLITZ Total/Totaal R780.81

Pharmacy: **Mays Chemists Melville** Pharmacy Number: 601/20
 Aptéek: Registration Number:

G.P.O./E.V.K. PR No./Nr.
 Scheme/Skema: PR Member/Lid:
 Patient/Pas: Date/Kodes 0

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

Doctor/Dokter: CHRISTENS ANNE Practice/Praktyk No: 0000000
 Dispenser: COBUS BETHA Author/Magtiging No:
 Script/Voorskrif: 02187096 Date/Datum: 2021/10/22 Time/Tyd: 14:01 No. of items/Aantal Items: 1

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I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
 TERM: 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 legitieme skema is en gewoos ooreen te so 'n medisynevoorskrif. Ek het die geneesmiddels volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R578.97

NET 210.84
TOTAL 780.81

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 TI

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

R204.30 excl 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 154
VT 69055
20/07/2021



mays
chemists
melville
VAT No. 4150121905

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-057225+

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
2021/10/25	02587602	057225

Amount Received By/Bedrag Ontvangen 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: JANELINE	Profile / Profiel
Address WOODSIDE SANCTUARY	Phone/Foon: 094 1133168	057225
Adres 1 DORRIS STREET	Med. Scheme/Med Skema: PR36	Account: 060256

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

704320001 - DEPNATIL 20MG TABS 15 (100) 6 300 R47.23
 TAKE HALF A TABLET ONCE A DAY (RPT 5 OF 6) ICD10:Z76.9
 **** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****
 771996004 - TRIPALINE 20MG TABS 15 (100) 6 300 R21.45
 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) 6 300 R300.76
 TAKE TWO TABLETS TWICE A DAY (RPT 5 OF 6) ICD10:Z76.9
 **** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****

Pharmacist/Apteker PAID/DELRAL 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:
Scheme/Skema: PR36	PRIVATL 30% DEBT R.9.40	Patient/Pas: Code/Code: 000
Member/Lid: JANSEN VAN VUUREN	First Name/Voornaam JAQUELIE	Init. J
Patient/Pas: JANSEN VAN VUUREN	First Name/Voornaam JAQUELIE	ID. No./Nr. D.O.B./G.D.
Doctor/Dokter: CAROLINE ANKIE	Practice/Praktyk No: 0002002	
Dispenser: VENTER RIAN	Author./Magtiging No:	
Script/Voorskrif: 02587602	Date/Datum: 2021/10/25	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 voorstelig 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 geviglik geregtig is op 'n medisynewaarskeel. Ek het die gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R324.58

TOTAL 373.27
TOTAL 373.27

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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, I0992564
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

=====

MDT:HA
VT 86095
20/07/2021



mays
chemists
melville
VAT No. 4160121905

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
PO BOX / POSBUS 91063, AUCKLAND PARK, 2006
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768

Rx: 2591275 WOODSIDE SANCTUARY/WOODH72624
2021/11/09 HEIDI M Gross: 478.72

Name WOODSIDE SANCTUARY
Address 7 DORBIE STREET
Adres COTTESLOE



IDE:

Date / Da.

2498690

09/11/2021

02591275

072624

Receipt of Prescribed Medicines

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

793036043 - ADVANTAN OINT 40 6307 00 R478.72

CARE
SORG

Pharmacist/Apteker

PAID/BETAAL Total/Totaal R478.72

Pharmacy: **Mays Chemists Melville**
Aptéék:

Pharmacy Number: 6017/54
Registration Number:

C.P.O./E.V.K. PR No./Nr.
Schema/Skema PR36 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: WOODSIDE SANCTUARY WOODSIDE
Patient/Pas: WOODSIDE SANCTUARY WOODSIDE
Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0862665
Dispenser: HEIDI MULLER 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 vankantlig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale beloning 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 mediese voordeel. Ek het die gemelde 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, I0992902
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

x 0.00 0.00 TO
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, 10996737
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:

=====

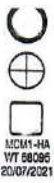
180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	0.00	9221.25	9221.25

=====

THANK YOU FOR YOUR SUPPORT

=====

R 545.04 excl vat



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

11 Main Rd. / Weg
 Cor. / Hv 4th
 Melville
 P.O. Box/Posbu
 AUCKLAND
 2006
 TEL: (011) 726-1
 FAX: (011) 72

m **mays chemists melville**
CARE SORG

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: 2601314 JANSEN VAN VUUREN/JAQUE#57225
 2021/12/21 HEIDI M
 Gross: 373.27
 3-Items Debt. 060256



Name
 Address
 Adres

Date / Datum	Ref / Verw	Profile / Profiel
23/01/43	21/12/2021	

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

CERTIFIED COPY OF DOCTOR'S SCRIPT / BEVELEGDE KOPIE VAN DOKTER VOORSKRIF

R47.23
 R25.48
 R300.56

(Faint background text: mays chemists melville)

Pharmacy: **Mays Chemists Melville** Pharmacy Number:
 Apteek: 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: Practice/Praktyk No:
 Dispenser: Author/Magtiging No:
 Script/Voorskrif: Date/Datum: Time/Tyd: No. of items/Aantal Items:

R307-46
 allocated to
 Global Giving

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 medisynevoordeel. Ek het die gemaakte medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R324-58

MCM1-HA
WT 58095
2007/2021

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
PO BOX / POSBUS 91003, AUCKLAND PARK, 200F
TEL: (011) 726-8001/8014 * FAX: (011) 726-1768
Rx: 2602116 MCLEOD/HEIDI
2021/12/24 RIAAN W
1-Items Gross: #298478 27.95

Name MCLEOD, H. MS
Address WOODSIDE SANCTUARY
Adres



MELEINDES
SES!!

Date / Datum	Ref / Verw	Profile / Profiel
2511072	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/Pasiënt: 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: 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 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 gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R24.30
 +VAT R3.65
 TOTAL R27.95

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m 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-
FAX: (011) 7

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

Name FITCHETT, B. MS
Address WOODSIDE SANCTUARY
Adres

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



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, 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

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
Aptéek: Registration Number:

G.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.
Member/Lid:	FITCHETT	BELINDA	B		
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: 11:51 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

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 goewoelig geregtig is op 'n medisynevoorskrif. Ek het die genoemde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R184.07
+VAT R24.61
TOTAL R188.68

TAX INVOICE

WOODSIDE SANCTUARY
 ATT: ILSE HARMSE
 CNR CANARY AND DORBYL ROADS
 COTTESLOE
 VAT Number: 4290105073

Invoice Date
8 Jan 2024

Account Number
W00001

Invoice Number
INV-39599

VAT Number
4110111731

Clinical Emergencies
 (1991) CC
 Tel: 011 443-9093
 137a Johannesburg Road
 Lyndhurst, JHB, 2192
 Practice Number
 090 008 0057002
 CK1993/019784/23
 Customs Code
 CU01250801

Description	Quantity	Unit Price	Amount ZAR
PORTABLE OXYGEN REFILL ON SITE 722578001 J44.9 Kindly ensure orders for oxygen are in by 12:00 noon for next business day delivery.	3.00	490.00	1,470.00
		INCLUDES VAT	191.74
		TOTAL ZAR	1,470.00
		Less Amount Paid	1,470.00
		AMOUNT DUE ZAR	0.00

Due Date: 29 Feb 2024

Bank Nedbank
 Branch code 198105
 Account no 1980 310033
 Ref Surname/Company name and invoice number(s)

R490.00 Allocated to GlobalGiving

Hire charge per month (Clause 2 overleaf): _____
 Deposit (Clause 3 overleaf): _____
 Value of goods (Clauses 5 & 9 overleaf): _____
 Cylinders delivered _____
 Cylinders collected _____
 Batch numbers _____
 Oxygen received and checked
 Regulator working

Cash Credit card Account Transfer

Special instructions _____

I/We agree to hire/purchase the invoiced goods subject to the conditions of hire/sale on the reverse hereof. The goods have been received by me in good condition.

Date: _____ Name: _____ Signature: _____

ATTENTION IS DRAWN TO THE CONDITIONS OF HIRE/SALE OVERLEAF

TAX INVOICE

WOODSIDE SANCTUARY
 ATT: ILSE HARMSE
 CNR CANARY AND DORBYL ROADS
 COTTESLOE
 VAT Number: 4290105073

Invoice Date
 23 Jan 2024

Account Number
 W00001

Invoice Number
 INV-39710

VAT Number
 4110111731

Clinical Emergencies
 (1991) CC
 Tel: 011 443-9093
 137a Johannesburg Road
 Lyndhurst, JHB, 2192
 Practice Number
 090 008 0057002
 CK1993/019784/23
 Customs Code
 CU01250801

Description	Quantity	Unit Price	Amount ZAR
MEDICAL OXYGEN 5.5KG Kindly ensure orders for oxygen are in by 12:00 noon for next business day delivery / collection.	5.00	895.18	4,475.90
PORTABLE OXYGEN REFILL ON SITE DELIVER WEDNESDAY 24.01.2024	1.00	490.00	490.00
		INCLUDES VAT	647.72
		TOTAL ZAR	4,965.90

Due Date: 29 Feb 2024

Bank Nedbank
 Branch code 198105
 Account no 1980 310033
 Ref Surname/Company name and invoice number(s)

R1790.36 Allocated to GlobalGiving

Hire charge per month (Clause 2 overleaf): _____
 Deposit (Clause 3 overleaf): _____
 Value of goods (Clauses 5 & 9 overleaf): _____
 Cylinders delivered _____
 Cylinders collected _____
 Batch numbers _____
 Oxygen received and checked _____
 Regulator working _____

Cash Credit card Account Transfer

Special instructions _____

I/We agree to hire/purchase the invoiced goods subject to the conditions of hire/sale on the reverse hereof. The goods have been received by me in good condition.

Date: _____ Name: _____ Signature: _____

ATTENTION IS DRAWN TO THE CONDITIONS OF HIRE/SALE OVERLEAF



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
 0031

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

Account	22992
Order No.	1752641
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TAX INVOICE	
Invoice No.	INV28206952
Invoice Date	28/01/2024 - 21:19:12



Printed:28/01/2024 - 21:20:28

TRIP: A091 / MELVILLE/MAYFAIR

LOCAL

*** Computer Generated Copy Tax Invoice ***

Customer Name :
 DR CARSTENS AA(WOODSIDE SANCTUARY)
 CNR DORBIE AND CANARY STR
 COTTESLOE AUCKLAND PARK
 JOHANNESBURG
 2109

Deliver To :
 CNR DORBIE AND CANARY STR
 COTTESLOE AUCKLAND PARK
 JOHANNESBURG

Tel : 011 726 7318
 Client VAT No.: 4290105073



TFM CODE	SCH	BATCH No.	EXPIRY	NAPPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
24052	4	5H3A	30/04/2025	853542007	6001076190804	KC1066	AUGMENTIN 1000 BD 10 TABLETS	4	182.55	730.20
73551	4	ET4344	30/11/2025	709866001	6005561001750	KI5114	SOLU CORTEF 100MG 5 VIALS PWD FOR INJ	1	238.19	238.19

TOTAL QTY :	5.00	TOTAL WEIGHT :	0.170kg	<input checked="" type="checkbox"/> TOTAL EXCL :	968.39	VAT @ 15% :	145.26	TOTAL INCL :	1 113.65
--------------------	-------------	-----------------------	----------------	---	---------------	--------------------	---------------	---------------------	-----------------

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

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

PLEASE BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
 THIS IS ONLY BY CONSENT
 RECEIPT IS NON RETURNABLE ****



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
 0031

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

Account	22992
Order No.	1752641
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TAX INVOICE

 Invoice No. INV28206956
 Invoice Date 28/01/2024 - 21:19:13


Printed:28/01/2024 - 21:19:40

LOCAL
TRIP: A091 / MELVILLE/MAYFAIR

*** Computer Generated Copy Tax Invoice ***

Customer Name :

 DR CARSTENS AA(WOODSIDE SANCTUARY)
 CNR DORBIE AND CANARY STR
 COTTESLOE AUCKLAND PARK
 JOHANNESBURG
 2109

Deliver To :

 CNR DORBIE AND CANARY STR
 COTTESLOE AUCKLAND PARK
 JOHANNESBURG
 Tel 011 726 7318
 Client VAT No.: 4290105073

TFM CODE	SCH	BATCH No.	EXPIRY	NAPPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
93708	N	20230719	30/07/2028	527093002	93708	CJ2G-C27	IV ADMIN SET 20D ADULT LTX/FREE Y-SITE 1	20	5.75	115.00
81403	N	23425	30/06/2028	405296001	6009679700925	CJ2H-B14	NASAL CANNULA ADULT 2M NASOSOFT 1	15	11.32	169.80
95448	N	21713	30/07/2026	1097472001	6009712230242	CJ2L-B46	OXYGEN MASK NON REBREATHER MRFA ADULT	15	14.53	217.95

 TOTAL QTY : 50.00 TOTAL WEIGHT : 1.800kg TOTAL EXCL : 502.75 VAT @ 15% : 75.41 TOTAL INCL : 578.16

** 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 ****

 Note : Some products do not have a weight value



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
0031

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

Account	22992
Order No.	1772575
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TAX INVOICE	
Invoice No.	INV28370926
Invoice Date	13/02/2024 - 16:02:30



Printed: 13/02/2024 - 16:55:02

TRIP: A091 / MELVILLE/MAYFAIR

LOCAL

*** Computer Generated Copy Tax Invoice ***

Customer Name :
DR CARSTENS AA(WOODSIDE SANCTUARY)
CNR DORBIE AND CANARY STR
COTTESLOE AUCKLAND PARK
JOHANNESBURG
2109

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

--

TFM CODE	SCH	BATCH No.	EXPIRY	NAPPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
68856	4	220264	30/12/2024	717421001	6009628332191	KM6110	MYLAN-PANTOPRAZOLE 40MG 30 TABLETS	6	177.06	1 062.36

TOTAL QTY : 6.00	TOTAL WEIGHT : 0.120kg	<input checked="" type="checkbox"/> TOTAL EXCL : 1 062.36	VAT @ 15% : 159.35	TOTAL INCL : 1 221.71
-------------------------	-------------------------------	--	---------------------------	------------------------------

** 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 ****



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
0031

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

Account	22992
Order No.	1798141
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TAX INVOICE	
Invoice No.	INV28570269
Invoice Date	05/03/2024 - 16:49:02



TRIP: A091 / MELVILLE/MAYFAIR

LOCAL

*** Computer Generated Copy Tax Invoice ***

Customer Name :
DR CARSTENS AA(WOODSIDE SANCTUARY)
CNR DORBIE AND CANARY STR
COTTESLOE AUCKLAND PARK
JOHANNESBURG
2109

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

TFM CODE	SCH	BATCH No.	EXPIRY	NAPPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
57059	2	230679	30/11/2025	715635001	6008758002356	KK5033	ELOZART 20G CREAM	1	74.89	74.89

TOTAL QTY : 1.00	TOTAL WEIGHT : 0.040kg	<input checked="" type="checkbox"/> TOTAL EXCL : 74.89	VAT @ 15% : 11.23	TOTAL INCL : 86.12
-------------------------	-------------------------------	---	--------------------------	---------------------------

** All prices in ZAR - South African Rands **

(BONUS) - Bonus stock received
(Combo) - Combo Deal stock received

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

PLEASE BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
PAYMENTS ONLY BY CONSENT
RE NON RETURNABLE ****



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
 0031

Tel : 012-3779000

Fax : 012-3770929

Email :
 clientservice@transpharm.co.za

Account	22992	TAX INVOICE	
Order No.	1798409	Invoice No.	INV28572585
Order Ref No.		Invoice Date	06/03/2024 - 06:37:10
User	EOR / Electronic Orders	 Printed:06/03/2024 - 07:46:48	
Page	1 of 1	LOCAL	

TRIP: J091 / MELVILLE / MAYFAIR

*** Computer Generated Copy Tax Invoice ***

Customer Name : DR CARSTENS AA(WOODSIDE SANCTUARY) CNR DORBIE AND CANARY STR COTTESLOE AUCKLAND PARK JOHANNESBURG 2109	Deliver To : CNR DORBIE AND CANARY STR COTTESLOE AUCKLAND PARK JOHANNESBURG Tel 011 726 7318 Client VAT No.: 4290105073	
--	---	--

TFM CODE	SCH	BATCH No.	EXPIRY	NAPPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
57059	2	230679	30/11/2025	715635001	6008758002356	KK5033	ELOZART 20G CREAM	1	74.89	74.89

TOTAL QTY : 1.00	TOTAL WEIGHT : 0.040kg	<input checked="" type="checkbox"/> TOTAL EXCL : 74.89	VAT @ 15% : 11.23	TOTAL INCL : 86.12
-------------------------	-------------------------------	---	--------------------------	---------------------------

** 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 ****



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
 0031

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

Account	22992
Order No.	1813375
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TAX INVOICE	
Invoice No.	INV28690858
Invoice Date	18/03/2024 - 14:43:22



TRIP: A091 / MELVILLE/MAYFAIR

LOCAL

*** Computer Generated Copy Tax Invoice ***

Customer Name :
 DR CARSTENS AA(WOODSIDE SANCTUARY)
 CNR DORBIE AND CANARY STR
 COTTESLOE AUCKLAND PARK
 JOHANNESBURG
 2109

Deliver To :
 CNR DORBIE AND CANARY STR
 COTTESLOE AUCKLAND PARK
 JOHANNESBURG

Tel : 011 726 7318
 Client VAT No.: 4290105073

--

TFM CODE	SCH	BATCH No.	EXPIRY	NAPPI	BARCODE	BIN CODE	ITEM DESCRIPTION	QTY	UNIT PRICE EXCL VAT	EXT PRICE EXCL VAT
5377	4	GF8684	30/06/2026	718440005	6005561000463	CKO23-04	DEPO-PROVERA 150MG 1ML VIAL	20	50.95	1 019.00

TOTAL QTY : 20.00	TOTAL WEIGHT : 0.240kg	<input checked="" type="checkbox"/> TOTAL EXCL : 1 019.00	VAT @ 15% : 152.85	TOTAL INCL : 1 171.85
--------------------------	-------------------------------	--	---------------------------	------------------------------

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

Bank Name : Standard Bank
 Account No. : 013141732

Branch Name : Gezina
 Branch Code : 014845

PLEASE BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
 THIS IS ONLY BY CONSENT
 RECEIPT IS NON RETURNABLE ****



99 Moshoeshoe Street, Sebokeng, 1982
 P.O BOX 1309, Vereeniging, 1930
 Tel: 016 100 1491
 Email: sales@hcwaste.co.za
 www.hcwaste.co.za

Tax Invoice

Tax Date	Invoice No.	Vat No.
2024/02/14	8016	4290105073

Reg # 2017/386828/07

Company VAT Reg	4450287349
-----------------	------------

Invoice To
WOODSIDE SANCUARY COTTESLOE

		Manifest No	
Qty	Description	Rate	Amount
2	142L BOX/BAG/LID	286.95652	573.91
1	7.6L SHARPS	182.6087	182.61
VAT Summary		Subtotal	R756.52
Rate	VAT	NET	
S@15.0%	113.48	756.52	VAT Total
TOTALS	113.48	756.52	R113.48
		Total	R870.00
FNB ACCOUNT NAME:HEALTH CARE WASTE SERVICES ACCOUNT NO:62726000318 BRANCH 254-005			