

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
 DOBI RD P.O. BOX 29172
 COTTESLOE DELIVE ONCMELVILLE
 2109
 0000

SCRIPTS J BONNELL
 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

*234543
 Portion
 Allocated to
 GlobalGiving
 Fundry*

Time: 16:53:46 *****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
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
 DOBI RD P.O. BOX 29172
 COTTESLOE DELIVE ONCMELVILLE
 2109
 0000

SCRIPTS MAST. W. WIESE
 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:

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. / 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 DORRIE STREET

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



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 DORRIE 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**
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:	Surname/Van	First Name/Voornaam	Init.	ID. No./Nr.	D.O.B./G.D.
Patient/Pas:	JANSEN VAN VUUREN	JAQUELINE	J		
	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.

Member/Lid/patient/pasiënt:

R324.38

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



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. Hiermeeertifiseer 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 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



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

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



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 AFSKRIF 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:
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:

I the member certify 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.
Hiernaas sarkifiseer 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.

m mays chemists melville
 11 Main Rd. / Weg
 Cor. / Hv 4th Ave
 Melville
 P.O. Box/Posb
 AUUCKLANC
 2001
 TEL: (011) 726 2579618
 FAX: (011) 726 2021/09/22

m mays chemists melville
 11 MAIN ROAD, WEG, COR./HV 4th AVE, MELVILLE
 P.O. BOX / POSBUS 91003, AUUCKLAND PARK, 2006
 TEL: (011) 726-800/8014 * FAX: (011) 726-1768
 Rx: 2579618 FITCHETT/BELINDA #278510
 2021/09/22 HEIDI M 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
TAKE ONE TABLET IN THE MORNING		
702947001 - SANDOZ-K 600MG TABS 30	1100	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
 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: 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.
 TERM: Verifikering verskuldig binne 30 dae.
 Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
 TERM: 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 benoemde skema is en gevoelig geregtig is op 'n medisynevoorskrif. Ek het die gemaakte medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.
 +VAT R113.18
 TOTAAL R980.90



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
 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 JANSSEN VAN VUUREN/JAQUELINES7225
 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

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/Praklyk 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

13-1 Computer Supplies Pty Ltd - not public domain

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 beoogende 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.

TERMS: Payment required in 30 days.

R324.48
 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

mays chemists melville
 11 Main Rd. / Weg
 Cor. / H/v 4th Ave
 Melville
 P.O. Box/Posbus 91063
 AUCKLAND
 CARE SORG
 VAT No. 4150121905

mays chemists melville
 11 MAIN ROAD/WEG, COR./H/V 4th AVE, MELVILLE
 P.O. BOX / POSBUS 91063, AUCKLAND PARK, 2008
 TEL.(011)726-8001/8014 * FAX.(011)726-1768
 CARE SORG

Name: HUNT, GARY
 Address: WOODSIDE
 Adres:

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



Date / I	Item	Price	Total
2021/10/12		305.95	305.95

Amount Received By-Deure: Omwaga Deur: Total: 305.95
 No of Items/Amount: 1 305.95

Name: HUNT, GARY Patient/Pasiënt: GARY Profile / Profiel
 Address: WOODSIDE Phone/Foon: 0274411111
 Adres: Med. Scheme/Med Skema: PHARM

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

77400000 - ORIGINAL OF COPY OF 2021 10 12 10:00 AM 10:00 AM 10:00 AM

TAKE ONE CAPSULE THREE TIMES A DAY

Pharmacy: Mays Chemists Melville
 Patient: HUNT, GARY
 Date: 2021/10/12

Pharmacy: Mays Chemists Melville Pharmacy Number: 101771
 Apteek: Registration Number:

C.P.O./E.V.K. No./Nr.
 Scheme/Skema: PHARM 2021/10/12 10:00 AM 10:00 AM 10:00 AM Member/Lid:
 Patient/Pas: HUNT, GARY
 Surname/Van First Name/Voornaam Init. ID. No./Nr. D.O.B./G.D.
 Member/Lid: HUNT, GARY
 Patient/Pas: HUNT, GARY
 Doctor/Dokter: GABRIEL MARSHT Practice/Praktyk No:
 Dispenser: GABRIEL MARSHT Author/Magtiging No:
 Script/Voorskrif: 02584530 Date/Datum: 2021/10/12 Time/Tyd: 10:00 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.
 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 gemaakte 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

TEL
 FAX
 JUL
 Sch
 Jit
 Hh



12/11/14
 WT 08092
 20/07/2021

12/11/14
 WT 08092
 20/07/2021



m 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) 7

m 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
 1-Items



INDEX

Date / Datum: 19/10/2021
 2492680 02566186 278510

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

Name: FITCHETT, B. MS Patient/Pasiënt: 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
 702947001 - SANDOZ-K 600MG TABS 30 R100.00 OD R86.91
 TAKE ONE TABLET IN THE MORNING

Pharmacist/Apteker: Copy/Afskrif: R0.25
 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

Member/Lid:	Surname/Van	First Name/Voornaam	Int.	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

J Computer Supplies (Pty) Ltd - not public domain

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
 TERME: Verantwoordlikheidsverklaring 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 kennis van die waarde van die voorgeskryfde medisyne ontvang het en is bewus van die waarde daarvan.

R75.79

VAT R11.37

MEMT-11A
WT 66005
2007/2009

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

Qty/Aantal: 30

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: R 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:
 Scrip/Voorskrif: 02187096 Date/Datum: 2021/10/22 Time/Tyd: 14:31 No. of items/Aantal Items: 1

Copyright © Chemist Suppliers (Pty) Ltd. not public domain

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
 TERMS: Versteeklik aanspreekbaar 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 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 gewoontlik geregtig is op 'n medisynevoorskrif. Ek het die geneesmiddels volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R578.97

Nett R578.97
Total R780.81

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: JAWELINE 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/DELTAA 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 PRI-VATL 30% DAPT R.9.40 Member/Lid: Patient/Pas: Code/Todes: 000

Member/Lid: SURNAME/VAN JANSEN VAN VUUREN First Name/Voornaam JAQUEL DNE Init. J ID. No./Nr. D.O.B./G.D.
Patient/Pas: JANSEN VAN VUUREN JAQUEL DNE Init. J

Doctor/Dokter: CAROLINE ANKIE Practice/Praktik 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.

1324.58

TOTAL 373.27
TOTAL 373.27

Right: 3-2 Computer Supplies Pty Ltd - not public domain

=====
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

=====

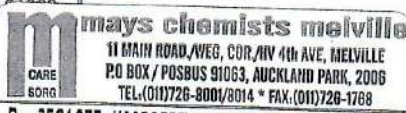
THANK YOU FOR YOUR SUPPORT

=====

MDT:HA
VT 86095
20/07/2021



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



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



Pharmacist/Apteker PAID/BETAAL Total/Totaal R478.72

Pharmacy:	Mays Chemists Melville	Pharmacy Number:	6017/54
Aptéék:		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
Member/Lid:	Surname/Van	First Name/Voornaam	Init.	ID. No./Nr.	D.O.B./G.D.
Patient/Pas:	WOODSIDE SANCTUARY	WOODSIDE			
Doctor/Dokter:	CARSTENS ANRIE	Practice/Praktyk No:	0862665		
Dispenser:	HEIDI MULLER	Author./Magtigting 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 vankuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale belating 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

Printed 3-J Computer Supplies (Pty) Ltd. - not public concern

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				
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:

=====

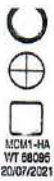
180DAYS	150-DAYS	120-DAYS	90-DAYS
0.00	0.00	0.00	0.00
60DAYS	30-DAYS	CURRENT	BALANCE
0.00	0.00	9221.25	9221.25

=====

THANK YOU FOR YOUR SUPPORT

=====

R 545.04 excl vat



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) 726-1

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 text and watermark visible)

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 gemelde 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

Copyright © Computer Supplies (Pty) Ltd. - not public domain

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, AVEG, 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