MAYS CHEMISTS MELVILLE

RIGINAL*ORIGINAL*

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

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

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

I. BONNELL
x 0.00 0.00 TO
PTS RX. NO: 02490485 0920N 242033
1 x 96.73 96.73 T1

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

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

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

NK YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

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

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

MR. J. BONNELL
x 0.00 0.00 TO
SCRIPTS RX. NO: 02490055 0920N 242033
1 x 32.10 32.10 T1
SCRIPTS RX. NO: 02490056 0920N 242033
1 x 1438.72 1438.72 T1

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

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

180DAYS 150-DAYS 120-DAYS 90-DAYS
0.00 0.00 0.00 0.00
60DAYS 30-DAYS CURRENT BALANCE
8955.81 15191.67 4871.85 29020.33

THANK YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, 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 GAOBOTSE
TILL NO: 0001

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

MR. BONNEL, J
x 0.00 0.00 TO
SCRIPTS RX. NO: 02482521 0820N 242033
1 x 281.54 281.54 T1

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

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

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

THANK YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

RIGINAL*ORIGINAL*

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

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

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

TS J BONNELL
x 0.00 0.00 TO
TS RX.NO: 02481610 0820N 242033
1 x 436.43 436.43 T1

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

R 365.43
Portion Allocated to GlobalGiving Funding

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

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

K YOU FOR YOUR SUPPORT

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

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

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

MAST.W.WIESE
x 0.00 0.00 TO
SCRIPTS RX.NO: 02476880 0720N 157499
1 x 457.86 457.86 T1

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

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

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

THANK YOU FOR YOUR SUPPORT

MCMT-HA
WT 67799
09/02/2021

mays chemists melville
CARE SORG
VAT No. 4150121905

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

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

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

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

RXP-0572254

Date / D
26/07/2

2467896

)Receipt of Prescribed Medicines(

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

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

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

Profile / Profiel
057225
Account:060256

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

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

CARE SORG

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

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

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

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

Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0862665
Dispenser: HEIDI MULLER Author./Magtiging No:
Script/Voorskrif: 02564408 Date/Datum:26/07/2021 Time/Tyd: 09:59 No. of items/Aantal Items: 3

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

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

Member/Lid/patient/pasiënt:

R324.38
+VAT R48.69
TOTAL R373.27

mays chemists melville
CARE SORG
VAT No. 4150121905

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

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

Rx:2567246 FITCHET/BELINDA #100866
2021/08/06 JACO H Gross: 223.78
1-Items

RXP-100866+

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

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

2471176

Receipt of Prescribed Medicines

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

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

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

Profile / Profiel 100866

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

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

Copy/Afskrif: R0.25

Pharmacist/Apteker PAID/BETAAL Total/Totaal R223.78

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

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR
Member/Lid:
Patient/Pas: Code/Kode: 0

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

Doctor/Dokter: MKHATSHWA NTOMBI Practice/Praktyk No: 1521616
Dispenser: JACO HAVENGA Author./Magtiging No:
Script/Voorskrif: 02567246 Date/Datum: 06/08/2021 Time/Tyd: 11:43 No. of items/Aantal Items: 1

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

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

R194.59
VAT R29.19
TOTAL R223.78

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

CHARGE-ACC
I0984262
2021/08/10

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

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD
COTTESLOE

P.O. BOX 29172
MELVILLE
2109
0000

H.MCLOED

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

Subtotal:	136.90
Discount:	0.00
Total>>>:	136.90
(T1.VAT @15%):	17.86

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

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

THANK YOU FOR YOUR SUPPORT

mays chemists melville
CARE SORG
VAT No. 4150121905

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

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

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

RXP-278510+

Name
Address
Adres

Date / Datum	Ref / Verw	Profile / Profiel

Name
Address
Adres

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

Profile / Profiel

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

Pharmacy:
Apteek: **Mays Chemists Melville**

Pharmacy Number:
Registration Number:

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

Member/Lid:
Patient/Pas:

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

Doctor/Dokter:
Dispenser:
Script/Voorskrif:

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

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

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

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

CHARGE-ACC
I0984260
2021/08/10

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

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD
COTTESLOE

P.O. BOX 29172
MELVILLE
2109
0000

MS.B.FITCHETT

	x	0.00	0.00 T0
SCRIPT RX RX.NO: 02567930			0821N 278510
0000000000001	1 x	780.81	780.81 T1

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

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

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

THANK YOU FOR YOUR SUPPORT

MDM1-HA
WT 68085
20/07/2021

mays chemists melville
CARE SORG

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

VAT No. 4150121905

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)726-1768

Rx:2579618 FITCHETT/BELINDA #278510
2021/09/22 HEIDI M Gross: 867.72
2-Items

RXP-2785104

Name FITCHETT.B.MS
Address WOODSIDE SANCTUARY
Adres

EINDES
S!!

Date / Datum	Ker / Ver...	fiel
22/09/2021	02579618	278510

2483248

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

Name FITCHETT.B.MS
Address WOODSIDE SANCTUARY
Adres

Patient/Paslënt: BELINDA
Phone/Foon:
Med. Scheme/Med Skema:

Profile / Profiel 278510

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

780839005 - LASIX 80MG TABS 30		OD		R780.56
TAKE ONE TABLET IN THE MORNING				
702947001 - SANDOZ-K 600MG TABS 30	(100)	OD		R86.91
TAKE ONE TABLET IN THE MORNING				

Copy/Afskrif: R0.25

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

Pharmacy:
Apteek: Mays Chemists Melville

Pharmacy Number: 6017754
Registration Number:

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

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

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

Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0862665
Dispenser: HEIDI MULLER Author./Magtiging No:
Script/Voorskrif: 02579618 Date/Datum: 22/09/2021 Time/Tyd: 16:34 No. of items/Aantal Items: 2

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

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

R754.54

+VAT R113.18
TOTAL R867.72

mays chemists melville
CARE SORG
11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-8
FAX: (011) 72
VAT No. 4150121905

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:2579845 JANSEN VAN VUUREN/JAQUEN57225
2021/09/23 HEIDI M Gross: 373.27
3-Items Debt.060256

RXP-0572254

Date / 23/09/...

2485500

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

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

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

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

771996004 - TRIPTILINE 25MG TABS 15 (500) 6 30D R25.48
TAKE HALF A TABLET AT NIGHT (RPT 4 OF 6) ICD10:Z76.9
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02550004 ****

761079010 - RIVOTRIL 0.5MG TABS 120 (100) 6 30D 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: Apteek: 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

	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 ANNIE Practice/Praktyk No: 0862665
Dispenser: HEIDI MULLER Author./Magtiging No:
Script/Voorskrif: 02579845 Date/Datum: 23/09/2021 Time/Tyd: 13:04 No. of items/Aantal Items: 3

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

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

R324.59

VAT R48.69

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

CHARGE-ACC
I0988897
2021/09/29

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

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD
COTTESLOE

P.O. BOX 29172
MELVILLE
2109
0000

LEAH SITHOLE

	X	0.00	0.00 T0
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

R617.17 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

MDM1-HH5
WT 66/95
20/07/2021

mays chemists melville
CARE SORG
VAT No. 4150121905

11 Main Rd. / We
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 9
AUCKLAND PAR
2006
TEL: (011) 726-8001
FAX: (011) 726-1

mays chemists melville
11 MAIN ROAD./WEG, COR./HV 4th AVE, MELVILLE
P.O BOX / POSBUS 91083, AUCKLAND PARK, 2006
TEL:(011)726-8001/8014 * FAX:(011)726-1768

Rx:2583508 RODRIGUES/TREVOR #175235
2021/10/08 MARTIE S Gross: 372.99
1-Items

RXP-175235+

Name RODRIGUES,T
Address WOODSIDE
Adres 7 DUNBAR STREET

Date / Datum	Ref / Verw	Profile / Profiel
08/10/2021	02583508	[illegible]

Name RODRIGUES T
Address WOODSIDE
Adres 7 DUNBAR STREET

Patient/Pasiënt: TREVOR
Phone/Foon: 0117268226
Med. Scheme/Med Skema:

Profile / Profiel

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

TAKE ONE MYDOLE WHEN TIRED A DAY

Pharmacist/Apteker:

Pharmacy:
Apteek: Mays Chemists Melville

Pharmacy Number:
Registration Number:

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

Member/Lid:
Patient/Pas:

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

Doctor/Dokter:
Dispenser: MARTIE STOK
Script/Voorskrif: 02583508 Date/Datum: Time/Tyd: No. of Items/Aantal Items: 1

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

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 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.

324.36

mays chemists melville
CARE SORG
VAT No. 4150121905
11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLA
TEL: (011)
FAX: (01

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

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

RXP-298990+

Name
Address
Adres

Date / D

Name
Address
Adres

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

Profile / Profiel

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

Pharmacy:
Apteek: **Mays Chemists Melville**

Pharmacy Number:
Registration Number:

C.P.O./E.V.K.
No./Nr.
Scheme/Skema:
Member/Lid:
Patient/Pas:

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

Doctor/Dokter:
Practice/Praktyk 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 the medical aid.
TERMS: Verefkning vorsku/dig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days.

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

R266.04

MCM1-HA
WT 68096
20/07/2021

mays chemists melville
CARE SORG
VAT No. 4160121935
11 Main Rd / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-
FAX: (011) 7

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:2566186 FITCHETT/BELINDA #278510
2021/10/19 CARMEN B Gross: 87.16
1-Items

Name FITCHETT,B,MS
Address WOODSIDE SANCTUARY
Adres

RXP-2785104

2492680 Date/D 19/10/2021 02586186 278510

Amount Received By/Bedrag Ontvang Deur: Receipt of Prescribed Medicines
No Of Items/Aantal Items: 1 Total/Totaal: R87.16
TOTAAL/TOTAL R87.16

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

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

702947001 - SANDOZ-K 600MG TABS 30 (100) OD R86.91
TAKE ONE TABLET IN THE MORNING

Copy/Afskrif: R0.25

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

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

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema PR
Member/Lid:
Patient/Pas: Code/Kode: 0

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

Doctor/Dokter: CARSTENS ANRIE Practice/Praktyk No: 0862655
Dispenser: CARMEN BROWN Author./Magtiging No:
Script/Voorskrif: 02586186 Date/Datum: 19/10/2021 Time/Tyd: 12:43 No. of items/Aantal Items: 1

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

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

R75.79

4/40T R11.37

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

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. NS
Address WOODSIDE SANCTUARY
Adres

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

2493724

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

Name FITCHETT, B. NS
Address WOODSIDE SANCTUARY
Adres

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

Profile / Profiel 278510

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

7000390[illegible] - LASIX 80MG TABS 30 OD R780.81
TAKE ONE TABLET IN THE MORNING

Cash/Kontant: R0.00

Pharmacist/Apteker PAID/BETAAL Total/Totaal R780.81

Pharmacy: Apteek: **Mays Chemists Melville**
Pharmacy Number: 0017[illegible]
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	E		
Patient/Pas:	FITCHETT	BELINDA	E		

Doctor/Dokter: CHRISTIANO ANNIE
Practice/Praktyk No: 0[illegible]
Dispenser: COBUS BOTHA
Author./Magtiging No:
Script/Voorskrif: 02187096 Date/Datum: 22/10/2021 Time/Tyd: 14:31 No. of items/Aantal Items: 1

I, the member certify that I am liable for the full account, until full and final settlement by the medical aid.
TERME: Vereffening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreklikheid 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.

R678.97

SUBTOT R101.84
TOTAL R780.81

MELVILLE

*ORIGINAL*ORIGINAL*

11 MAIN ROAD, MELVILLE, 2092 CHARGE-ACC
PO BOX 91063, AUCKLAND PARK, I0991340
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:

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

THANK YOU FOR YOUR SUPPORT

mays chemists melville
CARE SORG
11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-8001/801
FAX: (011) 726-1768
VAT No. 4150121905

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:2587602 JANSEN VAN VUUREN/JAQUEH57225
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 DORBIE STREET

Acc 60256

2494267

Date / Datum	Ref / Verw	Profile / Profiel
25/10/2021	02E7602	057225

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

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

Patient/Pasiënt: JNMELINE
Phone/Foon: 0841133163
Med. Scheme/Med Skema: PR36

Profile / Profiel 057225
Account:060256

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

704326001 - DEPAKNIL 20MG TABS 15	C403	6 30D		R47.23
TAKE HALF A TABLET ONCE A DAY	RPT 5 OF 6	ICD10:Z76.9		
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****				
771996004 - TRIPTILINE 25MG TABS 15	C003	6 30D		R21.46
TAKE HALF A TABLET AT NIGHT	RPT 5 OF 6	ICD10:Z76.9		
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****				
7610/9010 - RIVOTRIL 0.5MG TABS 120	X003	6 30D		R300.76
TAKE TWO TABLETS TWICE A DAY	RPT 5 OF 6	ICD10:Z76.9		
**** REPEAT OF ORIGINAL SCRIPT NUMBER 02570004 ****				

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

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

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR36 PRIVATE 30X DRPT R9.40
Member/Lid:
Patient/Pas: Code/Kode: 000

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

Doctor/Dokter: CARSTENS ANRIE
Practice/Praktyk No: 0062668
Dispenser: VENTER RIAAN
Author./Magtiging No:
Script/Voorskrif: 02587602 Date/Datum: 25/10/2021 Time/Tyd: 12:11 No. of items/Aantal Items: 3

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

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 gereeglig is op 'n medisynevoordeel. Ek het die gemelde medisyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R324.58

VAT R48.69
TOTAL R373.27

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 T0
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

MDnrHA
WT 68095
20/07/2021

mays chemists melville
CARE SORG
VAT No. 4150121905

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

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

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

RXP-0726244

Name WOODSIDE SANCTUARY
Address 7 DORBIE STREET
Adres COTTESLOE

Date / Da.		
09/11/2021	02591275	072624

2498690

Receipt of Prescribed Medicine

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

Name WOODSIDE SANCTUARY
Address 7 DORBIE STREET
Adres COTTESLOE

Patient/Pasiënt: WOODSIDE
Phone/Foon: 011 726 7318
Med. Scheme/Med Skema: PR36

Profile / Profiel
072624

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

793096043 - ADVANTAN	OINT 40	G20>	00	R478.72

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

Pharmacy/Apteek: 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

	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: 0852665
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: Vereffening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days.
This is to certify that I am a bona fide member of the above medical aid scheme and am

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 mediesynevoordeel. Ek het die gemelde mediseyne volgens hierdie voorskrif ontvang en is bewus van die waarde daarvan.

R416.28
+VAT R62.44
TOTAL R478.72

MAYS CHEMISTS MELVILLE

*ORIGINAL*ORIGINAL*

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

CHARGE-ACC
I0992902
2021/11/11

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

Acc No: 010603
WOODSIDE SANCTUARY
DOBI RD
COTTESLOE

P.O. BOX 29172
MELVILLE
2109
0000

LEA SITHOLE

INTRASITE GEL 15G SNG	x	0.00	0.00 T0
50223480	3 x	66000383 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, I0996737
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 T0
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

MCM1-HA
WT 58095
20/07/2021

mays chemists melville
CARE SORG
VAT No. 4150121905

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

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

RXP-057225+

Name
Address
Adres

Date / Datum	Ref / Verw	Profile / Profiel
21/12/2021		

23/0143

Name
Address
Adres

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

Profile / Profiel

R47.23

R25.48

R300.56

Pharmacy:
Apteek: Mays Chemists Melville

Pharmacy Number:
Registration Number:

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

Member/Lid:
Patient/Pas:

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

Doctor/Dokter:
Practice/Praktyk 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 the medical aid.
TERME: Vereffening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days. This is to certify that I am a bona fide member

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

R324-68

R307-46
allocated to
Global Giving

MCM1-HA
WT 68095
20/07/2021

mays chemists melville
CARE SORG
VAT No. 4150121905

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

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

Rx:2602116 MCLEOD/HEIDI
2021/12/24 RIAAN_H
1-Items Gross: #298478
27.95

RXP-298478+

Name MCLEOD.H.MS
Address WOODSIDE SANCTUARY
Adres

/ELEINDES
SES!!

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

2511072

~~)Receipt of Prescribed Medicine(~~

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

Name MCLEOD.H.MS
Address WOODSIDE SANCTUARY
Adres

Patient/Pasiënt: HEIDI
Phone/Foon:
Med. Scheme/Med Skema: PR36

Profile / Profiel
298478

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

754064018 - PERSIVATE CREAM 15 5D R27.95
APPLY AS DIRECTED

Pharmacist/Apteker PAID/BETAAL Total/Totaal R27.95

Pharmacy:
Apteek: **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: 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: MKHATSHWA 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: Vereffening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am

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

mays chemists melville
CARE SORG
VAT No. 4150121905
11 Main Rd. / Weg
Cor. / Hv 4th Ave
Melville
P.O. Box/Posbus 91063
AUCKLAND PARK
2006
TEL: (011) 726-
FAX: (011) 7

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:2603291 FITCHETT/BELINDA #278510
2021/12/31 HEIDI M Gross: 188.68
2-Items

INDEX
1

Name FITCHETT.B.MS
Address WOODSIDE SANCTUARY
Adres

RXP-2785104

Date / D
31/12/

2512393

/Receipt of Prescribed Medicines/

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

Name FITCHETT.B.MS
Address WOODSIDE SANCTUARY
Adres

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

Profile / Profiel
278510

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

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

Copy/Afskrif: R0.85

Pharmacist/Apteker PAID/BETAAL Total/Totaal R188.68

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

C.P.O./E.V.K. PR No./Nr.
Scheme/Skema: PR
Member/Lid:
Patient/Pas: Code/Kode: 0

	Surname/Van	First Name/Voornaam	Init.	ID. No./Nr.	D.O.B./G.D.
Member/Lid:	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: Vereffening verskuldig binne 30 dae. Ek, die lid aanvaar aanspreeklikheid vir die volle rekening tot finale betaling vanaf mediese fonds ontvang is.
TERMS: Payment required in 30 days. This is to certify that I am a bona fide member of the above medical aid scheme and am

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 begenoemde 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.

R164.07
+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
WOO001

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
WOO001

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	1.00	490.00	490.00
DELIVER WEDNESDAY 24.01.2024			
		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 (PTY) Ltd trading as

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

TRIP: A091 / MELVILLE/MAYFAIR

TAX INVOICE

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

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

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** ☑ **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

L BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
'S ONLY BY CONSENT
RE NON RETURNABLE ****

Transpharm (PTY) Ltd trading as

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

TRIP: A091 / MELVILLE/MAYFAIR

TAX INVOICE

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

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

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
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
Account No. : 013141732
Branch Name : Gezina
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 (PTY) Ltd trading as

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

TRIP: A091 / MELVILLE/MAYFAIR

TAX INVOICE

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

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

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 ☑ 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
Account No. : 013141732
Branch Name : Gezina
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 (PTY) Ltd trading as

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

TRIP: A091 / MELVILLE/MAYFAIR

TAX INVOICE

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

Printed:05/03/2024 - 23:31:10

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 ☑ **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

L BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
'S ONLY BY CONSENT
RE NON RETURNABLE ****

Transpharm (PTY) Ltd trading as

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.	1798409
Order Ref No.	
User	EOR / Electronic Orders
Page	1 of 1

TRIP: J091 / MELVILLE / MAYFAIR

TAX INVOICE

Invoice No.	INV28572585
Invoice Date	06/03/2024 - 06:37:10

Printed:06/03/2024 - 07:46:48

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** ☑ **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

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 (PTY) Ltd trading as

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

TRIP: A091 / MELVILLE/MAYFAIR

TAX INVOICE

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

Printed:19/03/2024 - 06:32:44

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** ☑ **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

L BE CHARGED ON AMOUNTS OLDER THAN 30 DAYS.
'S ONLY BY CONSENT
RE NON RETURNABLE ****

HEALTHCARE WASTE SERVICES
Reg # 2017/386828/07

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

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

Rate	VAT	NET
S@15.0%	113.48	756.52
TOTALS	113.48	756.52

Subtotal	R756.52
VAT Total	R113.48
Total	R870.00

FNB
ACCOUNT NAME:HEALTH CARE WASTE SERVICES
ACCOUNT NO:62726000318 BRANCH 254-005

Tax Invoice

Tax Date	Invoice No.	Vat No.
21/01/2026	0000321	

Company VAT Reg	4450287349

Invoice To
WOODSIDE SANCTUARY CNR CANARY & DARBIE STREET COTTESLOE AUKLANDPARK

		Manifest No	
Qty	Description	Rate	Amount
3	142L BOX/LID/BAG – SUPPLY, DELIVERY, COLLECTION & DISPOSAL	R330.00	R990.00
1	7,6L SHARPS CONTAINER – SUPPLY, DELIVERY, COLLECTION & DISPOSAL	R 210	R210.00
25	50L RED LINERS – SUPPLY, DELIVERY, COLLECTION & DISPOSAL	R8.00	R200.00
	R1 400 Allocated to GlobalGiving		
		Total	**R1 400.00**

BANKING DETAILS:
FIRST NATIONAL BANK
ACCOUNT NAME: HEALTH CARE WASTE SERVICES
ACCOUNT NO: 62726000318
BRANCH 254-005

Invoice

 # INV-00601

Balance Due
R0.00

DG Biowaste Service
Company ID : 2021/70379707
Tax ID : 4030302865
35 Fricker Road | Illovo | Sandton |
Johannesburg Gauteng 2196
South Africa

Woodside Sanctuary
25 Canary Street
Cottesloe
Johannesburg
2092
South AfricaWoodside Sanctuary

Invoice Date : 13 Jul 2026
Terms : Custom
Due Date : 20 Jul 2026

Subject :

Waste Management Services (July)

#	Description	Qty	Rate	Amount
1	Treatment: Infectious Waste Date: 13/07/26 | Manifest no: 498	41.15 kg	38.00	1,563.70
2	Cartons / Box Square 142LT Square Date: 13/07/26 | Delivery note: 217	4.00 box	44.20	176.80
3	142Lt Liner Bags(80 micron) Date: 13/07/26 | Delivery note: 217	4.00 Unit	12.13	48.52
4	25Lt Liner Bag Date: 13/07/26 | Delivery note: 217	20.00 Unit	5.60	112.00
5	Treatment: Sharp Waste Date: 13/07/26 | Manifest no: 498	1.45 kg	35.00	50.75
6	Sharps container 7.6Lt Date: 13/07/26 | Delivery note: 217	1.00 Unit	64.50	64.50
7	Sharps Only Container (Yellow) 1.0l Date: 13/07/26 | Delivery note: 217	1.00 Unit	31.50	31.50
8	Bio Hazardous Tape Date: 13/07/26 | Manifest no: 498	1.00	60.00	60.00
9	Waste collection Round Trip	2.00 km	46.49	92.98

Sub Total	2,200.75
VAT (15%)	330.11
Total	**R2,530.86**
Payment Made	(-) 2,530.86
Balance Due	**R0.00**

Thank you for your business.

R2,530.86 Allocation to GlobalGiving

Banking Details

Account Number: **62911537647**
Bank: **FNB**
Account **Holder; DG Biowaste Services**

Dear Client, please use Invoice number (00601) as reference when making payment, and also email the Proof of Payment to; accounts@biowaste.dondologroup.co.za and please copy smakhathini@biowaste.dondologroup.co.za. Thank you