STATEMENT

Practice Number: 054 000 5453437
VAT RegistrationNo.: 4650251954

HPCSA No.: DP0072109

Account Number: 1019
RPL

Dr A. von Mayer BSc. (Hons) MSc. BDS (WITS)
DENTIST

14a Milner St, Grahamstown, 6139
PO Box 7005, Grahamstown North, 6148
Tel (W): 046 6223871/5386
Tel (C): 0825227884
E-mail: drvonmayer@gmail.com

Miss A Clontz
10 Somerset Street
Grahamstown
6140

Date: 15/07/2014
Medical Aid:
Member no.:
Page: 1

Date	Patient	Code	Description	Comments	Qty	Amount	Balan
15/07/2014	Amber	8101	Oral examination Z01.2		1	204.00	204.
15/07/2014	Amber	8110	Sterilized instrumentation Z01.2		1	45.00	249.
15/07/2014	Amber	8109	Infection control Z01.2		2	40.00	289.
15/07/2014	Amber	8107	Intraoral radiograph p/a Z01.2		2	172.00	461.
15/07/2014	Amber	8159	Prophylaxis - scale & polish K03.6		1	236.00	697.
15/07/2014	Amber	8162	Topical fluoride Z29.8		1	80.00	777.
15/07/2014	3907		Cash			-777.00	0.
			Total VAT in all coded transactions	95.42			

BANKING DETAILS:
Dr A von Mayer
NEDBANK Grahamstown
Branch code 122005
Current Acc. 1220003263
Reference = Patient Surname and account no.
Please e-mail proof of payment to drvonmayer@gmail.com

PAID

Total Due: 0.00