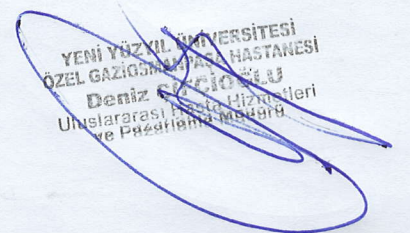




GAZİOSMANPAŞA HASTANESİ

Proforma Invoice	
Patient Name	BOGOMIL ILIEV CHARDAKOV
Country	BULGARIA
DOB	11.03.1977
Date	06.02.2023
Treatment Plan	
Department(s)	ORGAN TRANSPLANTATION
Doctor(s)	Prof. Dr. Şinasi SEVMİŞ Assoc. Prof. Dr. Sema AKTAŞ
Treatment Plan (Briefly)	<ul style="list-style-type: none">• Medical evaluation and preparation for donor• Medical evaluation and preparation for recipient• Transplantation• Hospitalization
Special Notes for Treatment	<ul style="list-style-type: none">• The patient will be examined and treated by Organ Transplantation Department.• After the evaluations, if the patient and donor are suitable for kidney transplantation, operation will be performed.• Max. 10 days (1 Day in ICU) for recipient and 5 days donor hospitalization is included to price after surgery. <p>NOTE: If the patient needs Plasmapheresis, ATG or IVIG treatment, it will be priced additionally.</p>
TOTAL PRICE	20.000 EURO
Other Services (Free of Charge)	Translators, transport from airport to hospital and hotel to hospital.
Notes	All amount regarding to procedures should be paid before starting the procedures
Bank Account	BİLEŞİM TURİZM İNŞ. SAN. VE TİC. A.Ş. DENİZBANK / SURDİŞI TRADE CENTER BRANCH TL IBAN NO : TR17 0013 4000 0008 1263 1001 50 ACCOUNT NO : 812631-367 USD IBAN NO : TR87 0013 4000 0008 1263 1001 51 ACCOUNT NO : 812631-368 EURO IBAN NO : TR22 0013 4000 0008 1263 1001 57 ACCOUNT NO : 812631-374 SWIFT CODE : DENITRISXXX



JCI

YENİ YÜZYIL ÜNİVERSİTESİ
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