

THE STATE OF ISRAEL  
MINISTRY OF HEALTH  
**TEL AVIV MEDICAL CENTER**  
Affiliated to the Tel- Aviv University  
Sackler Faculty of Medicine  
Municipality of Tel- Aviv- Yaffo



מדינת ישראל  
משרד הבריאות  
**המרכז הרפואי תל- אביב**  
מסונף לפקולטה לרפואה ע"ש סאקלר  
באוניברסיטת תל- אביב  
עיריית תל- אביב- יפו

**TEL-AVIV MEDICAL CENTER**  
**RESEARCH AND DEVELOPMENT FUND AND**  
**HEALTH SERVICES**

**קרן מחקרים רפואיים**  
**פיתוח תשתית ושירותי בריאות**  
**ע"י המרכז הרפואי ת"א**

## MEDICAL TOURISM

## תיירות מרפא

Date: 16.12.2013

**NO.: s130010891**

**To: Phytlatov Stanislav**

The estimated cost of this evaluation is 9,270.00USD as follows:

#	Description of services	NIS
1.	LARYNGOSCOPY & TRACHEOSCOPY including hospitalization	
2.	Blood tests (CBC, chemistry and all other blood tests needed)	
3.	Medical consultations ( up to 6 )	
	<b>Total</b>	32,450.00
	<b>Total in USD</b>	9,270.00

\*\*For the avoidance of doubt, the price is final, whether the patient used the procedures during the follow up or not, for any reason,

The Medical Center is entitled to change the suggested medical treatment in accordance with your condition.

We will be happy to see you at our medical center. Please let us know in advance your date arrival so that we will be able to arrange all necessary appointments and tests. In order to be registered and to open a medical file at the medical center please send us the following:

1. Photocopy of your valid passport.
2. Signatures on this offer, returned it by fax to: 972-3-6974594.
3. Official bank transfer request/receipt for the advance payment to:  
**Bank Hapoalim Beit Asia, Branch 567**  
**Weizman st. 4, Tel-Aviv, Israel**  
**"Keren Mehkarim, Ichilov Hospital" Account no. 130533**  
**Swift code: poalilit**  
**Iban no. IL29-0125-6700-0000-0130-533**  
**Bank code:12**

**Please bring a credit card with you as a deposit regardless of the manner of payment** (payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

Sincerely,

Shirly Sadeh

Medical Tourism

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date