



# Dr James CH Laporta Incorporated

Billing practice no.: **0461474**

Unit 401 The Foundry  
4th Floor, 74 Prestwich Street, Green Point  
Cape Town, Western Cape  
8005

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## Tax Invoice 2508/00300

Invoice date: 25/08/2025

**Ms Louise Stoten**  
3 Hill Street  
Plettenberg Bay  
6600

Account no.: STO1

Medical aid: **Cash**

Patient: **Louise Stoten** D.o.b.: **08/04/1969**

Treating provider: **Dr James Laporta** HPCSA: 0713457 Treating prac. no.: **0461474** Date of service: **25/08/2025**

ICD-10 diagnosis: C50.9

Date of Service	Tariff Code	Nappi Code	Description	ICD-10 Code	Amount
25/08/2025	GMED26660		E-FACILITY FEE QTY: 1	C50.9	R 2,500.00
25/08/2025	0201	423228001	BLOOD ADMINISTRATION SET 10DPM CSM 180CM 011C6031 QTY: 1	C50.9	R 101.66
25/08/2025	0201	550833013	CATH JELCO IV BLUE CAT 22G 4030INT ( Pack size: 1 ) QTY: 1	C50.9	R 27.41
25/08/2025	0201	212381001	SYRINGE HYPODERMIC ECCENCENTR SNG 10ML SSYN10027 QTY: 2	C50.9	R 6.10
25/08/2025	0201	622344002	DISC NEEDLE MICROLANCE 40MM 20 CSM WN301300 QTY: 1	C50.9	R 1.30
25/08/2025	0201	425083001	DRESSING TEGADERM ISLAND DRE 60X100MM TEGAD3584 QTY: 1	C50.9	R 29.26
25/08/2025	0201	801623006	FUROSEMIDE INJ 20 MG/2ML 2 ML QTY: 2	C50.9	R 10.67
<b>TOTAL</b>					<b>R 2,676.40</b>

The total reflected above includes R 349.11 VAT

Bank details	JAMES CH LAPORTA INCORPORATED, Investec Bank, Branch: <b>580105</b> , Account no.: <b>10013232601</b> , Account type: <b>Cheque</b>
EFT info	Payment ref.: <b>STO1</b> . Send proof of payment to : <a href="mailto:accounts@sancturalife.com">accounts@sancturalife.com</a>
Company info	VAT no.: <b>4780295368</b>

Please note that you are personally liable for any difference between the claimed amount and the amount paid by your medical aid.