



# 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 2509/00155

Invoice date: 12/09/2025

**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: **12/09/2025**

ICD-10 diagnosis: C50.9

Date of Service	Tariff Code	Nappi Code	Description	ICD-10 Code	Amount
12/09/2025	0206		Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours QTY: 1	C50.9	R 942.00
12/09/2025	0201	228088001	ADMIN SET IV 2 CLAVE ADULT CSM 20DPM 012C5024 ( Pack size: 1 ) C50.9		R 62.10
			QTY: 1		
12/09/2025	0201	550833013	CATH JELCO IV BLUE CAT 22G 4030INT ( Pack size: 1 )	C50.9	R 27.41
			QTY: 1		
12/09/2025	0201	212381001	SYRINGE HYPODERMIC ECCENCENTR SNG 10ML SSYN10027	C50.9	R 6.10
			QTY: 2		
12/09/2025	0201	622344002	DISC NEEDLE MICROLANCE 40MM 20 CSM WN301300	C50.9	R 1.30
			QTY: 1		
12/09/2025	0201	805254005	SODIUM CHLORIDE INF 200 ML	C50.9	R 44.20
			QTY: 2		
12/09/2025	0201	425083001	DRESSING TEGADERM ISLAND DRE 60X100MM TEGAD3584	C50.9	R 29.26
			QTY: 1		
12/09/2025	0201	703413001	INVANZ POI 1 G	C50.9	R 1,227.87
			QTY: 1		
12/09/2025	0197	GMED25473	C-ASCORBIC ACID 500MG/ML( 50ML ) (PER ML)	C50.9	R 12.00
			QTY: 1; Medicine type: Acute		
12/09/2025	0201	GMED23455	C-MARAS PROTOCOL INJ (15ML)	C50.9	R 570.00
			QTY: 1		
12/09/2025	0201	GMED26330	C-MEYERS COCKTAIL 1 (10ML) - PER ML	C50.9	R 77.00
			QTY: 1		
12/09/2025	0201	GMED25833	C-MEYERS COCKTAIL II (10ML)	C50.9	R 263.00
			QTY: 1		
12/09/2025	0201	GMED25826	C-GLUTATHION 200MG/ML (10ML) SOLD PER ML	C50.9	R 270.00
			QTY: 6		
12/09/2025	0201	727687018	FRUSEMIDE FRESENIUS INJ 20 MG/2ML 2 ML	C50.9	R 8.30
			QTY: 1		

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

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Date of Service	Tariff Code	Nappi Code	Description	ICD-10 Code	Amount
12/09/2025	0197	828165009	MOVICOL SAC 13.8 G QTY: 20; Medicine type: Acute	C50.9	R 241.23
12/09/2025	0197	3006435001	VITALIMED EVOFORTE POW COCOA 350 G QTY: 350; Medicine type: Acute	C50.9	R 921.98
<b>TOTAL</b>					<b>R 4,703.75</b>

The total reflected above includes R 613.55 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 : <b>accounts@sancturalife.com</b>
Company info	VAT no.: <b>4780295368</b>

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