

In case of reply the reference number
and the date of this
Letter should be quoted

Our Ref.: CCTH/DIR. FIN/01/14
Your Ref.:



P. O. Box CT.1363
Cape Coast
Tel: 03321-34010-14
Fax: 03321-34016
Website: www.ccthghana.org
email: info@ccthghana.com

MARCH 18, 2026

NAME: MIGUEL NTSIFUL
AGE: 5 YEARS
DIAGNOSIS: POSTERIOR FOSSA TUMOR WITH OBSTRUCTIVE
HYDROCEPHALUS
PROCEDURE: CRANIOTOMY AND EXCISION OF TUMOR

INVOICE

ITEM.....	COST (GHS)
Motor drill & drill bits	15,000.00
Cranio/Neuroset	8,000.00
Neuro Consumables	10,000.00
Surgical & Anaes. Packs	1,500.00
Neurosurgery team	5,000.00
ICU.	3,000.00
Hospitalization	2,000.00
General Hosp. Consumables	3,000.00
General Anaesthesia	1,500.00
Procedure fees	2,500.00
WPCC	1,500.00
Total	<u>53,000.00</u>

SAMUEL ASARE TIEKU
DIRECTOR - FINANCE

MOSES AGBEKQ
(DEPUTY HEAD OF FINANCE)
CAPE COAST TEACHING HOSPITAL
CAPE COAST

Note:
Cheques/Cash payable to the following account:
Cape Coast Teaching Hospital
National Investment Bank – Cape Coast
Accts No. 1111037541501