

87/G/2, R.N. Tagore Road, Berhampore Murshidabad- 742101 WEST BENGAL,7277370071 / 9832514328

BILL / MONEY RECEIPT

Bill No.:3

Name.:AYESHA MONDAL

Add/Ph.:

Referred by.:DR N ALI

Associate:RVH

Date:29/03/2026

Time:01:54:16

Age/Gender:56 Yr / FEMALE

Sub Associate:

Test Parameter	Rate
Complete Haemogram	350.00
Urea	150.00
Creatinine	150.00
LFT (Liver Function Test)	750.00
Sodium(Serum)	180.00
Potassium(Serum)	150.00
Glucose Fasting	80.00
Collection Charge	0.00
Total Value	1810.00

Authorized Signatory