

BILL / MONEY RECEIPT

Bill No.:2

Name.:RIYA BHUNIA

Add/Ph.:

Referred by.:HOSPITAL

Associate:KM

Date:19/05/2023

Time:03:11:42

Age/Gender:25 Yr / FEMALE

Sub Associate:

Test Parameter	Rate
Hb(Haemoglobin)	50.00
TSH (Thyroid Stimulating Hormone)	250.00
Collection Charge	0.00
Total Value	300.00

Authorised Signatory